Quality Payment
PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM

Participating in the **Promoting Interoperability** Performance Category in 2018 (Year 2)

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How To Use This Guide

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Hyperlinks

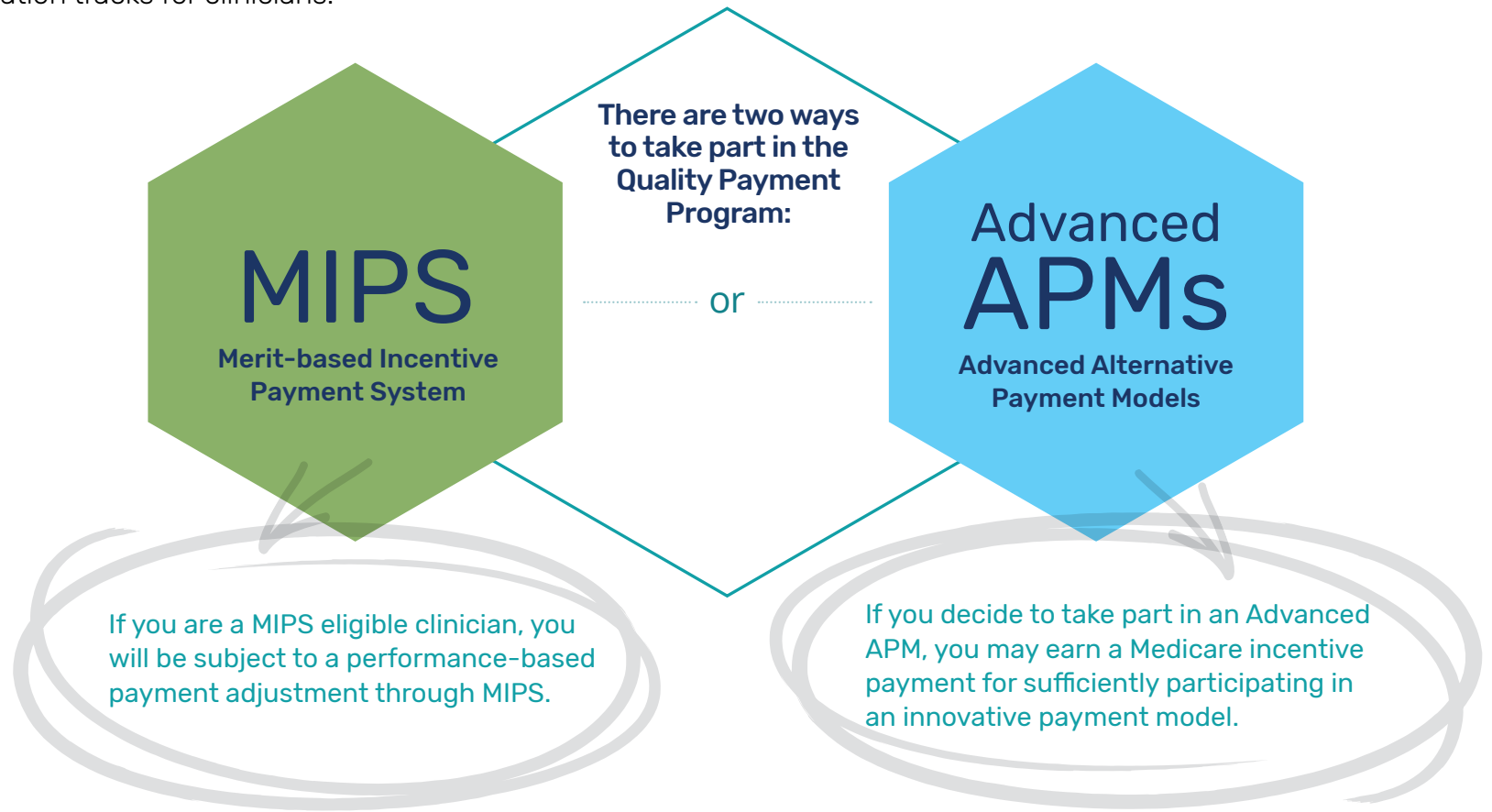
Hyperlinks to our Quality Payment Program website are included throughout this guide to direct you to more information and resources.

