

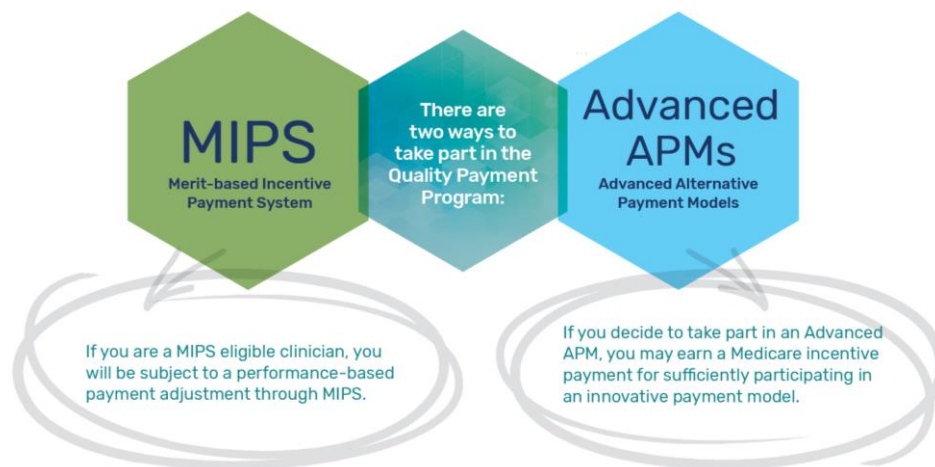
2019 Merit-based Incentive Payment System Promoting Interoperability Performance Category Fact Sheet

Updated 4/27/2020

CMS is implementing multiple flexibilities to provide relief to clinicians responding to the 2019 Novel Coronavirus (COVID-19) pandemic. Refer to the [Quality Payment Program COVID-19 Response Fact Sheet](#) for more information.

What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to Medicare payment rates for clinicians. The MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the Quality Payment Program (QPP), which rewards value in one of two ways:



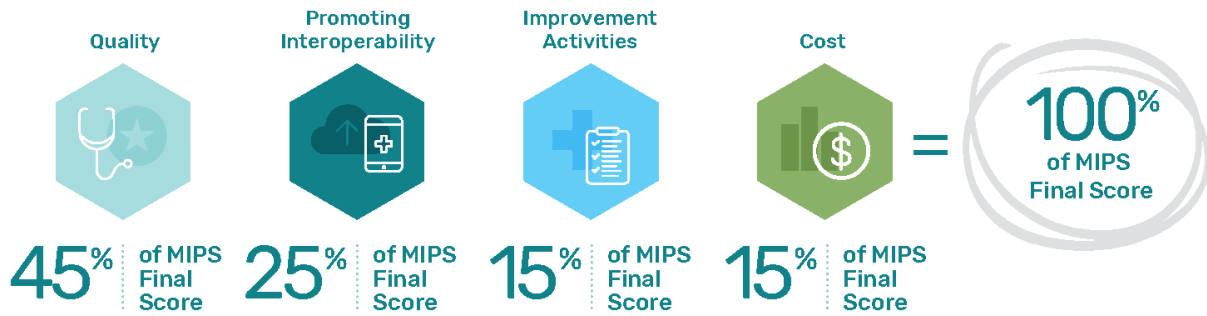
Calendar Year (CY) 2019 is the third year (or “Year 3”) of the MIPS. Data reported on measures and activities for the 2019 MIPS Performance Period will result in a 2019 MIPS Final Score. 2019 MIPS Final Scores will impact Medicare payments to clinicians in 2021, referred to as the 2021 MIPS payment year.

Under MIPS, there are four performance categories that could affect your future Medicare payments. Each performance category is scored by itself and has a specific weight that is part of the MIPS Final Score. The payment adjustment determined for each MIPS eligible clinician is based on the Final Score.

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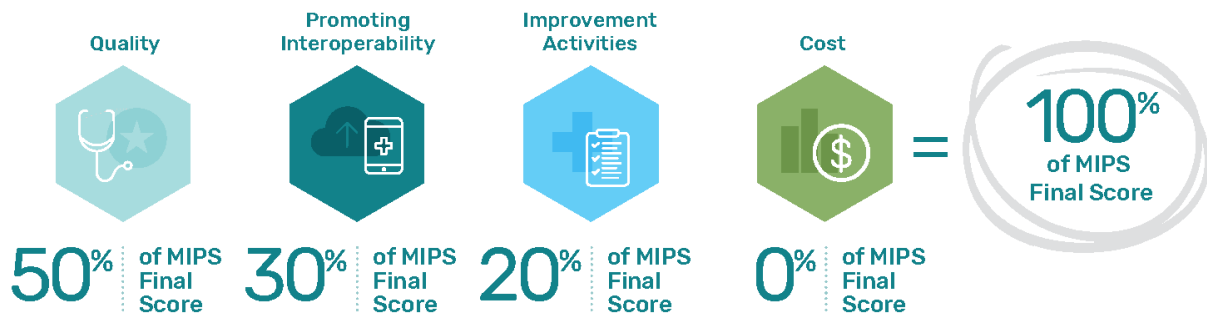
These are the general performance category weights for the 2019 performance period:

2019 MIPS Performance Category Weights



These general performance category weights are different for MIPS eligible clinicians in an APM Entity who are scored according to the APM scoring standard.

