

Promoting Interoperability

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Objectives

- Defining Promoting Interoperability
- Defining the Quality Payment Program
- Objectives and Measures of the PI Program
- Who is required to participate in PI?
- Attestation Process

What is Interoperability?

- Interoperability: use of technology to exchange and make use of information
 - makes communicating patient information less burdensome
 - improves outcomes
- It is important because patients receive care from multiple providers working in different healthcare systems.
- Helps clinicians deliver safe, effective, patient-centered care
- Offers patients and caregivers new ways to access electronic health information to manage and coordinate care

Quality Payment Program (QPP)

- The Merit-based Incentive Payment System (MIPS) is one way to participate in the QPP.
- The program rewards MIPS eligible clinicians for providing high quality care to their patients.

Who is required to participate?

- The program is open to eligible hospitals and critical access hospitals (CAHs) that receive federal funds from Medicare.
- Those who are eligible but do not participate are subject to a downward payment adjustment.
- Check eligibility status on the QPP website

Quality Payment Program (QPP)

There are **3 reporting options** available to MIPS eligible clinicians to meet MIPS reporting requirements:

Traditional MIPS

- The original reporting option for MIPS.
- [Visit the Traditional MIPS Overview webpage to learn more.](#)

- You select the quality measures and improvement activities that you'll collect and report from all of the quality measures and improvement activities finalized for MIPS.

- You'll report the complete Promoting Interoperability measure set.

- We collect and calculate data for the cost performance category for you.

MIPS Value Pathways (MVPs)

- The newest reporting option, offering clinicians a more meaningful and reduced grouping of measures and activities relevant to a specialty or medical condition.
- [Visit the MIPS Value Pathways \(MVPs\) webpage to learn more.](#)

- You select an MVP that's applicable to your practice.
- Then you choose from the quality measures and improvement activities available in your selected MVP.
- You'll report a reduced number of quality measures and improvement activities as compared to traditional MIPS.

- You'll report the complete Promoting Interoperability measure set (the same as reported in traditional MIPS).

- We collect and calculate data for the cost performance category and population health measures for you.

APM Performance Pathway (APP)

- A streamlined reporting option for **clinicians who participate in a MIPS Alternative Payment Model (APM)**.
- [Visit the APM Performance Pathway webpage to learn more.](#)

- You'll report a predetermined set of quality measures.
- MIPS APM participants currently receive full credit in the improvement activities performance category, though this is evaluated on an annual basis.

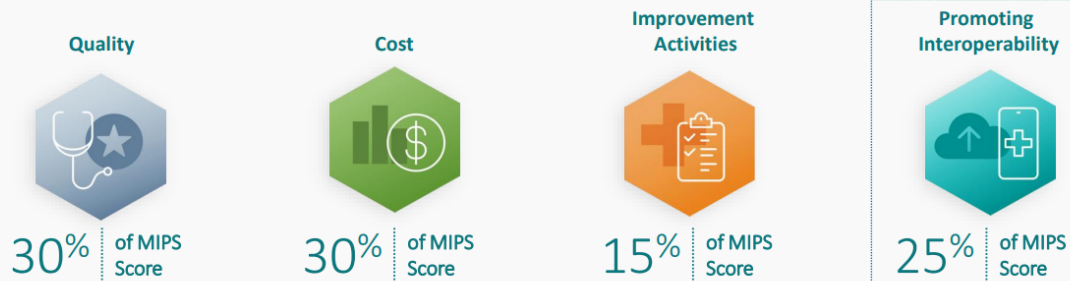
- You'll report the complete Promoting Interoperability measure set (the same as reported in traditional MIPS).

- Cost isn't evaluated under the APP.

Traditional MIPS

Individual, Group, Subgroup*, and Virtual Group** Participation

Traditional MIPS and MVP Performance Category Weights in 2024:



APM Entity Participation

Traditional MIPS and MVP Performance Category Weights in 2024:



APM Performance Pathway

Individual, Group, and APM Entity Participation

APM Performance Pathway (APP) Performance Category Weights in 2024:

Quality



50% of MIPS Score

Cost



0% of MIPS Score

Improvement Activities



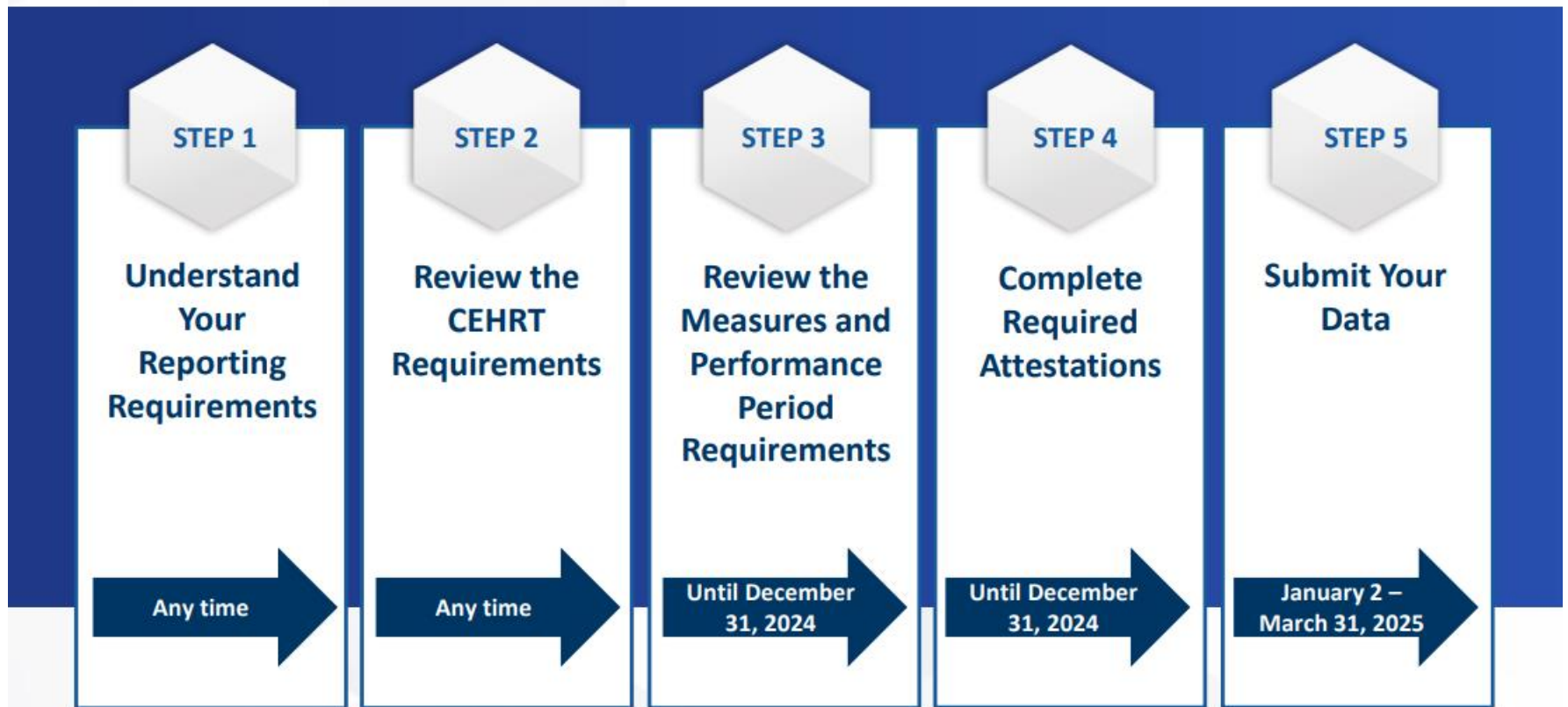
20% of MIPS Score

Promoting Interoperability



30% of MIPS Score

Getting Started (key dates):



Step 1: Reporting Requirements

To be considered a Meaningful User in the program, eligible hospitals and CAHs must:

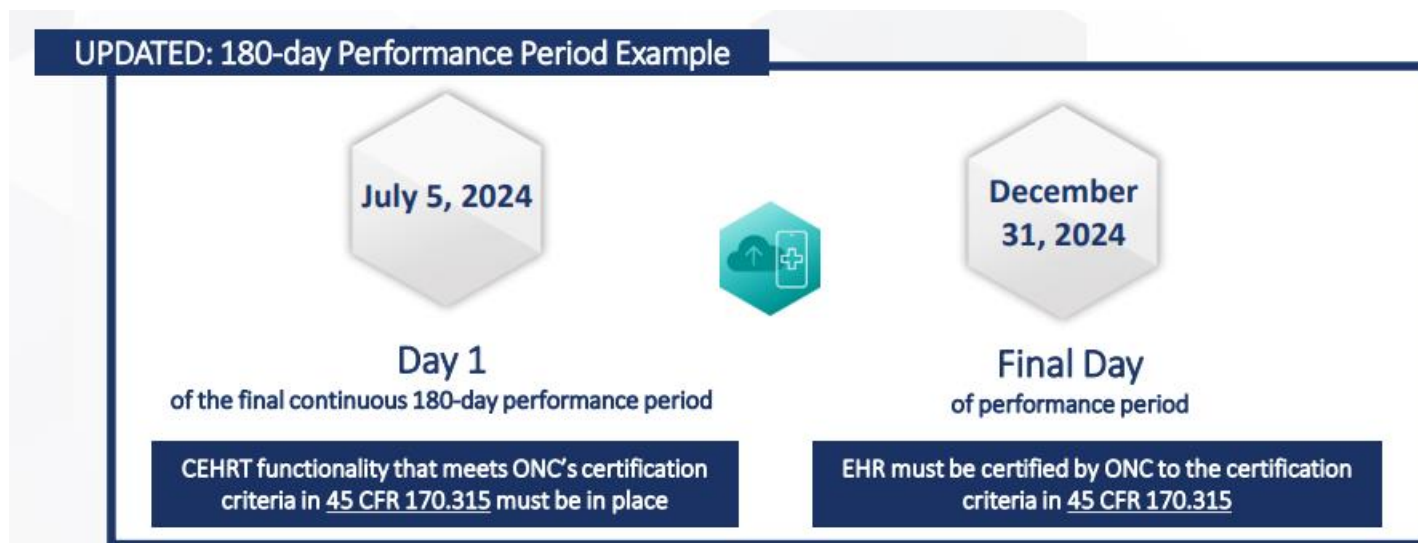
- Attest to the required objectives and their measures for the required EHR reporting period
 - Update for 2024: 180 continuous days
- Satisfy the minimum score requirement
 - Update for 2024: 75 points
- Report on the required number of Electronic Clinical Quality Measures (eCQM)

Reporting Requirements cont.

- You qualify for a Promoting Interoperability Performance Category Hardship Exception when you:
 - Have decertified EHR technology (decertified under the ONC Health IT Certification Program)
 - Have insufficient internet connectivity
 - Face extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress, or vendor issues
 - Lack control over availability of CEHRT

Step 2: Review the CEHRT Requirements

- Certified Electronic Health Record Technology (CEHRT)



Step 3: Review the Measures and Performance Period Requirements

- Electronic Prescribing
- Health Information Exchange (HIE)
- Provider to Patient Exchange
- Public Health and Clinical Data Exchange

Objectives and Measures: Points

Objectives	Measures	Measure Exclusions (If you meet the criteria below, you can claim an exclusion instead of reporting the measure)	Available Points (based on performance)	
e-Prescribing	e-Prescribing	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.	1 – 10 points	
	Query of PDMP	(1) Any MIPS eligible clinician who is unable to electronically prescribe Schedule II opioids and Schedule III and IV drugs in accordance with applicable law during the performance period; or (2) Any MIPS eligible clinician who does not electronically prescribe any Schedule II opioids or Schedule III or IV drugs during the performance period.*	10 points	
Health Information Exchange	Option 1	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.	1 – 15 points
		Support Electronic Referral Loops by Receiving and Reconciling Health Information	Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period.	1 – 15 points
	Option 2	HIE Bi-Directional Exchange	No exclusion available	30 points
	Option 3	Enabling Exchange under TEACA	No exclusion available	30 points

Objectives and Measures: Points

Objectives	Measures	Measure Exclusions (If you meet the criteria below, you can claim an exclusion instead of reporting the measure)	Available Points (based on performance)
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	No exclusion available	1 – 25 points
Public Health and Clinical Data Exchange	Report to the following public health or clinical data registries: <ol style="list-style-type: none"> 1. Immunization Registry Reporting 2. Electronic Case Reporting 	Each of these measures has their own exclusions; please refer to the 2024 Promoting Interoperability Measure Specifications (ZIP 3MB) for the exact exclusion criteria for each measure. Generally speaking, the exclusions are based on the following criteria: <ul style="list-style-type: none"> • Doesn't diagnose or directly treat any disease or condition associated with an agency/registry in their jurisdiction during the performance period. • Operates in a jurisdiction for which no agency/registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period. • 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. 	25 points for the objective
	Option to report one of the following public health agency or clinical data registry measures: <ul style="list-style-type: none"> • Public Health Registry Reporting, OR • Clinical Data Registry Reporting, OR • Syndromic Surveillance Reporting 	Optional measures (no exclusions available)	5 bonus points

Antimicrobial Use and Resistance (AUR) Surveillance Measure

- **Update:** Beginning in CY 2024, CMS finalized changes to the Medicare Promoting Interoperability Program for eligible hospitals and critical access hospitals (CAHs) that include a new AUR Surveillance measure under the Public Health and Clinical Data Exchange Objective.