NOTE: *This guide was prepared as a general summary for informational purposes only, not intended to grant rights, impose obligations, or take the place of the written law. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.*

INTRODUCTION TO THE QUALITY PAYMENT PROGRAM

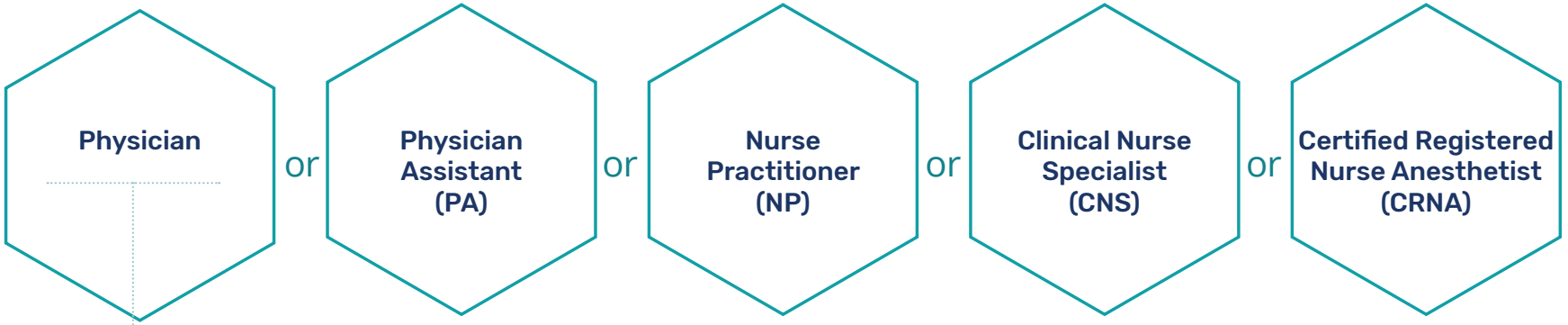
Introduction to the Quality Payment Program

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to payment rates for clinicians participating in Medicare. By law, MACRA requires CMS to implement an incentive program, referred to as the Quality Payment Program, which provides two participation tracks for clinicians:



Who can participate in MIPS?

For the 2018 performance period, you can participate in MIPS if you're a:



(which includes doctor of medicine, doctor of osteopathy, doctor of dental surgery, doctor of dental medicine, doctor of podiatric medicine, doctor of optometry, and chiropractors[1])

- You can also participate as a group if the practice includes at least one MIPS eligible clinician (as indicated by clinician type) and exceeds the low-volume threshold at the group level.

[1] *With respect to certain specified treatment, a doctor of chiropractic must be legally authorized to practice by a State in which he/she performs this function.*

Who is Excluded from MIPS?

If you are a MIPS eligible clinician (as indicated by the clinician types on the previous page), you can still be excluded from participating in MIPS for the 2018 performance year if you:

Enrolled in Medicare for the first time in 2018 **or** Participate in an Advanced APM and are determined to be a Qualifying APM Participant (QP) **or** Participate in an Advanced APM and are determined to be a Partial QP and do not elect to participate in MIPS **or** Do not exceed the low-volume threshold. (More information about this exclusion is provided in the next section.)

- If you're exempt from MIPS in 2018, you do not have to participate in MIPS for the 2018 performance year and you will not receive a MIPS payment adjustment in 2020.

Voluntary Participation in MIPS

If you're not eligible to participate in MIPS, you can participate voluntarily. Voluntary participation allows you to prepare for and become familiar with the program without receiving a payment adjustment (positive or negative). This may be helpful if you become eligible for MIPS in future years.

Participating in MIPS in 2018

There are two low-volume threshold determination periods for the 2018 performance year, during which CMS reviews both historical and performance period claims data.

Historical claims data:

September 1, 2016 – August 31, 2017

and

Performance period claims data:

September 1, 2017 – August 31, 2018

- The low-volume threshold is calculated at both the practice Taxpayer Identification Number (TIN) level and clinician (TIN/National Provider Identifier (NPI)) level. MIPS eligible clinicians who have reassigned billing rights to multiple practices will be evaluated for the low-volume threshold at each practice (under each TIN/NPI combination), which means you may be required to participate in MIPS at one practice but are excluded at another.

For the 2018 performance period, CMS updated the low-volume threshold; clinicians, groups and MIPS APM entities are excluded from MIPS if, during **either** determination period they:

Billed Medicare for **less than or equal to $90,000** in Medicare Part B allowed charges for covered professional services payable under the Medicare Physician Fee Schedule (PFS).

or

Provided care for **200 or fewer** Part B-enrolled Medicare FFS beneficiaries.

The low-volume threshold exclusion is applied at the level in which you will participate in MIPS.