2019 MIPS Performance Category Weights Under APM Scoring Standard



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Just like for 2018, MIPS eligible clinicians, who are not APM participants scored under the APM scoring standard, may participate in MIPS individually, as a group, or as a virtual group in Year 3 of the program (2019).

Participate as an individual	Participate as a group	Participate as a virtual group
<p>MIPS eligible clinicians participating as individuals, will have their payment adjustment based on their individual performance.</p> <p>An individual is a single clinician, identified by a single National Provider Identifier (NPI) number tied to a Taxpayer Identification Number (TIN).</p>	<p>MIPS eligible clinicians participating in a MIPS group will receive a payment adjustment based on the group's performance.</p> <p>Under MIPS, a group is a single TIN with 2 or more eligible clinicians (including at least one MIPS eligible clinician) as identified by their NPIs, who have reassigned their Medicare billing rights to the TIN.</p>	<p>MIPS eligible clinicians participating in MIPS with a virtual group will receive a payment adjustment based on the virtual group's performance.</p> <p>A virtual group can be made up of solo practitioners and groups of 10 or fewer eligible clinicians who come together “virtually” (no matter what specialty or location) to participate in MIPS for a performance period for a year</p>

MIPS eligible clinicians in a MIPS APM participate in MIPS through their MIPS APM Entity and are scored under the APM scoring standard.

What is the Promoting Interoperability Performance Category?

The Promoting Interoperability performance category promotes:

- Patient engagement
- The electronic exchange of health information using certified electronic health record technology (CEHRT)

MIPS eligible clinicians report data on objectives and measures that is collected in their certified EHR technology.

Beginning with 2019, we adopted several scoring and measurement policies that aim to bring the Promoting Interoperability performance category to a new phase of EHR measurement with an increased focus on interoperability and improving patient access to their health information. Just like for 2018, this performance category is worth **25%** of your MIPS Final Score for 2019.

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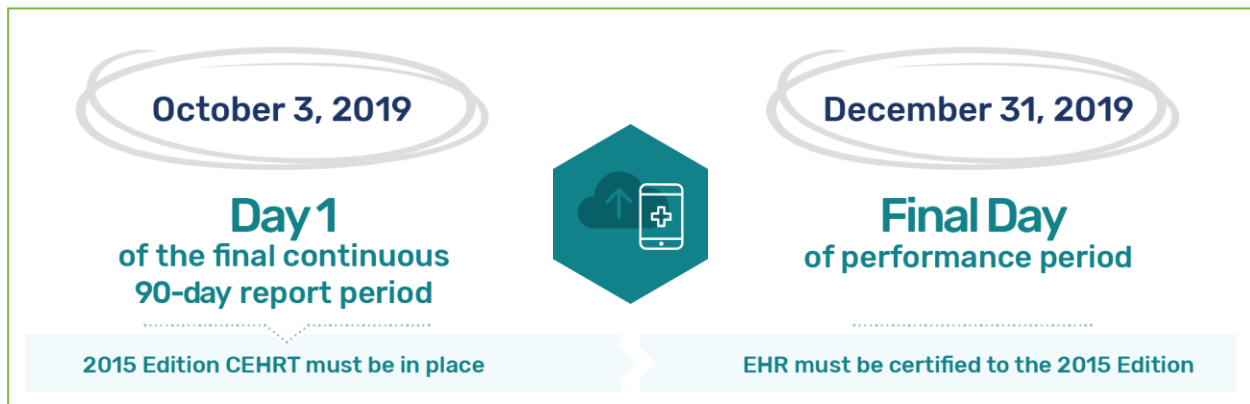
What Edition of Certified EHR technology Do I Need to Report for the Promoting Interoperability Performance Category?

Beginning with the 2019 performance period, MIPS eligible clinicians must use EHR technology certified to the 2015 Edition certification criteria to report the 2019 Promoting Interoperability **Objectives and Measures**.

The 2015 Edition functionality must be in place by the first day of the Promoting Interoperability performance period and the product must be certified to the 2015 Edition criteria by the last day of the Promoting Interoperability performance period. The clinician must be using the 2015 Edition functionality for the **full** Promoting Interoperability performance period.

The Promoting Interoperability performance period is a minimum of any continuous 90-day period within the calendar year. In many situations, the product may be pending certification, but the product has been deployed. As long as the certification is received by the last day of the performance period, the clinician will be able to submit for the Promoting Interoperability performance category.

For example, if you select the last continuous 90-days in 2019 as your performance period:



Not sure what Edition your EHR is?

Search for your EHR product(s) on the Certified Health IT Product List (CHPL) website, <https://chpl.healthit.gov/#/search>

When is the Promoting Interoperability Performance Category Score Reweighted?