AUR Surveillance Scoring and Exclusion Criteria

SCORING

The AUR Surveillance measure is scored as part of the Public Health and Clinical Data Exchange objective. An eligible hospital or CAH will receive a total of 25 points for successfully completing **all five** measures within this objective, including the AUR Surveillance measure.

25
MAXIMUM POINTS AVAILABLE

Attestation Required: YES
Attestation Type: YES/NO
Exclusion Available? YES

EXCLUSION CRITERIA

Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the AUR Surveillance measure if the eligible hospital or CAH:

1



Does not have any patients in any patient care location for which data are collected by NHSN during the EHR reporting period.

OR

2



Does not have electronic medication administration records (eMAR)/barcoded medication administration (BCMA) records or an electronic admission discharge transfer (ADT) system during the EHR reporting period.

OR

3



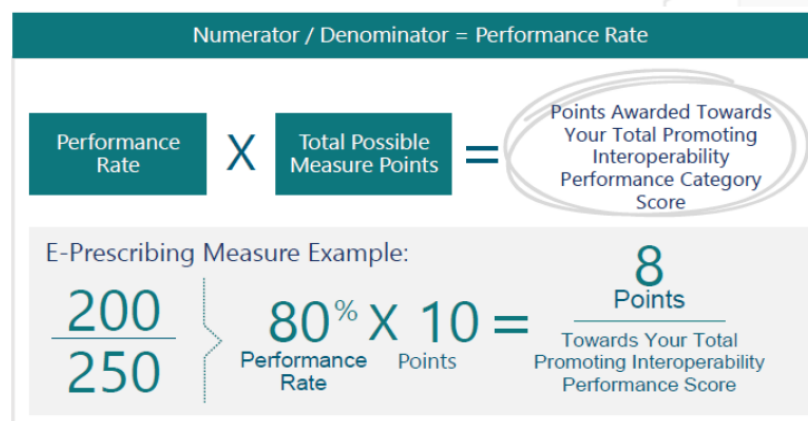
Does not have an electronic laboratory information system (LIS) or electronic ADT system during the EHR reporting period.

How are Measures Scored?

We calculate the performance rate for each measure using the numerators and denominators you submitted for measures, and then multiply the performance rate by the total points available for the measure or objective. There's 1 scored objective (Public Health and Clinical Data Exchange) and 3 measures (Query of PDMP, HIE Bi-Directional Exchange, Enabling Exchange under TEFCA) where we use the "yes" or "no" as the answer submitted for the measures.

TIP:

If a MIPS eligible clinician submits a numerator and denominator of 200/250 for the e-Prescribing measure (worth up to 10 points), the performance rate is 80%. This 80% would be multiplied by the 10 total points available for the measure. In this case, the e-Prescribing measure would earn 8 out of 10 points.



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

Step 4: Complete Required Attestations

- Perform or Review a Security Risk Analysis
- Perform an Annual Assessment of the High Priority Guide (from the SAFER Guides)
- Complete the Actions to Limit or Restrict Interoperability of CEHRT Attestation
- ONC Direct Review Attestation

Step 5: Submit Your Data

- You'll need to report the required Promoting Interoperability performance category data during the 2024 submission period (1/2/2025 – 3/31/2025).

Submit Your Data (continued):

There are **3 ways to submit** your Promoting Interoperability performance category data:

You

Sign in to the [QPP website](#) and **attest to (manually enter)** your information.

You or a Third Party

Sign in to the [QPP website](#) and **upload a file** with your data.

Third Party

Perform a direct submission on your behalf, using our **submissions Application Programming Interface (API)**.

Important Note: Any conflicting data for a single measure or required attestation submitted through multiple submission types will result in a score of zero for the Promoting Interoperability performance category.

Reference Websites:

- Quality Payment Program Website: <http://qpp.cms.gov/>
- 2024 Promoting interoperability Program Specs: <https://www.cms.gov/files/zip/cms-2024-promoting-interoperability-pi-specification-sheets.zip>
- 2023 MIPS Quick Start Guide: <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/2621/2024MIPSQuickStartGuide.pdf>
- Check your current participation status: <https://qpp.cms.gov/participation-lookup>
- SAFER Guides: <https://www.healthit.gov/topic/safety/safer-guides>
- 2024 AUR Specification Sheet: <https://www.cms.gov/files/document/cy-2024-antimicrobial-use-and-resistance-surveillance-specification-sheet.pdf>