

Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Measure 2021 Performance Period

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| <u>Objective:</u> | Health Information Exchange |
| <u>Measure:</u> | Health Information Exchange (HIE) Bi-Directional Exchange The MIPS eligible clinician or group must attest that they engage in bi-directional exchange with an HIE to support transitions of care. |
| <u>Measure ID:</u> | PI_HIE_5 |

Definition of Terms

Transition of Care – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum this includes all transitions of care and referrals that are ordered by the MIPS eligible clinician.

Referral – Cases where one provider refers a patient to another, but the referring provider maintains his or her care of the patient as well.

Current problem lists – At a minimum a list of current and active diagnoses.

Active/current medication list – A list of medications that a given patient is currently taking.

Active/current medication allergy list – A list of medications to which a given patient has known allergies.

Allergy – An exaggerated immune response or reaction to substances that are generally not harmful.



Reporting Requirements

YES/NO

The MIPS eligible clinician must attest YES or TRUE to the following:

++ I participate in an HIE in order to enable secure, bi-directional exchange to occur for every patient encounter, transition or referral, and record stored or maintained in the EHR during the performance period in accordance with applicable law and policy.

++ The HIE that I participate in is capable of exchanging information across a broad network of unaffiliated exchange partners including those using disparate EHRs, and does not engage in exclusionary behavior when determining exchange partners.

++ I use the functions of CEHRT to support bi-directional exchange with an HIE.

Scoring Information

- Required for Promoting Interoperability Performance Category Score: **Yes, if submitting as an alternative to the Support Electronic Referral Loops by Sending Health Information and the Support Electronic Referral Loops by Receiving and Reconciling measures (HIE_1 and HIE_4)**
- Measure Score: **40 points**
- Eligible for Bonus Score: **No**

Note: In order to earn a score greater than zero for the Promoting Interoperability performance category, MIPS eligible clinicians must:

- Submit a “yes” to the Prevention of Information Blocking Attestations; and
- Submit a “yes” to the ONC Direct Review Attestation, if applicable; and
- Submit a “yes” that they have completed the Security Risk Analysis measure during the calendar year in which the MIPS performance period occurs; and
- Report the required measures from each of the four objectives.

Additional Information

- In 2021, MIPS eligible clinicians may use certified technology meeting the existing 2015 Edition certification criteria, updated to the 2015 Edition Cures Update, or a combination of the two, to meet the CEHRT definition. (85 FR 84472)
- To learn more about the 2015 Edition Cures Update and the changes to 2015 Edition certification criteria finalized in the 21st Century Cures Act final rule (85 FR 25642), we encourage MIPS eligible clinicians to visit <https://www.healthit.gov/curesrule/final-rule-policy/2015-edition-cures-update>.
- To check whether a health IT product has been certified to criteria updated for the 2015 Edition Cures Update, visit the Certified Health IT Product List (CHPL) at <https://chpl.healthit.gov/>.
- 2015 Edition or 2015 Edition Cures Update functionality must be used as needed for a measure action to count in the numerator during a performance period. However, in some

situations the product may be deployed during the performance period, but pending certification. In such cases, the product must be certified to the 2015 Edition or the 2015 Edition Cures Update by the last day of the performance period. Includes enabling querying for or receiving health information for all new and existing patients seen by the MIPS eligible clinician, as well as enabling sending or sharing information for all new and existing patients seen by the MIPS eligible clinician.,

- Exchange networks that would not support attestation to the second attestation statement would include exchange networks that only support information exchange between affiliated entities, such as networks that only connect health care providers within a single health system, or networks that only facilitate sharing between health care providers that use the same EHR vendor.
- More information about Promoting Interoperability performance category scoring is available on the [QPP website](#).
- When MIPS eligible clinicians choose to report as a group, data should be aggregated for all MIPS eligible clinicians under one Taxpayer Identification Number (TIN). This includes those MIPS eligible clinicians who may qualify for reweighting such through an approved Promoting Interoperability hardship exception, hospital or ASC-based status, or in a specialty which is not required to report data to the Promoting Interoperability performance category. If these MIPS eligible clinicians choose to report as a part of a group practice, they will be scored on the Promoting Interoperability performance category like all other MIPS eligible clinicians.

Regulatory References

- For further discussion, please see the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule: [81 FR 77228 and 81 FR 77229](#).
- For additional discussion, please see the 2018 Physician Fee Schedule final rule – Quality Payment Program final rule: [83 FR 59789](#).
- In order to meet this measure, MIPS eligible clinicians must use the functions of CEHRT to support bi-directional exchange with an HIE.

Certification Criteria

Examples of certified health IT capabilities to support the actions of this measure may include but are not limited to technology certified to the following criteria:

| Certification Criteria |
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| §170.315(b)(1) Transitions of Care |
| §170.315(b)(2) Clinical Information Reconciliation and Incorporation |
| § 170.315(g)(7) Application access — patient selection |
| § 170.315(g)(8) Application access — data category request |
| § 170.315(g)(9) Application access — all data request |
| § 170.315(g)(10) Application access — standardized API for patient and population services |