There are two reasons¹ your Promoting Interoperability performance category may be reweighted to 0% such that the performance category would not affect your MIPS final score:

1. You're one of the following types of MIPS eligible clinicians who qualify for automatic reweighting:

- Ambulatory Surgical Center (ASC)-based MIPS eligible clinicians
- Hospital-based MIPS eligible clinicians
- Non-patient facing clinicians
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists
- **Physical therapists**
- **Occupational therapists**
- **Qualified speech-language pathologists**
- **Qualified audiologists**
- **Clinical psychologists**
- **Registered dietitian or nutrition professionals**

Clinician types in **bold** are newly added to the program beginning in 2019.

If reporting for MIPS as a group, all MIPS eligible clinicians in the group must qualify for reweighting in order for the Promoting Interoperability performance category score to be reweighted for the group.

Updated 8/14/2019: CMS has issued a clarification in the CY 2020 Quality Payment Program Proposed Rule that groups designated as non-patient facing **are automatically** eligible to have their Promoting Interoperability performance category reweighted to 0%. To be eligible for automatic reweighting in the Promoting Interoperability performance category for the 2019 performance period, 100% of the MIPS eligible clinicians in the group must qualify for reweighting **or** the group must be designated as non-patient facing. To be designated as a non-patient facing group, more than 75% of the clinicians in the group must be non-patient facing.

If you qualify for automatic reweighting, you can still choose to report if you'd like. If you do submit data, we'll score your performance and weight your Promoting Interoperability performance category at 25% of your MIPS final score.

¹ We note that all performance categories may be reweighted to 0% for MIPS eligible clinicians reporting as individuals and who qualify for the automatic extreme and uncontrollable circumstances policy.

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2. You're a MIPS eligible clinician or group who has applied for and received a Promoting Interoperability hardship exception based on one of the following reasons:

- You have insufficient internet connectivity
- You have extreme and uncontrollable circumstances, including:
 - a) Disaster,
 - b) Practice Closure,
 - c) Severe Financial Distress (Bankruptcy or Debt Restructuring),
 - d) Vendor Issues
- You don't have any control over whether CEHRT is available
- You're using decertified EHR technology
- You're in a small practice

Not having CEHRT is not sufficient by itself to qualify for reweighting.

2019 Promoting Interoperability hardship exception applications are due by December 31, 2019.

We'll provide detailed information about the 2019 application and when the application will be available for submission.

MIPS eligible clinicians who are scored under the APM scoring standard and qualify for reweighting at the individual or group level will be assigned a null value when calculating the average score for the APM Entity.

What are the Most Significant Changes to the Promoting Interoperability Performance Category from 2018 to 2019?

We've overhauled our approach to scoring:

For scoring the Promoting Interoperability performance category (weighted at 25% of the MIPS Final Score) for 2019, we have moved away from the base, performance and bonus score methodology that was used for 2017 and 2018 to provide a simpler, more flexible, less burdensome structure.

We're focused on patient engagement and the electronic exchange of health information using CEHRT:

In doing so, we've focused the performance category on four objectives:

- **e-Prescribing and Health Information Exchange** objectives - captures what we believe are core goals including promoting interoperability between health care providers and health IT systems to support safer, more coordinated care while satisfying statutory requirements.
- **Provider to Patient Exchange** objective - promotes patient awareness and involvement in their health care through the use of Application Program Interfaces (APIs), and ensures patients have access to their medical data.
- **Public Health and Clinical Data Exchange** objective - supports the ongoing systematic collection, analysis, and interpretation of data that may be used in the prevention and controlling of disease through the estimation of health status and behavior. The integration of health IT systems into the national network of health data tracking and promotion improves the efficiency, timeliness, and effectiveness of public health surveillance.

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We've added new measures (some are optional for 2019):

- Support Electronic Referral Loops by Receiving and Incorporating Health Information
- **Optional:** Query of Prescription Drug Monitoring Program (PDMP)²
- **Optional:** Verify Opioid Treatment Agreement

These two measures are optional for the 2019 MIPS performance period because they may not be available to all clinicians or groups. (For example, they may not have been fully developed by their health IT vendor or are not fully implemented in time for data capture and reporting.) However, clinicians or groups may choose to report them and earn bonus points for each measure.

We've removed four measures:

The following four measures from 2018 have been removed from the 2019 measure set:

- Patient-Specific Education
- View, Download, or Transmit (VDT)
- Secure Messaging
- Patient-Generated Health Data (PGH)

We continue to focus on patient engagement and health information exchange through the use of 2015 Edition functionalities such as Application Programming Interfaces (APIs).

Similar to how clinicians support patient access to view, download and transmit (VDT) capabilities, clinicians should continue to have identity verification processes to ensure that a patient using an application, which is leveraging the API, is provided access to their health information. To implement an API, the clinician would need to fully enable the API functionality such that any application chosen by a patient would enable the patient to gain access to their individual health information provided that the application is configured to meet the technical specifications of the API.

Security is still a top priority:

The Security Risk Analysis measure in the Protect Patient Health Information objective is still required but it is an unscored measure.

