

# Quality Payment PROGRAM

## MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

2020 Promoting Interoperability  
Performance Category  
Quick Start Guide



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**Purpose:** This resource focuses on the Promoting Interoperability performance category, providing high-level requirements about data collection and submission for the 2020 performance period. This resource does not review requirements for MIPS Alternative Payment Model (APM) participants scored under the APM Scoring Standard.



## How to Use This Guide



**Please Note:** This guide was prepared for informational purposes only and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

## Table of Contents

The table of contents is interactive. Click on a chapter in the table of contents to read that section.



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## Hyperlinks

Hyperlinks to the [QPP website](#) are included throughout the guide to direct the reader to more information and resources.



## Overview



# Overview

## What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP), a program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The program changes how we reimburse MIPS eligible clinicians for Part B covered professional services and rewards them for improving the quality of patient care and outcomes.

Under MIPS, we evaluate your performance across four categories that lead to improved quality and value in our healthcare system.

If you're [eligible for MIPS in 2020](#):

- You generally have to submit data for the [Quality](#), [Improvement Activities](#), and Promoting Interoperability performance categories. (We collect and calculate data for the [Cost](#) performance category for you.)
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment is based off your performance during the 2020 performance period and applied to payments for covered professional services beginning on January 1, 2022.

### ***To learn more about how to participate in MIPS:***

- Visit the [How MIPS Eligibility is Determined and Individual or Group Participation web pages on the Quality Payment Program website](#).
- View the [2020 MIPS Eligibility and Participation Quick Start Guide](#).
- Check your current participation status using the [QPP Participation Status Tool](#).

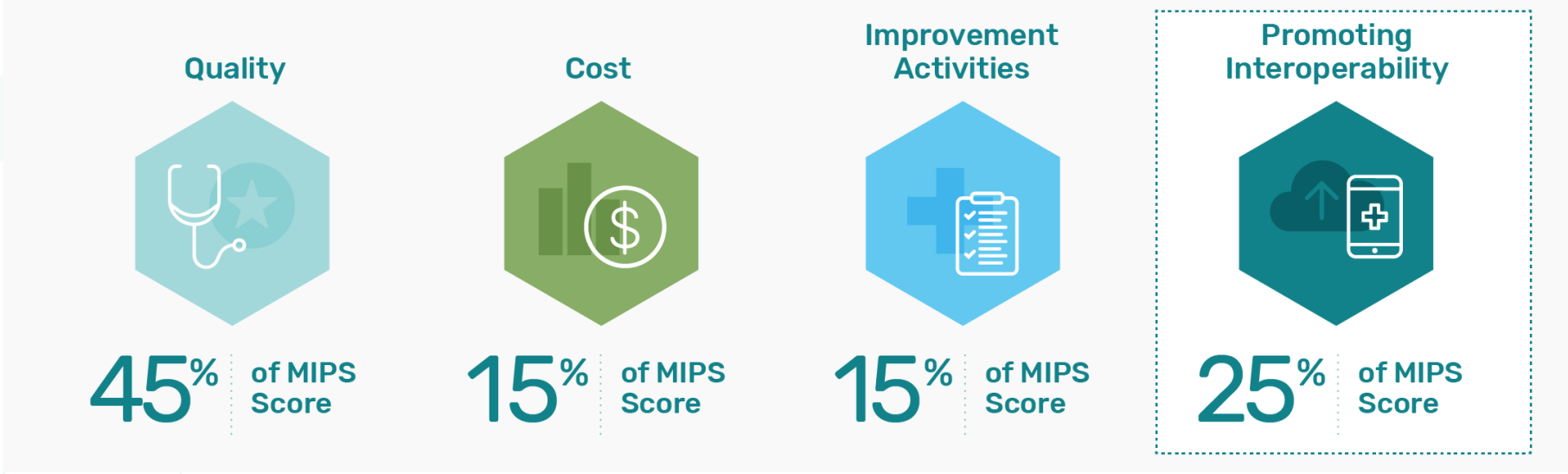
# Overview

## What is the MIPS Promoting Interoperability Performance Category?

Interoperability, or the use of technology to exchange and make use of information, makes communicating patient information less burdensome and improves outcomes. The MIPS Promoting Interoperability performance category emphasizes the electronic exchange of health information using certified electronic health record technology (CEHRT) to improve:

- Patient access to their health information;
- The exchange of information between providers and pharmacies; and
- The systematic collection, analysis, and interpretation of healthcare data.

