

2019 MIPS Step-by-Step Guide

Promoting Interoperability (PI)

The Promoting Interoperability (PI) Category was formerly known as the Advancing Care Information (ACI) Category also formerly Meaningful Use (MU).

Before beginning the PI category, it is important to identify if you are eligible for an automatic exemption this category. Below are the PI exemption categories which are considered “[special statuses](#)”. You can check your special status through the CMS [NPI lookup tool](#).

Non-patient facing physicians and groups	<p>Individuals: Bill 100 or fewer patient-facing encounters (including telehealth services) during a prior determination period.</p> <p>Groups: At least 75% of clinicians meet the individual definition.</p>
Hospital-based physicians	Furnishes at least 75% of services in sites of services identified by Place of Service (POS) codes 19, 21, 22, or 23 during a prior determination period.
Ambulatory Surgical Center (ASC) physicians	Furnishes at least 75% of services in sites of services identified by Place of Service (POS) code 24.
Certain Clinician Types	Physical Therapist, Occupational Therapist, Clinical Psychologist

If after checking the NPI lookup tool and identifying that you DO NOT fall into a special status category (or are not exempt from MIPS entirely) and therefore do not qualify for an automatic reweighting of the PI category, please follow the steps below to report this category. If you fall under one of these special status determinations and choose to report regardless, your PI data will be scored and weighed into your MIPS final score and you will forfeit your automatic exemption.

Step 1: Review the available PI measures [here](#).

Step 2: Review all the required measures that must be submitted, if all required measures are not submitted a score of zero will be given in the PI category. Each of these measures requires a “**yes**” statement or **at least a 1** in the numerator for the numerator/denominator measures. You can identify these measures by filtering measures under “Reporting Category” and selecting “Required”.

2019 Promoting Interoperability

25% OF FINAL SCORE

This percentage can change due to [Special Statuses](#), [Exception Applications](#), or Alternative Payment Model (APM) participation.

Participants must submit collected data for certain measures from each of the four objectives (unless an exclusion is claimed) for 90 continuous days or more during 2019.

[Read more about Promoting Interoperability requirements](#)

2019 Promoting Interoperability Measure Specifications (ZIP 1.6MB) [↗](#)

- Hide filters

Reporting Category	Score Weight	Objective Name
Required ▾	All ▾	All ▾
<input type="checkbox"/> In "Your List" of Promoting Interoperability Measures		Your List (0) ▾

There are 5 **REQUIRED** measures, 2 Bonus measures, and Exclusions for all but 1 required measure and the 2 bonus measures (exclusions allow for practices avoid a penalty when a required measure cannot be completed due to the exclusion reason provided). In addition to the measures, there are 3 attestation statements that must be provided a “Yes” attestation prior to completing the PI category. The Security Risk Analysis (SRA) attestation statement requires practices to attest that they completed an SRA at some point within the 2019 performance year. Please see chart below for a summary of all the PI measures.

2019 Promoting Interoperability Measures					
OBJECTIVE	MEASURES	MEASURE DESCRIPTION	REQUIRED	MAXIMUM POINTS	EXCLUSIONS
Electronic Prescribing	e-Prescribing	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.	YES	10 Numerator/ Denominator	< 100 e-prescriptions during performance period

Electronic Prescribing	BONUS: Verify Opioid Treatment Agreement	For at least one unique patient for whom a Schedule II opioid was electronically prescribed by the MIPS eligible clinician using CEHRT during the performance period, if the total duration of the patient's Schedule II opioid prescriptions is at least 30 cumulative days within a 6-month look-back period, the MIPS eligible clinician seeks to identify the existence of a signed opioid treatment agreement and incorporates it into the patient's electronic health record using CEHRT.	NO	5 Numerator/ Denominator	N/A
	BONUS: Query of the Prescription Drug Monitoring Program (PDMP)	For at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a Prescription Drug Monitoring Program (PDMP) for prescription drug history, except where prohibited and in accordance with applicable law.	NO	5 Numerator/ Denominator	N/A
Health Information Exchange	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.	YES	20 Numerator/ Denominator	1) Unable to implement in 2019 2) < 100 transitions during performance period
	Support Electronic Referral Loops by Sending Health Information	For at least one transition of care or referral to a provider of care other than a MIPS eligible clinician, the MIPS eligible clinician creates a summary of care record using CEHRT; and electronically exchanges the summary of care record.	YES	20 Numerator/ Denominator	< 100 transfers/referrals during performance period

<p>Provider to Patient Exchange</p>	<p>Provide Patients Electronic Access to Their Health Information</p>	<p>For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).</p>	<p>YES</p>	<p>40 Numerator/ Denominator</p>	<p>No Exclusion</p>
<p>Public Health and Clinical Data Exchange</p> <p>Choose 2 of the 5 Available Measures</p>	<p>Immunization Registry Reporting</p>	<p>The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).</p>	<p>YES</p>	<p>10 Yes/No Statement</p>	<p>Various Exclusions available based on jurisdiction, treatment and readiness</p>
<p>Electronic Case Reporting (none available in Texas for ambulatory practices)</p>	<p>The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.</p>				
<p>Public Health Registry Reporting</p>	<p>The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.</p>				
<p>Clinical Data Registry Reporting (check with your specialty society)</p>	<p>The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.</p>				
<p>Syndromic Surveillance Reporting (DSHS only accepting registrations from hospitals, professionals in urgent care centers or free-standing emergency centers)</p>	<p>The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.</p>				