Note: Clinicians who lack a PDMP interface in their EHR and need to manually calculate the Query of PDMP measure are still eligible to report the measure and receive bonus points in 2019. Additional information will be provided in 2019 data validation documentation.

Note: The security risk analysis may be conducted outside the MIPS performance period, but it must be conducted for the CEHRT used during the MIPS performance period.

The analysis or review must be conducted on an annual basis and within the calendar year of the performance period.

² We have finalized that, beginning with the 2019 performance period, the Query of PDMP measure would require a Yes/No response, rather than a numerator/denominator. A Yes response would indicate that a query was performed at least once during the performance period. We do not require that the query of the PDMP be performed by the same eligible clinician who prescribes the Schedule II opioid.

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What are the 2019 Promoting Interoperability Objectives and Measures?

Beginning in 2019, there is a single set of Objectives and Measures to report: eleven (11) measures spread across four (4) objectives.

Clinicians are required to report the measures from each of the four objectives, unless an exclusion is claimed. You can find more details outlining each element of the Promoting Interoperability measures in the [Promoting Interoperability Measure Specifications](#).

Table 1: 2018 Promoting Interoperability Objective and Measure Set Compared to the 2019 Promoting Interoperability Objective and Measure Set

2018 Promoting Interoperability Objective	2018 Promoting Interoperability Measure	2019 Promoting Interoperability Objective	2019 Promoting Interoperability Measure
Protect Patient Health Information	Security Risk Analysis	Protect Patient Health Information	Security Risk Analysis*
Electronic Prescribing	e-Prescribing	e-Prescribing	e-Prescribing
			<i>Bonus (not required):</i> Query of Prescription Drug Monitoring Program (PDMP) ³ * New
			<i>Bonus (not required):</i> Verify Opioid Treatment Agreement * New
Patient Electronic Access	Provide Patient Access Patient-Specific Education	Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information
Coordination of Care Through Patient Engagement	View, Download, or Transmit (VDT)		
	Secure Messaging Patient-Generated Health Data		
Health Information Exchange	Send a Summary of Care	Health Information Exchange	Support Electronic Referral Loops by Sending Health Information
	Request/Accept Summary of Care		Support Electronic Referral Loops by Receiving and

³ We have finalized that, beginning with the 2019 performance period, the Query of PDMP measure would require a Yes/No response, rather than a numerator/denominator. A Yes response would indicate that a query was performed at least once during the performance period. We do not require that the query of the PDMP be performed by the same eligible clinician who prescribes the Schedule II opioid.

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2018 Promoting Interoperability Objective	2018 Promoting Interoperability Measure	2019 Promoting Interoperability Objective	2019 Promoting Interoperability Measure
	Clinical Information Reconciliation		Incorporating Health Information *New
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting	Public Health and Clinical Data Exchange	Immunization Registry Reporting
	Syndromic Surveillance Reporting		Syndromic Surveillance Reporting
	Electronic Case Reporting		Electronic Case Reporting
	Public Health Registry Reporting		Public Health Registry Reporting
	Clinical Data Registry Reporting		Clinical Data Registry Reporting

*The actions included in the Security Risk Analysis measure are still required to be performed during the calendar year in which the performance period occurs, but it is an unscored measure.

What are the Promoting Interoperability Performance Category Requirements?

You'll need to complete the Security Risk Analysis and report on all of the required measures from each of the 4 objectives, unless an exclusion is claimed, in order to earn any points in the Promoting Interoperability performance category.

If the following reporting requirements are not met, you will get a **0** for the 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 2019, up to the full calendar year
- 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 2019, and
- Report the required measures from each of the four objectives or claim their exclusion(s).

When you report on required measures that have a numerator/denominator, you have to submit **at least a 1** in the numerator if you do not claim an exclusion. Each measure is scored based on the MIPS eligible clinician's performance for that measure (based on the submission of a numerator/denominator or a “yes or no” statement).

Failing to report on a required measure (or claim an exclusion for a required measure if applicable) will result in a score of zero for the Promoting Interoperability performance category.

What if I claim exclusions?

If you qualify for exclusions (refer to [Appendix B](#)), you can still receive points for the other required measures if you claim the exclusions by Logging-in and Attesting, Logging-in and Uploading, or through the Direct submission type.

- When submitting via the Log-in and Attest submission type, check the box below the appropriate measure(s) to indicate the exclusion.
- When submitting data via the Log-in and Upload or Direct submission types, submit the appropriate exclusion measure

If you qualify for and claim the exclusion for one or more of the required Promoting Interoperability performance category measures, then the points for the required measure would be redistributed to another measure or measures. If you report a 0 in the numerator or denominator for these measures **without** claiming the exclusion, you wouldn't meet the performance category requirements and would receive a **0** for the Promoting Interoperability performance category score.

What Data Do I Need to Submit?

You will need to submit all the Promoting Interoperability measure data collected in your CEHRT for your patients, regardless of whether they are a Medicare fee-for-service beneficiary or not. For 2019, you must have the 2015 Edition functionality in place throughout the entire performance period and your EHR must be certified (to the 2015 Edition) by the last day of the performance period.