- **If you participate as an individual (each MIPS eligible clinician submits their own individual data collected at the practice),** the low-volume threshold is applied at the individual level.
  - MIPS eligible clinicians who do not exceed the low-volume threshold as individuals are not required to submit individual data collected at this practice and will not receive a payment adjustment at this practice.
- **If you participate as a group (the practice submits aggregated data collected on behalf of all the MIPS eligible clinicians in the practice)**, the low-volume threshold is applied at the group level.
  - MIPS eligible clinicians who do not exceed the low-volume threshold as individuals will receive a payment adjustment at this practice based on the group's submission provided the group exceeds the low-volume threshold.
- **If you participate as a virtual group (the virtual group submits aggregated data collected on behalf of all the MIPS eligible clinicians in the virtual group)**, the low-volume threshold is applied at the virtual group level.
  - MIPS eligible clinicians who do not exceed the low-volume threshold as individuals will receive a payment adjustment at this practice based on the virtual group's submission. (The approval process requires that all virtual groups exceed the low-volume threshold.)
- **If you participate in a MIPS APM**, the low-volume threshold is calculated for the MIPS APM Entity, and is not applied at the individual or group level. MIPS eligible clinicians participating in a MIPS APM should work with their MIPS APM Entity to understand their data submission requirements.

TIP: Beginning with the 2018 performance year, the low-volume threshold calculations will be based on PFS allowed charges and the number of patients receiving covered PFS services.

For more information on the low-volume threshold and the two determination periods, please refer to the 2018 MIPS Participation and Overview Fact Sheet.

What are my Participation Options?

In 2018, if you're eligible for MIPS, you can participate in the following ways:

- **As an Individual Clinician**
- **As a Group**
- **As a Virtual Group** (new for 2018)
- **As a MIPS APM Entity***

**If you're in a specific type of APM called a MIPS APM, you will participate in MIPS through that APM and be scored using what is called the "APM scoring standard." Clinicians in a MIPS APM are awarded credit for activities performed within the APM; all clinicians in the same MIPS APM Entity receive the same score, based on the data submitted by or on behalf of the Entity.*

Can I Participate as an Individual and a Group?

Yes: MIPS eligible clinicians can submit data as an individual and as part of a group under the same TIN. In this instance, the clinician will be evaluated across all four MIPS performance categories on their individual performance and on the group's performance, with a Final Score calculated for each evaluation. The clinician will receive a payment adjustment based on the higher of the two scores.

To learn more about how to participate in MIPS:

- Visit the About MIPS Participation and Individual or Group Participation web pages on the Quality Payment Program website
- View the MIPS Participation and Overview Fact Sheet
- Check your participation status using the QPP Participation Status Tool

There are four performance categories under MIPS that affect future Medicare payments. Each performance category has a specific weight, and your performance in these categories contributes to your MIPS Final Score.

MIPS performance category weights in 2018:

Promoting Interoperability
(formerly Advancing Care Information)

25% of MIPS Final Score in 2018

Quality

50% of MIPS Final Score

Cost

10% of MIPS Final Score

Improvement Activities

15% of MIPS Final Score

Please note that for MIPS APM participants, scored under the APM scoring standard, the performance categories have the following weights:

30% Promoting Interoperability *(formerly Advancing Care Information)*	50% Quality	0% Cost	20% Improvement Activities

This guide focuses on the Promoting Interoperability (PI) performance category in 2018 (or "Year 2") of the Quality Payment Program.

PROMOTING INTEROPERABILITY BASICS

The PI performance category promotes patient engagement and improved health care quality through the secure exchange of health information using certified electronic health record technology (CEHRT).

The PI performance category:

- **Is worth 25% of your MIPS Final Score**
- **Has a minimum performance period of 90 consecutive days** — between January 1, 2018 and December 31, 2018
- **Was known as the Advancing Care Information performance category** — during the 2017 performance period

***NOTE:** If you're participating in a MIPS APM and are scored under the APM scoring standard, this category is weighted at 30% of your Final Score (or 75% of your Final Score if CMS determines there are not sufficient measures applicable and available to MIPS eligible clinicians in the Quality performance category). For more information on the APM scoring standard, view the 2018 Other MIPS APM Quality Performance Category Fact Sheet.

TIPS:

PI is not a new MIPS performance category; it's just a new name for the Advancing Care Information performance category that was announced in Fiscal Year 2019 Inpatient Prospective Payment System proposed rule.

The requirements for the 2018 PI performance category are exactly the same as what was finalized for the Advancing Care Information performance category in the Quality Payment Program Year 2 final rule.

See this infographic for a quick overview of how CMS changed the performance category name to Promoting Interoperability starting with the 2018 performance period. CMS made this change to reflect an increased focus on interoperability and improving patient access to health information.

