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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. 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[1] 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).

- **Clinicians in small practices:** Starting with the 2022 performance year, clinicians in small practices (practices with 15 or fewer eligible clinicians) are automatically eligible for reweighting of the PI category. Previously, reweighting for clinicians in small practices required the submission of an application.

- **Hardship exemptions:** Clinicians who are approved for a hardship exception, which may be based on insufficient Internet connectivity; extreme and uncontrollable circumstances, including COVID-19; lack of control over certified EHR technology; lack of face-to-face encounters; or use of decertified EHR technology. To qualify for an exemption based on one of these hardships, MIPS eligible clinicians must apply for CMS to reweight the PI performance category to 0%.

How to Report PI for 2023

To receive credit for the PI performance category for 2023 performance, MIPS eligible clinicians and groups must use the 2015 Edition Cures Update 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 2023 calendar year.

How is PI Scored in 2023

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) or attest to meeting the measure, as applicable;

- Attest "yes" to completing a Security Risk Analysis;

- Attest "yes" to the Office of the National Coordinator (ONC) Direct Review Attestation;

- Attest "yes" to Actions to Limit or Restrict Interoperability of CEHRT statement;

- Attest "yes" to completing a Safety Assurance Factors for EHR Resilience (SAFER) Guides self-assessment

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

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[1] For clinicians in small practices who qualify for automatic reweighting of the Promoting Interoperability performance category to 0%, a portion of that category's weight is redistributed to the Improvement Activity category and a portion to the Quality category, resulting in the following weights: Quality: 40%; Cost: 30%; IA: 30%.

Required PI objectives and measures for 2023 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
	Query of Prescription Drug Monitoring Program (PDMP)**^	10 points
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information**	15 points
	Support Electronic Referral Loops by Receiving and Reconciling Health Information**	15 points
Health Information Exchange (Alternative 1)	*Health Information Exchange Bi-Directional Exchange^*	*30 points*
Health Information Exchange (Alternative 2)	*Participation in Trusted Exchange Framework and Common Agreement (TEFCA)^*	*30 points*
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	25 points
Public Health and Clinical Data Exchange	Report the following two measures: • Immunization Registry Reporting**^ • Electronic Case Reporting**^	25 points
	Report on any one of the following measures: • Public Health Registry Reporting^ OR • Clinical Data Registry Reporting^ OR • Syndromic Surveillance Reporting^	*5 points (bonus)*

** Exclusion available.

^ "Yes" response required to receive credit on this measure, rather than a numerator or denominator.

Note that CMS is allowing clinicians to receive credit under the Health Information Exchange objective by reporting one of two alternatives to the existing two measures (Support Electronic Referral Loops by Sending Health Information and Support Electronic Referral Loops by Receiving and Reconciling Health Information):

- Alternative 1: Health Information Exchange Bi-Directional Exchange
- Alternative 2: Participation in Trusted Exchange Framework and Common Agreement (new measure for 2023)

Clinicians may either report the two existing measures or associated exclusions OR they may choose to attest to one of the two alternative measures.

For the Public Health and Clinical Data Exchange objective:

- Clinicians must submit a "yes" response for the Immunization Registry Reporting and the Electronic Case Reporting measures, or claim an exclusion for one or both measures, to earn the maximum 25 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, but a "yes" response is submitted for another measure, the clinician would earn the 25 points for the objective. If a clinician claims exclusions for both measures under this objective, the 25 points will be redistributed to the Provide Patients Electronic Access to Their Health Information measure.

In general, each measure listed above will be scored based on the MIPS eligible clinician's performance for that measure, which is based on the submission of a numerator and denominator, or a "yes" or "no" submission, where applicable. The scores for each of the individual measures will be added together to calculate a final category score of up to 100 possible points. If exclusions are claimed, the points for measures will be reallocated to other measures. Additionally, 5 bonus points may be earned for optional registry or surveillance reporting.