How Can I Report My 2019 Promoting Interoperability Data?

New MIPS Terms: You'll notice the use of new language that more accurately reflects how clinicians and vendors interact with MIPS.

New MIPS Terms

- **Collection Type** (applies to Quality performance category only) is a set of quality measures with comparable specifications and data completeness criteria.
- **Submitter Type** is the MIPS eligible clinician, group, or third-party intermediary acting on behalf of a MIPS eligible clinician or group, as applicable, that submits data on measures and activities.
- **Submission Type** is the mechanism by which the submitter type submits data to CMS, including, as applicable: direct, log in and upload, log in and attest, Medicare Part B claims, and the CMS Web Interface.

The chart below outlines the available submission types for reporting data to the Promoting Interoperability performance category and how they work.

Submission Type	How does it work?
Direct	Authorized third-party intermediaries (such as QCDRs and Qualified Registries) can perform a direct submission, transmitting data through a computer-to-computer interaction such as an API on behalf of individual clinicians, groups and virtual groups.
Log-in and Upload	Individual clinicians, groups, virtual groups, and third-party intermediaries can login and upload data in an approved file format on qpp.cms.gov .
Log-in and Attest	Individual clinicians, groups, virtual groups and their authorized representatives can login and attest to their performance on Promoting Interoperability objectives and measures (along with compliance with attestations and performance periods) on qpp.cms.gov .

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Whose Data Should be Included When Reporting as a Group or Virtual Group?⁴

When reporting as a group, the group should combine all of their MIPS eligible clinicians' data under one Taxpayer Identification Number (TIN). When reporting as a virtual group, the virtual group should combine all MIPS eligible clinicians' data across the TINs participating in the virtual group.

This includes the data of MIPS eligible clinicians who may qualify for a reweighting of the Promoting Interoperability performance category as individuals, such as clinicians who qualify for a significant hardship or other type of exception, hospital-based or ASC-based status, and certain types of non-physician practitioners (see p. 5). If these MIPS eligible clinicians report as part of a group or virtual group, and have data in CEHRT, their data must be included, and they will be scored on the Promoting Interoperability performance category like all other MIPS eligible clinicians. In the event an entire group qualifies for reweighting, the group is not required to report PI, but can choose to report if they'd like.

Many of the new eligible clinician types do not use CEHRT and do not document many of the required elements of a patient visit in the same way that a primary care physician or specialist does. In this case, if the MIPS eligible clinician's data is not in CEHRT, their data would not be included in the data submitted for the Promoting Interoperability performance category by the group or virtual group. However, these MIPS eligible clinicians would receive the same Promoting Interoperability performance category score as the rest of the clinicians in the group or virtual group.

⁴ We note that the other performance categories – Quality, Cost and Improvement Activities – assess performance based on data collected from or for all clinicians in the group, as appropriate to the quality measures or improvement activities selected, which may include clinicians who are not eligible to participate in MIPS.

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How Does Promoting Interoperability Work for MIPS APM Participants?

Under the APM scoring standard, there is one Promoting Interoperability score assigned to all MIPS eligible clinicians in an APM Entity. This score is an average of the highest score attributed to each MIPS eligible clinician in the APM Entity from individual or group reporting.

Beginning in 2019,
all MIPS eligible clinicians scored under the APM scoring standard
– including those in a Shared Savings Program ACO –
have the option to report their Promoting Interoperability measures at the
individual or group level.

How is the Promoting Interoperability Performance Category Score Calculated for 2019?

For 2019, you may earn a maximum score of **100%**. We designed scoring this way intentionally to encourage you to focus on measures that are most applicable to how you deliver care to patients instead of on measures that may not be as applicable to you. Our goal is to provide increased flexibility to you and enable you to focus more on patient care and health data exchange through interoperability.

Each measure will be scored based on performance on that measure. The measure performance rate is calculated based on the numerator and denominator submitted, except for the Public Health, Clinical Data Exchange, and Query of PDMP objective's measures, which require "yes or no" submission. Each measure will contribute to the clinician's total Promoting Interoperability performance category score.

Total Possible Points for Each 2019 Promoting Interoperability Measure

Objectives	Measures	Maximum Points
e-Prescribing	e-Prescribing	10 points
	<i>Bonus: Query of Prescription Drug Monitoring Program (PDMP)</i>	5 bonus points
	<i>Bonus: Verify Opioid Treatment Agreement</i>	5 bonus points
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	20 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points
Public Health and Clinical Data Exchange	<u>Report to two different public health agencies or clinical data registries for any of the following:</u> Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Syndromic Surveillance Reporting	10 points

Bolded text in the table denotes required measures.

The scores for each of the individual measures will be added together to calculate the Promoting Interoperability performance category score of up to 110 possible points for each clinician, which is capped at 100 points. If exclusions are claimed, the points for excluded measures will be reallocated to other measures. *Appendix A* covers the rules for redistributing points when an exclusion is claimed. *Appendix B* covers the exclusions available for each measure.