PARTICIPATION REQUIREMENTS

What are the data submission requirements for PI in 2018?

To participate in the PI performance category in 2018, you have two available sets of measures and objectives that you can submit data on:

2018 PI Objectives and Measures and **2018 PI Transition Objectives and Measures**

The measure set you choose depends on the CEHRT edition you have.

1. 2018 Promoting Interoperability Objectives and Measures
   a. 2015 Edition CEHRT
   b. A combination of technologies certified to the 2014 and 2015 Editions that support these measures
2. 2018 Promoting Interoperability Transition Objectives and Measures
   a. 2015 Edition CEHRT
   b. 2014 Edition CEHRT
   c. A combination of technologies certified to the 2014 and 2015 Editions

TIP:
In the 2018 performance period, if you exclusively use 2015 Edition CEHRT and only submit data for the 2018 PI Objectives and Measures measure set, you will qualify for a 10% bonus in this performance category.

The PI performance category score is comprised of the following three components:

TIP:
You must submit all required base score measures or claim exclusions to earn any credit in the PI performance category. If you meet the requirements of all the base score measures for a consecutive 90-day period, you will earn the 50 percentage points available for the base score component of this performance category. You can earn additional percentage points in this category by submitting additional performance and/or bonus measures.

PROMOTING INTEROPERABILITY OBJECTIVES AND MEASURES

Base Score Measures

Base Score
50%
Points

The **base score is worth 50 percentage points** towards your total PI performance category score.

To receive the 50% base score, you need to submit:

- A "yes" for the Security Risk Analysis measure
- At least a 1 in the numerator for the numerator/denominator of the remaining base score measures

If these requirements are not met, **you will get a 0*** in the overall PI performance category score.

**Unless you qualify for and claim the exclusion for the E-Prescribing measure or Health Information Exchange measure(s). (For more information on these exclusions, please refer to the measure descriptions on the following slides.)*

The following are the required **base score measures** for the 2018 PI Objectives and Measures and the 2018 PI Transition Objectives and Measures.

2018 PI Objectives and Measures: *Base Score Measures*	
Objective	**Measure***
Protect Patient Health Information	• **Security Risk Analysis** Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by CEHRT in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.
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. • **Exclusion** – Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
Patient Electronic Access	• **Provide Patient Access** 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 Programing Interface (API) in the MIPS eligible clinician's CEHRT.

2018 PI Objectives and Measures: *Base Score Measures*, *continued*	
Objective	**Measure***
Health Information Exchange	• **Send a Summary of Care** For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider—(1) creates a summary of care record using CEHRT; and (2) electronically exchanges the summary of care record. • **Exclusion** – Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.
Health Information Exchange	• **Request/Accept a Summary of Care** For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician receives or retrieves and incorporates into the patient's record an electronic summary of care document. • **Exclusion** – 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.

** This table provides a plain language summary of the measures for the reader's convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.*

2018 PI Transition Objectives & Measures: *Base Score Measures*	
Objective	**Measure***
Protect Patient Health Information	• **Security Risk Analysis** Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by CEHRT in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.
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. • **Exclusion** – Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
Patient Electronic Access	• **Provide Patient Access** At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician's discretion to withhold certain information.
Health Information Exchange	• **Health Information Exchange** The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving health care provider for at least one transition of care or referral. • **Exclusion** – Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.

** This table provides a plain language summary of the measures for the reader's convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.*

The **performance score is worth up to 90 percentage points** towards your total PI performance category score.

The performance score is calculated by using the:

- Numerators and denominators submitted for performance score measures, or for one measure, by the "yes" or "no" answer submitted

The following are the **performance score measures** for the 2018 PI Objectives and Measures and the 2018 PI Transition Objectives and Measures.

2018 PI Objectives and Measures: *Performance Score Measures*

Objective	Measure*
Patient Electronic Access	• **Provide Patient Access** 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 Programing Interface (API) in the MIPS eligible clinician's CEHRT.
Patient Electronic Access	• **Patient-Specific Education** The MIPS eligible clinician must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to at least one unique patient seen by the MIPS eligible clinician.

