Quality Payment PROGRAM

Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Measure 2019 Performance Period

Objective:	**Health Information Exchange**
Measure:	**Support Electronic Referral Loops by Receiving and Incorporating Health Information** For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.
Measure ID:	**PI_HIE_4**
Exclusions:	1. Any MIPS eligible clinician who is unable to implement the measure for a MIPS performance period in 2019 would be excluded from having to report this measure. Or 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.
Measure Exclusion IDs:	**1. PI_CUITC_1** **2. PI_LVITC_2**

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.

Care Plan – The structure used to define the management actions for the various conditions, problems, or issues. A care plan must include at a minimum the following components: problem (the focus of the care plan), goal (the target outcome) and any instructions that the provider has given to the patient. A goal is a defined target or measure to be achieved in the process of patient care (an expected outcome).

Reporting Requirements

NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of electronic summary of care records in the denominator for which clinical information reconciliation is completed using CEHRT for the following three clinical information sets: (1) Medication – Review of the patient's medication, including the name, dosage, frequency, and route of each medication; (2) Medication allergy – Review of the patient's known medication allergies; and (3) Current Problem List – Review of the patient's current and active diagnoses.

- **DENOMINATOR:** Number of electronic summary of care records received using CEHRT for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, and for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient.

Scoring Information

- Required for Promoting Interoperability Performance Category Score: **Yes**
- Measure Score: **20 points**
- Eligible for Bonus Score: **No**

Note: MIPS eligible clinicians must:

- Submit a "yes" to the Prevention of Information Blocking Attestations
- Submit a "yes" to the ONC Direct Review Attestation, if applicable
- Submit a "yes" that they have completed the Security Risk Analysis measure during the calendar year in which the MIPS performance period occurs
- Must report the required measures from each of the four objectives in order to earn a score greater than zero for the Promoting Interoperability performance category

Additional Information

- MIPS eligible clinicians must use EHR technology certified to the 2015 Edition certification criteria to support the Promoting Interoperability performance category objectives and measures.
- This measure is the combination of two measures from 2018: Request/Accept Summary of Care and Clinical Information Reconciliation.
- MIPS eligible clinicians are required to report certain measures from each of the four objectives, with performance-based scoring occurring at the individual measure-level. Each measure will be 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.
- If an exclusion is claimed for this measure the 20 points will be redistributed to the other measure within this objective, the Support Electronic Referral Loops by Sending Health Information measure.
- Actions included in the numerator must occur within the performance period.
- More information about Promoting Interoperability performance category scoring is available on the QPP website.
- For the measure, only patients whose records are maintained using CEHRT must be included in the denominator for transitions of care.
- For the measure, if no update is necessary, the process of reconciliation may consist of simply verifying that fact or reviewing a record received on referral and determining that such information is merely duplicative of existing information in the patient record.
- Non-medical staff may conduct reconciliation under the direction of the MIPS eligible clinician so long as the clinician or other credentialed medical staff is responsible and accountable for review of the information and for the assessment of and action on any relevant CDS.
- MIPS eligible clinicians may use any document template within the C-CDA standard for purposes of the measures under the Health Information Exchange objective.
- MIPS eligible clinicians may claim the exclusions if they are reporting as a group. However, the group must meet the requirements of the exclusions as a group.
- 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 objective and measure, MIPS eligible clinicians must use the capabilities and standards of CEHRT at 45 CFR 170.315 (b)(1) and (b)(2).

Certification Standards and Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports this measure.

Certification Criteria
Information about certification for 2015 Edition CEHRT can be found at the links below: §170.315(b)(1) Transitions of care §170.315(b)(2) Clinical information reconciliation and incorporation

Standards Criteria
Standards for 2015 Edition CEHRT can be found at the ONC's 2015 Standards Hub: https://www.healthit.gov/topic/certification/2015-standards-hub