ATTESTATIONS	REQUIRED	POINTS	EXCLUSIONS
ONC Direct Review Attestation	YES	NONE	No Exclusion
Prevention of Information Blocking Attestation	YES	NONE	No Exclusion
Security Risk Analysis	YES	NONE	No Exclusion

REMEMBER the PI category requires at least a consecutive 90-day reporting period (between Jan. 1 to Dec. 31, 2019), so be sure you are collecting reportable data on ALL your measures for at least 90 days (your security risk analysis can be completed at any point in the year and does not need to be within your selected consecutive 90 days). The last day of the year that will still provide a full consecutive 90-day data collection period is **October 2, 2019**.

Step 3: Now that all your measures are selected and reviewed it is VERY IMPORTANT to understand and review your EHR capabilities and reports. Below are some items to consider when reviewing your EHR for these measures. Contact your EHR vendor directly for questions on data entry and creating reports/pulling data (aka your numerator and denominator numbers).

- **What fields need to be entered (or boxes that need to be checked) to ensure each measure is being recorded for your patient population?** Be very aware of this as some EHR platforms have multiple fields that ask for the same piece of information, but at times only one of those fields will be used to generate your data reports. If that is not where you are entering your information your report will be inaccurate or unavailable.
- **Do I need to request my data/reports in advance?** This process may take time especially around reporting deadlines, be sure to check with your vendor early so you do not miss any MIPS reporting deadlines.
- **What are my EHR's capabilities?** Do you have a patient portal, are you able to retrieve summary of care documents electronically, can you send secure messages? These are all things to consider when reviewing your EHR capabilities as you may need to enable or begin using some of these functionalities to meet your required measures.
- **Can all the required measures be reported?** This follows the previous question, if your EHR is not set up to record some measures or is unable to perform certain functions some measures may not be reportable. Work with your EHR vendor directly to work out which measures you are going to be able to report on and how to do so.

Step 4: Assuming all measures have been selected and recorded properly within the EHR, you are now able to report your data. Below are the reporting mechanisms available for the PI category.

- [EHR](#) – Speak with your EHR vendor regarding PI submission capabilities for 2019. **Deadline to submit is March 31, 2020.**
- [QPP Portal](#) – CMS has created a QPP submission platform that can be used to submit your PI measures. The QPP portal will be open for 2019 data reporting **starting January 2, 2020. Deadline to submit is March 31, 2020.**
- [CMS Web Interface](#) – Only groups of 25 or more may choose this reporting option and must register for this option. Registration to use this reporting method for 2019 begins on **April 1, 2019** and **ends June 30, 2019**. The reporting deadline for CMS Web Interface is **March 22, 2020**.
- [Qualified Registry](#) – By clicking this link an excel file titled “2019 Qualified Registry Posting” will open or download. This document has a full list of Qualified Registry vendors for 2019. Review which vendors

can submit PI under the “Performance Categories Supported” section. Also ensure your selected measures are reportable under the “Promoting Interoperability Measures Supported” section.

Submission through registries will begin January 1, 2020. The deadline to complete submission is March 31, 2020, although it is important to be aware of your registries individual submission/signup deadlines which typically precede CMS’s set deadline of March 31.

* Excel file is split up into sheets in alphabetical order. Please review all sheets to see all vendors.

* Not free, use of these vendors will most likely require payment to use their services.

- [Qualified Clinical Data Registry \(QCDR\)](#) – By clicking this link an excel file titled “2019 QCDR Qualified Posting” will open or download. This document has a full list of QCDR vendors for 2019. Review which vendors can submit PI under the “Performance Categories Supported” section. Also ensure your selected measures are reportable under the “Promoting Interoperability Measures Supported” section. **Submission through QCDRs will begin January 1, 2020. The deadline to complete submission is March 31, 2019. Check with your QCDR to see if they have a submission or signup deadline that precedes this date.**

* Excel file is split up into sheets in alphabetical order. Please review all sheets to see all vendors.

* Not free, use of these vendors will most likely require payment to use their services.

Although PI measures only require a yes/no statement or a numerator/denominator when submitting to CMS, it is important to keep records of all measure activity (such as having access or saving reports from your EHR). CMS may request any records or data retained for the purposes of MIPS for up to 6 years, so it is recommended that documentation is kept for that length of time.

Contact HCMS’s Quality Department for further assistance: quality@hcms.org or call (713) 524-4267.

Additional Resources:

- [2019 PI Performance Category Fact Sheet](#)
- [2019 CMS PI Requirements Webpage](#)
- [HCMS General MIPS Guide/Education](#)
- [QPP Resource Library](#)
- For additional free technical assistance contact the [TMF Health Quality Institute](#).