MIPS

PI Guide

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American Academy of
Physical Medicine and Rehabilitation

Promoting Interoperability (PI) Guide

The Promoting Interoperability (PI) performance category of the Quality Payment Program replaces the Medicare EHR Incentive Program for eligible professionals, also previously known as Meaningful Use and Advancing Care Information. PI generally makes up 25% of the total MIPS final score. However, there are specific circumstances where clinicians are not required to report this category. In the following instances, CMS will generally shift the weight of the PI performance category to the Quality category, unless the clinician or group chooses to submit PI data:

- **Hospital-based clinicians:** Clinicians who furnish 75% or more of their covered professional services in sites identified by Place of Service (POS) codes 21 (inpatient hospital), 22 (outpatient on-campus hospital), 19 (outpatient off-campus hospital) or 23 (emergency room), and who do not submit PI data, are automatically eligible for reweighting of the PI category. If you are participating in MIPS at the group level, then more than 75% of the clinicians in your TIN must meet this definition for the group, as a whole, to be considered hospital-based and eligible for the re-weighting of this category.

- **Ambulatory Surgical Center (ASC)-based clinicians:** Clinicians who furnish 75% or more of their covered professional services in sites identified by Place of Service (POS) codes 24 (ASC), and who do not report under the PI performance category are automatically eligible for reweighting of the PI category. If you are participating in MIPS at the group level, then 100% of the clinicians in your TIN must meet this definition or qualify for another exemption (e.g., a hardship exemption).

- **Hardship exemptions:** Clinicians who are approved for a hardship exemption, which may be based on insufficient Internet connectivity; extreme and uncontrollable circumstances; lack of control over certified EHR technology; lack of face-to-face encounters; small practice status; or use of decertified EHR technology. To qualify for a hardship exemption, MIPS eligible clinicians must apply for CMS to reweight the PI performance category to 0%.

How to Report PI for 2021

To receive credit for the PI performance category for 2021 performance, MIPS eligible clinicians and groups may use either the 2015 Edition certified EHR technology (CEHRT) or the 2015 Edition Cures Update CEHRT, or a combination of both. If you need help identifying your EHR edition, you can visit: https://chpl.healthit.gov/#/search.

Reporting is required for 90 consecutive days within the 2021 calendar year.

How is PI Scored in 2021

To receive credit for this category, MIPS eligible clinicians or groups must meet the following minimum requirements:

- Report a complete numerator and denominator for all mandatory measures (or claim an exclusion);

- Complete a Security Risk Analysis; and

- Attest to the prevention of information blocking attestation statements listed at the bottom of this guide.

Failure to meet these minimum requirements will result in a score of zero for the entire PI performance category.

healthpolicy@aapmr.org

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Required PI objectives and measures for 2021 are included in Table 1 below, along with each measure's maximum available points.

TABLE 1: SCORING METHODOLOGY FOR THE MIPS PERFORMANCE PERIOD IN 2020		
OBJECTIVES	**MEASURES**	**MAXIMUM POINTS**
Electronic Prescribing	e-Prescribing**	10 points
	Optional/Bonus: *Query of Prescription Drug Monitoring Program (PDMP)^*	*10-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
Health Information Exchange (Alternative)	*Health Information Exchange Bi-Directional Exchange*	*40 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. ^Yes/no response required to receive credit on this measure, rather than a numerator or denominator.

Note that for 2021, CMS is allowing clinicians to meet the requirements of the Health Information Exchange Bi-Directional Exchange measure as an optional alternative to the two existing measures (Support Electronic Referral Loops by Sending Health Information and Support Electronic Referral Loops by Receiving and Incorporating Health Information) under the Health Information Exchange objective. Clinicians may either report the two existing measures and associated exclusions OR they may choose to report the new measure, which would be worth 40 points.

In general, each measure listed above will be scored based on the MIPS eligible clinician's performance for that measure based on the submission of a numerator or denominator, or a "yes" or "no" submission, where applicable. The scores for each of the individual measures will be added together to calculate the score of up to 100 possible points. If exclusions are claimed, the points for measures will be reallocated to other measures. Additionally, 10 bonus points may be earned for reporting a voluntary measure on Query of Prescription Drug Monitoring Programs, which is increased from the 5 bonus points that were available for 2020.

For the Public Health and Clinical Data Exchange objective:

• Clinicians must submit a "yes" response for two different public health agencies or clinical data registries (including two of the same measure) to earn the maximum 10 points. Failure to do so or submitting a "no" response for a measure will earn a score of zero.

• If an exclusion is claimed for one measure in this objective, but a "yes" response is submitted for another measure, the clinician would earn the 10 points for the objective.

• If a clinician claims exclusions for any two measures under this objective, the 10 points will be redistributed to the Provide Patients Electronic Access to Their Health Information measure.

• Note that the clinician does not have to report on or claim exclusions for all five of the measures included in this objective. For example, a participant in a Qualified Clinical Data Registry (QCDR) could report "yes" for the Clinical Data Registry Reporting measure and then claim an exclusion for the Public Health Registry Reporting measure and still receive 10 points for this objective.

Information Blocking Attestation

MIPS eligible clinicians who report on the PI performance category must also attest to following Prevention of Information Blocking Attestation statements:

- Did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of CEHRT.

- Implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the CEHRT, at all relevant times, met specified standards regarding connection, compliance, and implementation.

- Responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, healthcare providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor.

No documentation needs to be submitted to support this attestation.