If a MIPS eligible clinician fails to report on a required measure or claim an exclusion for a required measure (where applicable), the clinician would receive a total score of **zero** for the Promoting Interoperability performance category.

Once all of the measure scores are added together, the total sum will be divided by the total possible points (100). The total sum cannot exceed the total possible points. This calculation results in a fraction from zero to 1, which can be formatted as a percent. It is then multiplied by the 25% Promoting Interoperability performance category weight. This product is then added to the MIPS final score.

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$$\left(\text{Points} \times \underset{\substack{\text{PI Category} \\ \text{Weight}}}{.25} \right) \times 100 = \text{Points Towards Final Score}$$

Example:

$$\frac{83 \text{ Points}}{100 \text{ Total Points}} \left(.83 \times .25 \right) \times 100 = 20.75 \text{ Points Towards Final Score}$$

How are Measures Scored?

We calculate the performance rate for each measure and translate it into points using the numerators and denominators you submitted for measures. There are two scored objectives where we use the “yes” or “no” as the answer submitted for its measures.

For example, if a MIPS eligible clinician submits a numerator and denominator of 200/250 for the e-Prescribing measure (worth up to 10 points), their performance rate would be 80%. This 80% would be applied to the 10 total points available for the e-Prescribing measure to determine the measure score. In this case, the e-Prescribing measure score would be 8 points.

$$\text{Performance Rate} \times \text{Total Possible Measure Points} = \text{Points Awarded Towards your Total Promoting Interoperability Performance Category Score}$$

Example:

$$80\% \text{ Performance Rate} \times 10 = 8 \text{ Points Towards your Total Promoting Interoperability Performance Score}$$

When calculating the performance rates, measure and objective scores, and the Promoting Interoperability performance category score, we will generally round to the nearest whole number.

Example 1: Score = 8.53  Round up to 9	Example 2: Score = 8.33  Round down to 8
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Exception: If the MIPS eligible clinician receives a performance rate or measure score of less than 0.5, as long as the MIPS eligible clinician reported on at least one patient for a given measure, a score of 1 would be awarded for that measure.

How Do I Meet the Requirements for the Public Health and Clinical Data Exchange Objective?

For the Public Health and Clinical Data Exchange objective scoring, you must be actively engaged with **two** different public health agencies or clinical data registries to earn the maximum of 10 points for the objective.

You may choose from the following five measures:

1. Immunization Registry Reporting,
2. Electronic Case Reporting,
3. Public Health Registry Reporting,
4. Clinical Data Registry Reporting, and
5. Syndromic Surveillance Reporting.

Exclusions are available for the Public Health and Clinical Data Exchange objective. If an exclusion is claimed for one measure, but you submit a “yes” response for another measure, you can still earn the full 10 points for the Public Health and Clinical Data Exchange objective.

If you claim exclusions for both measures you select to report on, the 10 points would be redistributed to the Provide Patients Electronic Access to Their Health Information measure under the Provider to Patient Exchange objective.

If you are unable to report to two different public health agencies or clinical data registries and cannot claim an exclusion, you will earn a score of zero for the objective and the Promoting Interoperability performance category.

- **Note:** Reporting to a QCDR may count for the Clinical Data Registry Reporting measure as long as the QCDR has publicly declared readiness as a public health registry. Many QCDRs use the data for a public health purpose beyond CQM reporting to CMS. A submission to such a registry would meet the requirement for the measure if the submission data is derived from CEHRT and transmitted electronically. However, having a QCDR submit data on your behalf for MIPS would not fulfill the Clinical Data Registry Reporting measure.

Helpful Hints:

You can report the same measure twice, as long as you’re actively engaged with two different agencies or registries.

When reporting as a group, the group can submit a “yes” for a measure as long as one (1) clinician in the group is actively engaged with an agency or registry.

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Can I Earn Bonus Points for the Promoting Interoperability Performance Category?

For 2019, you can earn bonus points by submitting data for either or both of these two optional measures:

- Query of Prescription Drug Monitoring Program (PDMP)⁵
- Verify Opioid Treatment Agreement

You will receive five bonus points for each optional measure that you submit data for.

The following 2018 bonus options are no longer available for 2019:

- Reporting a “yes” to the completion of at least 1 of the specified Improvement Activities using CEHRT will no longer result in a 10% bonus in 2019.
- Reporting only from the Promoting Interoperability Objectives and Measures set (and only using 2015 Edition CEHRT) will no longer result in a 10% bonus in 2019.
- Reporting “yes” for 2 or more additional public health agencies or clinical data registries will no longer result in a 5% bonus.

Where Can I Learn More?

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.

- Customers who are hearing impaired can dial 711 to be connected to a TRS communications Assistant.

Technical Assistance

We provide no cost technical assistance to small, underserved, and rural practices to help you successfully participate in the Quality Payment Program. To learn more about this support, or to connect with your local technical assistance organization, we encourage you to visit our [Small, Underserved, and Rural Practices page](#) on the Quality Payment Program [website](#).