### MIPS performance category weights in 2020:



# Overview

## What's New with Promoting Interoperability in 2020?

- Groups and virtual groups qualify for automatic reweighting of this performance category when **more than 75%** of the clinicians in the group or virtual group are hospital-based.
- We've **removed the Verify Opioid Treatment Agreement** measure.
- The optional **Query of Prescription Drug Monitoring Program (PDMP) measure requires a yes/no response** instead of a numerator and denominator.
  - We finalized this for both the 2019 and 2020 performance periods in the Calendar Year (CY) 2020 QPP Final Rule.







## Get Started with Promoting Interoperability in Five Steps

# Get Started with Promoting Interoperability in Five Steps



# Get Started with Promoting Interoperability in Five Steps

## Step 1. Understand Your Reporting Requirements

Certain MIPS eligible clinicians and groups are not required to report data for this performance category.

- In this case, the category weight (or contribution to your final score) is redistributed to another performance category (or categories) unless they choose to submit data.
- MIPS eligible clinicians, groups and virtual groups that qualify for reweighting **will be scored** in this performance category if they submit any Promoting Interoperability performance category data.

### **Reporting as an individual?**

Check the [QPP Participation Status Lookup Tool](#) or sign in to [qpp.cms.gov](#) for any special statuses assigned at the Clinician Level.

### **Reporting as a group?**

Check the [QPP Participation Status Lookup Tool](#) or sign in to [qpp.cms.gov](#) for any special statuses assigned at the Practice Level.

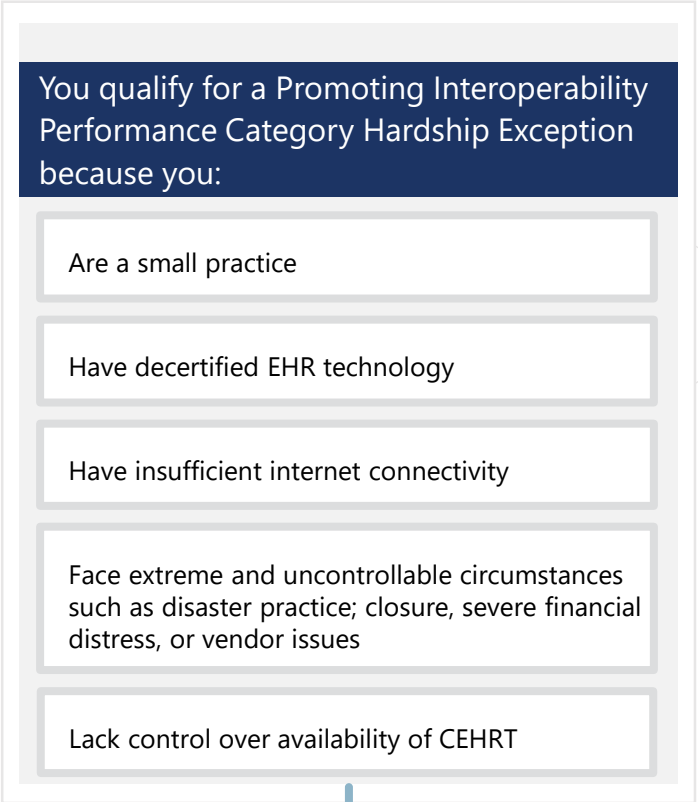
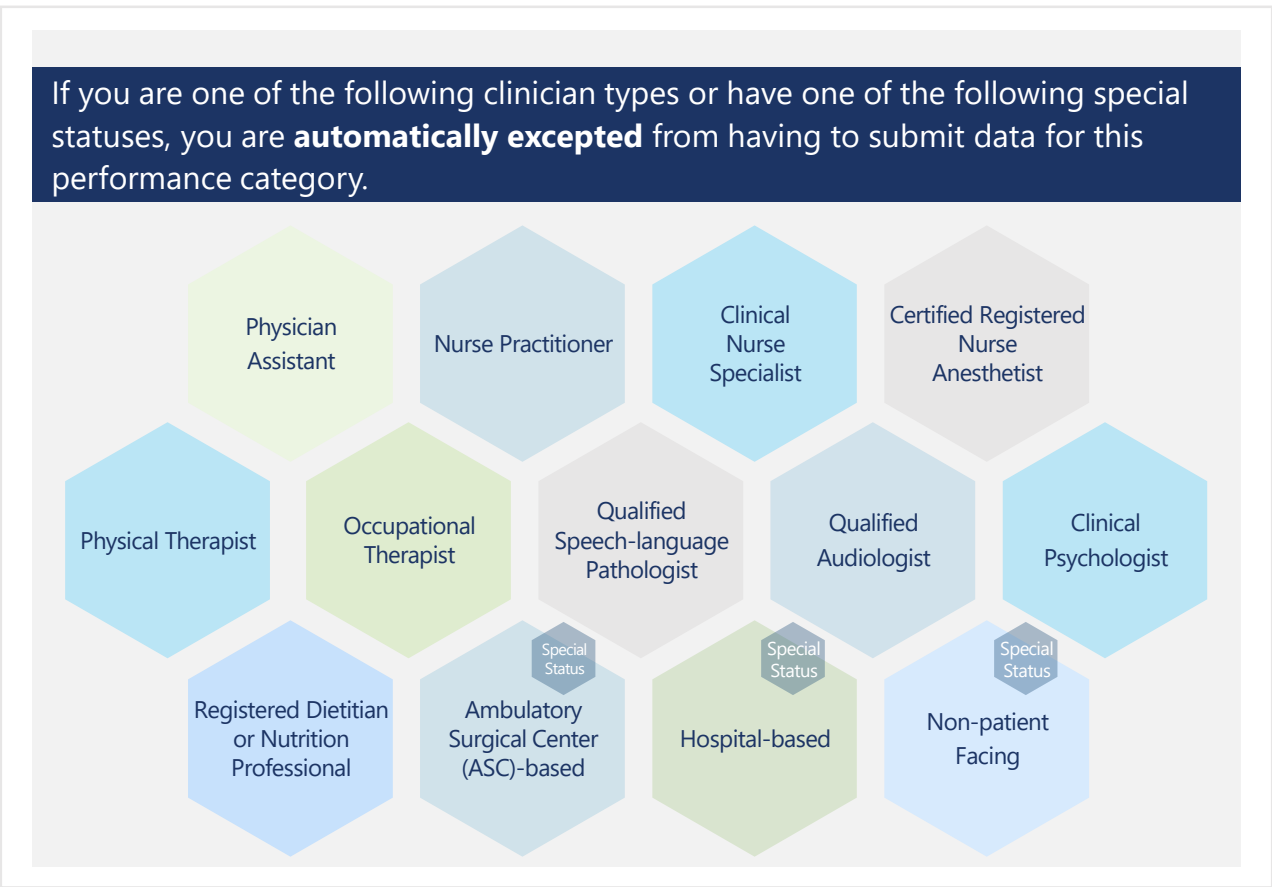
### **Reporting as a virtual group?**

