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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 your total MIPS final score. In the following cases, your PI performance category score will be reweighted to 0% of your total score.

- **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 report under the PI performance 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. 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%. Applications are available here.

How to Report PI in 2020

CMS made relatively few changes to the PI performance category for 2020 compared to 2019. ***Similar to 2019, to receive credit for the PI performance category for 2020 performance, MIPS eligible clinicians and groups must use 2015 Edition certified EHR technology (CEHRT). 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 2020 calendar year.

How is PI Scored in 2020

Starting with 2019, CMS eliminated the base score and performance score structure that applied in the first two years of MIPS. Instead, MIPS eligible clinicians and groups will be subject to performance-based scoring for all measures included under a revised, streamlined set of PI measures. This scoring approach continues to apply in 2020.

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.

Required PI objectives and measures for 2020 are included in Table 1 on the next page, along with each measure's maximum available points.

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

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, bonus points may be earned for reporting a voluntary measure on Query of Prescription Drug Monitoring Programs.

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, health care 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.

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