⁵ We have finalized that, beginning with the 2019 performance period, the Query of PDMP measure would require a Yes/No response, rather than a numerator/denominator. A Yes response would indicate that a query was performed at least once during the performance period. We do not require that the query of the PDMP be performed by the same eligible clinician who prescribes the Schedule II opioid.

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Appendix A: Redistributing Promoting Interoperability Measure Points

If you meet and claim the exclusion for one or more of the required Promoting Interoperability performance category measures, the points for the measure will be redistributed to another measure or measures. This appendix covers the point redistribution rules that have been established for 2019. You can find more details about each Promoting Interoperability measure in the [Promoting Interoperability Measure Specification Sheets](#).

Claiming the e-Prescribing exclusion:

Objectives	Measures	Maximum Points
e-Prescribing	e-Prescribing	0 points (exclusion claimed)
	<i>Bonus: Query of Prescription Drug Monitoring Program (PDMP)</i>	5 bonus points
	<i>Bonus: Verify Opioid Treatment Agreement</i>	5 bonus points
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	25 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	25 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points
Public Health and Clinical Data Exchange	<u>Report to two different public health agencies or clinical data registries for any of the following:</u> Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Syndromic Surveillance Reporting	10 points

If you meet and claim the e-Prescribing measure's exclusion, the 10 points are redistributed equally among the measures associated with the Health Information Exchange objective: 5 points to the Support Electronic Referral Loops by Sending Health Information measure and 5 points to the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure.

Note: The two optional measures within the e-Prescribing objective do not have exclusions for the 2019 performance period.

Claiming the Support Electronic Referral Loops by Receiving and Incorporating Health Information Exclusion:

Objectives	Measures	Maximum Points
e-Prescribing	e-Prescribing	10 points
	<i>Bonus:</i> Query of Prescription Drug Monitoring Program (PDMP)	5 bonus points
	<i>Bonus:</i> Verify Opioid Treatment Agreement	5 bonus points
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	40 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	0 points claimed exclusion
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points
Public Health and Clinical Data Exchange	<u>Report to two different public health agencies or clinical data registries for any of the following:</u> Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Syndromic Surveillance Reporting	10 points

If you meet and claim the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure's exclusion, the 20 points are redistributed to the Support Electronic Referral Loops by Sending Health Information measure, bringing it to a total of 40 points.

Note: If a Support Electronic Referral Loops by Sending Health Information measure's exclusion was claimed, the points would be redistributed to the Provide Patients Electronic Access to Their Health Information measure.

Claiming Public Health and Clinical Data Exchange Measure Exclusions:

Objectives	Measures	Maximum Points
e-Prescribing	e-Prescribing	10 points
	<i>Bonus:</i> Query of Prescription Drug Monitoring Program (PDMP)	5 bonus points
	<i>Bonus:</i> Verify Opioid Treatment Agreement	5 bonus points
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	20 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points (if 1 Public Health and Clinical Data Exchange exclusion is claimed) 50 points (if 2 Public Health and Clinical Data Exchange exclusions are claimed)

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Objectives	Measures	Maximum Points
Public Health and Clinical Data Exchange	<u>Report to two different public health agencies or clinical data registries for any of the following:</u> Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Syndromic Surveillance Reporting	10 points (if 1 Public Health and Clinical Data Exchange exclusion is claimed) 0 points (if 2 Public Health and Clinical Data Exchange exclusions are claimed)

If you meet and claim an exclusion for one of the Public Health and Clinical Data Exchange measures (the 5 are listed in the chart above) you can still receive 10 points for the objective if you submit a 'yes' attestation for a measure.

If a clinician meets and claims an exclusion for two **different** measures in this objective, the 10 points would be redistributed to the Provide Patients Electronic Access to Their Health Information measure under the Provider to Patient Exchange objective. You do **not** need to claim an exclusion from all five measures for the 10 points to be redistributed to the Provide Patients Electronic Access to Their Health Information measure.

If a clinician met and claimed all of the available exclusions for 2019, each of the measures would receive the following points:

Objectives	Measures	Maximum Points
e-Prescribing	e-Prescribing	0 points exclusion claimed
	<i>Bonus:</i> Query of Prescription Drug Monitoring Program (PDMP)	5 bonus points
	<i>Bonus:</i> Verify Opioid Treatment Agreement	5 bonus points
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	50 points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	0 points exclusion claimed
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	50 points
Public Health and Clinical Data Exchange	<u>Report to two different public health agencies or clinical data registries for any of the following:</u> Immunization Registry Reporting Electronic Case Reporting Public Health Registry Reporting Clinical Data Registry Reporting Syndromic Surveillance Reporting	0 points 2 exclusions claimed

Note: The Support Electronic Referral Loops by Sending Health Information measure's exclusion can be met as well with the measure's points redistributed to the Provide Patients Electronic Access to Their Health Information measure.