Sign in to [qpp.cms.gov](#) to check for any special statuses assigned to the virtual group.

# Get Started with Promoting Interoperability in Five Steps

## Step 1. Understand Your Reporting Requirements *(continued)*

The graphics below outline the different reasons why this performance category can be reweighted to 0% of your final score, which would mean that you don't have to submit Promoting Interoperability data.



**Action Needed:** Submit a 2020 Promoting Interoperability Performance Category Hardship Exception Application by December 31, 2020. (Your application must be approved by CMS to qualify for reweighting.) [Learn More](#)

# Get Started with Promoting Interoperability in Five Steps

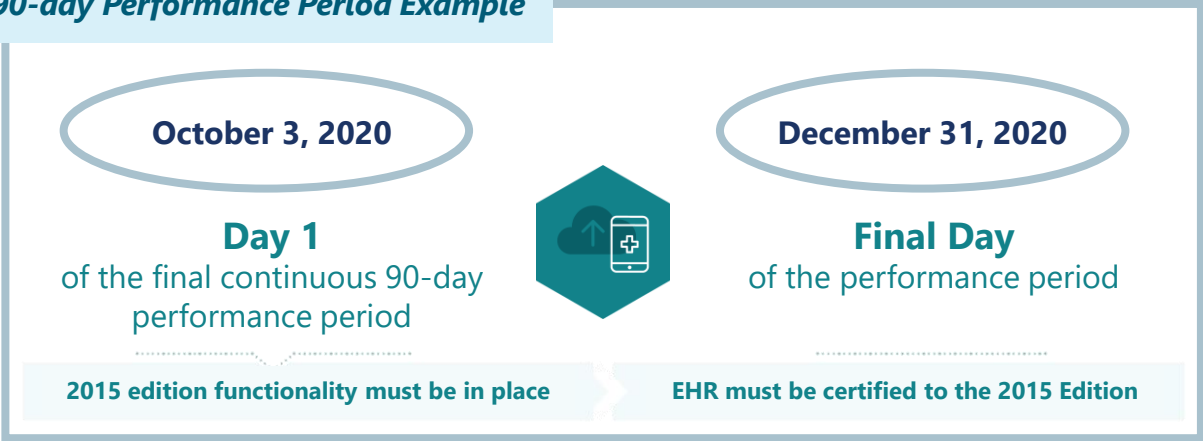
## Step 2. Review the Certified EHR Technology (CEHRT) Requirements

