Performance Category Evaluations for MIPS APMs

Promoting Interoperability

The Promoting Interoperability (formerly Advancing Care Information) performance category replaces the legacy EHR Incentive Program (Meaningful Use). ECs are still required to utilize Certified EHR Technology (CEHRT) to meet the PI criteria. CMS finalized a shortened PI reporting period of 90 days in 2019 and requires use of 2015 CEHRT. Although in 2019 CMS removes the ACO program quality measure 11, Use of CEHRT, all ACOs subject to MIPS must still report Promoting Interoperability for purposes of MIPS. In 2019 CMS makes a number of significant changes to the way the PI performance category is scored. Importantly, starting in 2019, CMS allows ECs in ACOs to report PI as individuals or a group (TIN).

ACOs and PI

Beginning in 2019, CMS will allow clinicians in ACOs to report PI measures either as an individual or as a group (i.e., Taxpayer Identification Number (TIN)). Therefore, ACOs are no longer restricted to group/TIN level reporting for PI, though unfortunately, the agency will not allow ACO-level reporting as advocated for by NAACOS. As a reminder, beginning in 2019 CMS removed the ACO Quality Measure ACO-11, Use of CEHRT, instead requiring an annual attestation regarding the ACO's CEHRT use. However, all ACOs subject to MIPS will be required to report PI for purposes of the MIPS program. As finalized, an ACO entity could choose to have groups and/or individuals report PI measures for purposes of MIPS and must follow all MIPS PI requirements and reporting obligations.

Moving to Performance-based Measurement

For 2019, CMS eliminates the previous Base Score and Performance Score components of the PI performance category score and instead move to a performance-based measurement for this category. CMS also made a number of changes to certain measures and specifications in this performance category for 2019, as outlined in the tables below. Because CMS will require the use of 2015 CEHRT beginning in 2019, the transition objectives and measures will no longer be available for 2019 and thereafter. Starting in 2019, ECs must report at least six measures across four objectives including: e- prescribing, health information exchange, provider to patient exchange, and public health/clinical data exchange. Clinicians will be scored based on their performance on each measure, worth up to

==40 points each.== The scores for each of the individual measures will be added together to calculate the final performance category score of up to 100 possible points. ==CMS also finalized the Security Risk Analysis measure as a required measure; though no points will be awarded for this measure it remains a non- optional requirement.== Table 41 on page 59796 provides an overview of the final PI scoring methodology for 2019.

Tables 41 and 42 illustrate our final performance-based scoring methodology.

TABLE 41: Scoring Methodology for the MIPS Performance Period in 2019

Objectives	Measures	Maximum Points
e-Prescribing	e-Prescribing**	10 points
	Bonus: Query of Prescription Drug Monitoring Program (PDMP)	5 point bonus
	Bonus: Verify Opioid Treatment Agreement	5 point bonus
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	Report to two different public health agencies or clinical data registries for any of the following: Immunization Registry Reporting** Electronic Case Reporting** Public Health Registry Reporting** Clinical Data Registry Reporting** Syndromic Surveillance Reporting**	10 points

** Exclusion available.

Finally, ==CMS will provide a zero PI score for nurse practitioners, physician assistants, clinical nurse specialists, certified registered nurse anesthetists, and physical therapists, occupational therapists, qualified speech language pathologists and audiologists, clinical psychologists, and registered dieticians for 2019.== Table 43 on page 59817 summarizes the PI objectives and measures and 2015 certification criteria.

TABLE 43: Promoting Interoperability Objectives and Measures and Certification Criteria for the 2015 Edition

Objective	Measure	2015 Edition
Protect Patient Health Information.	Security Risk Analysis	The requirements are a part of CEHRT specific to each certification criterion[28].
e-Prescribing	e-Prescribing	§170.315(b)(3)(Electronic Prescribing). §170.315(a)(10) (Drug-Formulary and Preferred Drug List checks)
	Query of PDMP	§170.315(a)(10) (Drug-Formulary and Preferred Drug List checks) and (b)(3) (Electronic Prescribing)
	Verify Opioid Treatment Agreement	§170.315(a)(10) (Drug-Formulary and Preferred Drug List checks) (b)(3) (Electronic Prescribing), and §170.205(b)(2) (Electronic Prescribing Standard)
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	§170.315(b)(1) (Transitions of Care)
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	§170.315(b)(1) (Transitions of Care) §170.315(b)(2) (Clinical Information Reconciliation and Incorporation)
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	§170.315(e)(1) (View, Download, and Transmit to 3rd Party) §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) The three criteria combined are the "API" certification criteria.
Public Health and Clinical Data Exchange	Immunization Registry Reporting	§170.315(f)(1) (Transmission to Immunization Registries)
	Syndromic Surveillance Reporting	§170.315(f)(2) (Transmission to Public Health Agencies—Syndromic Surveillance) Urgent Care Setting Only
	Electronic Case Reporting	§170.315(f)(5) (Transmission to Public Health Agencies—Electronic Case Reporting)
	Public Health Registry Reporting	EPs may choose one or more of the following: § 170.315(f)(4) (Transmission to Cancer Registries) §170.315(f)(7) (Transmission to Public Health Agencies—Health Care Surveys)
	Clinical Data Registry Reporting	No 2015 Edition health IT certification criteria at this time.

Finally, MIPS also requires that as part of PI, providers must attest to CMS that they support the exchange of health information and are not engaging in information blocking. For example, providers will attest that they are not knowingly and willfully taking action (such as disabling functionality) to limit or restrict the compatibility or interoperability of CEHRT, that they are compliant with all standards applicable to the exchange of information, and that their system implementation allows for timely access by patients to their electronic health information and allows for timely exchange of electronic health information with other healthcare providers.