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Appendix B: Promoting Interoperability 2019 Measure Exclusions

If you claim any or all of the below exclusions, the available points for the measures you claimed an exclusion for will be redistributed to another measure (or measures) according to the rules in Appendix A. If you claim an exclusion and your points are redistributed, you will be scored according to the new points distribution.

If you report a 0 in the numerator/denominator for any remaining required measures without claiming the exclusion, you wouldn't meet the performance category requirements and would receive a 0 for the Promoting Interoperability performance category score.

Objectives	Measures	Exclusions
e-Prescribing	e-Prescribing	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
	<i>Bonus: Query of Prescription Drug Monitoring Program (PDMP)</i>	<i>Optional in 2019 (no exclusion available in 2019).</i>
	<i>Bonus: Verify Opioid Treatment Agreement</i>	<i>Optional in 2019 (no exclusion available in 2019).</i>
Health Information Exchange	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	1. Any MIPS eligible clinician who is unable to implement the measure for a MIPS performance period in 2019 2. Any MIPS eligible clinician who receives fewer than 100 transitions of care or referrals or has fewer than 100 encounters with patients never before encountered during the performance period
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	<i>No exclusion available</i>
Public Health and Clinical Data Exchange	<u>Report to two different public health agencies or clinical data registries for any of the following:</u> <ol style="list-style-type: none"> 1. Immunization Registry Reporting 2. Electronic Case Reporting 3. Public Health Registry Reporting 4. Clinical Data Registry Reporting 5. Syndromic Surveillance Reporting 	Each of the five measures has their own exclusions; please refer to the Measure Specifications Sheets for the exact exclusion criteria for each measure. Generally speaking, the exclusions are based on the following criteria: <ol style="list-style-type: none"> 1. Does not diagnose or directly treat any disease or condition associated with a agency/registry in their jurisdiction during the performance period. 2. Operates in a jurisdiction for which no agency/registry is capable of accepting electronic registry transactions in the specific

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Objectives	Measures	Exclusions
		standards required to meet the CEHRT definition at the start of the performance period. 3. 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.

You can find more details about each Promoting Interoperability measure and any applicable exclusion(s) in the [Promoting Interoperability Measure Specification Sheets](#).

Appendix C: Scoring Methodology for the MIPS Performance Period in 2019 Example

Objective	Measures	Maximum Points	Numerator/Denominator	Performance Rate	Score
e-Prescribing	e-Prescribing	10	200 / 250	80%	$10 * 0.8 = 8$ points
	Query of Prescription Drug Monitoring Program (PDMP)	5	Yes	N/A	5 bonus points
	Verify Opioid Treatment Agreement	5	<didn't report measure>	<didn't report measure>	0 points
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20	135 / 185	73%	$20 * 0.73 = 15$ points
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	20	145 / 175	83%	$20 * 0.83 = 17$ points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40	350 / 500	70%	$40 * 0.70 = 28$ points
Public Health and Clinical Data Exchange	Immunization Registry Reporting	10	Yes	N/A	10 points
	Public Health Registry Reporting		Yes		
Total Score					83 points
Promoting Interoperability performance category contribution to MIPS Final Score (when the Promoting Interoperability performance category is weighted at 25% of the MIPS Final Score)					$.83 * .25 * 100 = 20.75$ points

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Version History Table

Date	Change Description
4/27/20	Added disclaimer language regarding changes to 2019 MIPS in response to COVID-19.
12/18/19	<p>Updated to align with policies finalized in the CY 2020 Final Rule for the 2019 performance period:</p> <p>p. 7, 8, 13, 17, 23 – Query of PDMP measure now requires a Yes/No response instead of a numerator/denominator. Also added clarification that the query of the PDMP does not have to be performed by the same eligible clinician who prescribes the Schedule II opioid.</p> <p>p. 17 – Updated Quality Payment Program contact information to remove TTY phone number and add instructions on calling for those who are hearing impaired. Also updated technical assistance information.</p> <p>p. 19, 20 – When an exclusion is claimed for the Support Electronic Referral Loops by Sending Health Information measure, the points are redistributed to the Provide Patients Electronic Access to Their Health Information measure.</p>
8/14/19	<p>p. 5 – Updated the reweighting policy based on CMS clarification that non-patient facing groups do qualify for automatic reweighting of the Promoting Interoperability performance category in the 2019 performance period.</p> <p>Added footnotes throughout document to call out CMS’ proposal in the CY 2020 NPRM for the 2019 performance period that the Query of PDMP measure would require a Yes/No response instead of a numerator/denominator.</p> <p>p. 16 – updated the note to clarify that simply having a QCDR submit your MIPS data does not meet the Clinical Data Registry measure.</p>
4/8/2019	<p>p. 5 – Corrected the reweighting policy for non-patient facing groups. Document previously stated that non-patient facing groups qualify for automatic reweighting of the Promoting Interoperability performance category.</p> <p>p. 12 – Added a footnote clarifying that group data submission requirements are different for Promoting Interoperability than for other performance categories. For group reporting, groups only need to submit Promoting Interoperability measure data collected from their MIPS eligible clinicians.</p>
3/11/19	Original posting

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