To meet the CEHRT requirements for 2020 Promoting Interoperability performance category objective and measure reporting, you'll need to:

- Have 2015 edition CEHRT functionality in place by the first day of your MIPS Promoting Interoperability performance period;
- Have your EHR **certified by ONC** to the 2015 Edition CEHRT criteria by the **last day of your performance period**; and
- Provide your EHR's CMS Identification code from the Certified Health IT Product List (CHPL), available at <https://chpl.healthit.gov/#/search>, when you submit your data.

If you're not sure what edition your EHR is, work with your practice technology support team or contact your EHR vendor to verify that your system is on track for 2015 Edition certification.

### 90-day Performance Period Example



# Get Started with Promoting Interoperability in Five Steps

## Step 3. Review the Measures and Performance Period Requirements

The 2020 Promoting Interoperability performance category focuses on four objectives: e-Prescribing, Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange.

Within these objectives, **there are six required measures** in addition to required attestations. Some of these measures have exclusions; if you qualify, you can claim (submit) the exclusion instead of reporting the measure. See the [Appendix](#) for a list of these measures and exclusions.

- You must collect data for all required measures (unless you can claim an exclusion(s)) for the same **minimum continuous 90-day period in CY 2020**.
- The last 90-day performance period begins on **October 3, 2020**.

## Step 4. Perform or Review a Security Risk Analysis

You must conduct or review a security risk analysis on your 2015 Edition CEHRT functionality on an annual basis, within the calendar year of the performance period.

- For example, if you have your 2015 CEHRT functionality in place on January 1, 2020, you can perform your security risk assessment on March 1, 2020 and select a 90-day performance period of October 3, 2020 – December 31, 2020.

Additional guidance on conducting a security risk analysis is available at <https://www.hhs.gov/hipaa/for-professionals/security/guidance/guidance-risk-analysis/index.html?language=es>.

# Get Started with Promoting Interoperability in Five Steps

## Step 5. Submit Your Data

You will need to report the required Promoting Interoperability performance category data during the 2020 submission period (1/2/2021 – 3/31/2021).

### Did you know?

- If your practice has several EHRs and not all are certified to the 2015 Edition, you will **submit only the data collected in 2015 Edition CEHRT.**
- If your practice is reporting as a group or virtual group:
  - You will aggregate the measure numerators and denominators for all MIPS eligible clinicians with data in your 2015 Edition CEHRT.
  - You can submit a “**yes**” for the measures in the Public Health and Clinical Data Exchange objective as long as one MIPS eligible clinician is in active engagement with the registry.
- The level at which you participate in MIPS (individual, group or virtual group) applies to all performance categories. We will not combine data submitted at the individual, group and/or virtual group level into a single final score. For example:
  - If you submit any data as an individual, you will be evaluated for all performance categories as an individual.
  - If your practice submits any data as a group, you will be evaluated for all performance categories as a group.
  - If data is submitted both as an individual and a group, you will be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score.

# Get Started with Promoting Interoperability in Five Steps

## Step 5. Submit Your Data *(continued)*

**To submit data**, you or your third-party representative will need QPP credentials and authorization. See the [QPP Access User Guide](#) for more information.

There are **three ways to submit** your Promoting Interoperability performance category data:



Sign in to [qpp.cms.gov](http://qpp.cms.gov) and **attest to (manually enter)** your information.



Sign in to [qpp.cms.gov](http://qpp.cms.gov) and **upload a file** with your data.



Perform a direct submission on your behalf, using our **submissions API**.

You do not need to include supporting documentation when you attest to your Promoting Interoperability performance category data, but **you must keep documentation for six years** subsequent to submission.







Documentation guidance for each measure and attestation will be available later in the performance period in the MIPS Data Validation Criteria. We suggest reviewing this validation document to ensure you document your work appropriately.



# Get Started with Promoting Interoperability in Five Steps

## Step 5. Submit Your Data *(continued)*

If the following reporting and submission requirements are not met, you will get a **0** for your Promoting Interoperability performance category score:

- 
 Collect your data in EHR technology with 2015 Edition functionality (certified by the last day of the performance period) for a minimum of any continuous 90-day period in 2020;
- 
 Submit a "yes" to the Prevention of Information Blocking Attestations;
- 
 Submit a "yes" to the ONC Direct Review Attestation;
- 
 Submit a "yes" that you have completed the Security Risk Analysis measure in 2020;
- 
 Report the six required measures or claim their exclusion(s); and
  - For measures that require a numerator and denominator (as defined in the measure specifications), you must submit at least a one in the numerator
- 
 Provide your EHR's CMS Identification code from the Certified Health IT Product List (CHPL), available at <https://chpl.healthit.gov/#/search>



## Help, Resources, and Version History

# Help, Resources, and Version History

## Where Can You Go for Help?

- Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 AM-8:00 PM ET or by e-mail at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).
  - Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.
- Connect with your [local technical assistance organization](#). We provide no-cost technical assistance to **small, underserved, and rural practices** to help you successfully participate in the Quality Payment Program.
- Visit the Quality Payment Program [website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out the resources available in the [QPP Resource Library](#).

# Help, Resources, and Version History

## Additional Resources

The [QPP Resource Library](#) houses fact sheets, measure specifications, specialty guides, technical guides, user guides, helpful videos, and more. We will update this table as more resources become available.

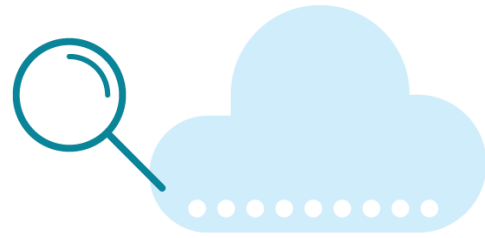
Resource	Description
<a href="#">2020 MIPS Quick Start Guide</a>	A high-level overview of the Merit-based Incentive Payment System (MIPS) requirements to get you started with participating in the 2020 performance period.
<a href="#">2020 MIPS Eligibility and Participation Quick Start Guide</a>	A high-level overview and actionable steps to understand your 2020 MIPS eligibility and participation requirements.
<a href="#">2020 Promoting Interoperability Measure Specifications</a>	A detailed overview of the requirements for the 2020 Promoting Interoperability performance category objectives and measures.
<a href="#">Certified Health IT Product List (CHPL) PUBLIC USER GUIDE</a>	Instructions for generating the required CMS EHR Certification ID.
<a href="#">2020 MIPS Quality Performance Category Quick Start Guide</a>	A high-level overview and practical information about quality measure selection, data collection, and submission for the 2020 MIPS Quality performance category.
<a href="#">2020 MIPS Improvement Activities Performance Category Quick Start Guide</a>	A high-level overview and practical information about data collection and submission for the 2020 MIPS Improvement activities performance category.
<a href="#">2020 MIPS Cost Performance Category Quick Start Guide</a>	A high-level overview of cost measures, including calculation and attribution, for the 2020 MIPS Cost performance category.

# Help, Resources, and Version History

## Version History

If we need to update this document, changes will be identified here.

Date	Change Description
1/2/20	Original posting



## Appendix



## Promoting Interoperability Objectives and Measures

The table below outlines the 2020 objectives, measures, and available exclusions. Complete measure specifications are available [here](#). The **MIPS Data Validation Criteria**, available later in the performance period on the [QPP Resource Library](#), will include the Promoting Interoperability documentation requirements for reporting measures and claiming exclusions.

Objectives	Measures	Measure Exclusions (If you meet the criteria below, you can claim an exclusion instead of reporting the measure)
<b>e-Prescribing</b>	e-Prescribing	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
	<i>Bonus:</i> Query of Prescription Drug Monitoring Program (PDMP)	<i>Optional measure (no exclusion available)</i>
<b>Health Information Exchange</b>	Support Electronic Referral Loops by Sending Health Information	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period
<b>Provider to Patient Exchange</b>	Provide Patients Electronic Access to Their Health Information	<i>No exclusion available</i>
<b>Public Health and Clinical Data Exchange</b>	<p><u>Report to two different public health agencies or clinical data registries for any of the following:</u></p> <ol style="list-style-type: none"> <li>Immunization Registry Reporting</li> <li>Electronic Case Reporting</li> <li>Public Health Registry Reporting</li> <li>Clinical Data Registry Reporting</li> <li>Syndromic Surveillance Reporting</li> </ol>	<p>Each of the five measures has their own exclusions; please refer to the <a href="#">Measure Specifications</a> for the exact exclusion criteria for each measure. Generally speaking, the exclusions are based on the following criteria:</p> <ol style="list-style-type: none"> <li>Does not diagnose or directly treat any disease or condition associated with an agency/registry in their jurisdiction during the performance period.</li> <li>Operates in a jurisdiction for which no agency/registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period.</li> <li>Operates in a jurisdiction where no agency/registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period.</li> </ol>