2018 PI Objectives and Measures: *Performance Score Measures*, *continued*	
Objective	**Measure***
Coordination of Care Through Patient Engagement	● **View, Download, or Transmit (VDT)** During the performance period, at least one unique patient (or patient-authorized representative) seen by the MIPS eligible clinician actively engages with the EHR made accessible by the MIPS eligible clinician by either—(1) viewing, downloading or transmitting to a third party their health information; or (2) accessing their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the MIPS eligible clinician's CEHRT; or (3) a combination of (1) and (2).
Coordination of Care through Patient Engagement	● **Secure Messaging** For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative).
Coordination of Care through Patient Engagement	● **Patient-Generated Health Data** Patient-generated health data or data from a non-clinical setting is incorporated into the CEHRT for at least one unique patient seen by the MIPS eligible clinician during the performance period.
Health Information Exchange	● **Send a Summary of Care** For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider—(1) creates a summary of care record using CEHRT; and (2) electronically exchanges the summary of care record.

** This table provides a plain language summary of the measures for the reader's convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.*

2018 PI Objectives and Measures: *Performance Score Measures*, *continued*	
Objective	**Measure***
Health Information Exchange	• **Request/Accept a Summary of Care** For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician receives or retrieves and incorporates into the patient's record an electronic summary of care document.
Health Information Exchange	• **Clinical Information Reconciliation** For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician performs clinical information reconciliation. The MIPS eligible clinician must implement clinical information reconciliation for the following three clinical information sets: (1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy. Review of the patient's known medication allergies. (3) Current Problem list. Review of the patient's current and active diagnoses.
Public Health and Clinical Data Registry Reporting	• **Immunization Registry Reporting** 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.
Public Health and Clinical Data Registry Reporting	• **Syndromic Surveillance Reporting** The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.

2018 PI Objectives and Measures: *Performance Score Measures*, *continued*	
Objective	**Measure***
Public Health and Clinical Data Registry Reporting	● **Electronic Case Reporting** The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.
Public Health and Clinical Data Registry Reporting	● **Public Health Registry Reporting** The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.
Public Health and Clinical Data Registry Reporting	● **Clinical Data Registry Reporting** The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.

** This table provides a plain language summary of the measures for the reader's convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.*

2018 PI Transition Objectives and Measures: *Performance Score Measures*	
Objective	**Measure***
Patient Electronic Access	● **Provide Patient Access** At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician's discretion to withhold certain information.
Patient Electronic Access	● **View, Download, or Transmit** At least one patient seen by the MIPS eligible clinician during the performance period (or patient-authorized representative) views, downloads, or transmits their health information to a third party during the performance period.

2018 PI Transition Objectives and Measures: *Performance Score Measures*, *continued*	
Objective	**Measure***
Patient-Specific Education	● **Patient-Specific Education** The MIPS eligible clinician uses clinically relevant information from CEHRT to identify patient-specific educational resources and provide access to those materials to at least one unique patient seen by the MIPS eligible clinician.
Secure Messaging	● **Secure Messaging** For at least one patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), during the performance period.
Health Information Exchange	● **Health Information Exchange** The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving health care provider for at least one transition of care or referral.
Medication Reconciliation	● **Medication Reconciliation** The MIPS eligible clinician performs medication reconciliation for at least one transition of care in which the patient is transitioned into the care of the MIPS eligible clinician.
Public Health Reporting	● **Immunization Registry Reporting** The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data.
Public Health Reporting	● **Syndromic Surveillance Reporting** The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data.
Public Health Reporting	● **Specialized Registry Reporting** The MIPS eligible clinician is in active engagement to submit data to a specialized registry.

** This table provides a plain language summary of the measures for the reader's convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.*

Bonus Score up to 25% Points

Bonus Score Measures

If you report on one or more of the following Public Health and Clinical Data Registry Reporting Measures in addition to the one you reported for your performance score, you can earn 5 percentage points towards your bonus score:

2018 PI Objectives & Measures	
Objective	**Measure***
Public Health and Clinical Data Registry Reporting	• **Immunization Registry Reporting** 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.
Public Health and Clinical Data Registry Reporting	• **Syndromic Surveillance Reporting** The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.
Public Health and Clinical Data Registry Reporting	• **Electronic Case Reporting** The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.
Public Health and Clinical Data Registry Reporting	• **Public Health Registry Reporting** The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.
Public Health and Clinical Data Registry Reporting	• **Clinical Data Registry Reporting** The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.

** This table provides a plain language summary of the measures for the reader's convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.*

2018 PI Transition Objectives & Measures	
Objective	**Measure***
Public Health Reporting	● **Immunization Registry Reporting** The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data.
Public Health Reporting	● **Syndromic Surveillance Reporting** The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data.
Public Health Reporting	● **Specialized Registry Reporting** The MIPS eligible clinician is in active engagement to submit data to a specialized registry.

** This table provides a plain language summary of the measures for the reader's convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.*

Bonus percentage points can also be earned by:

- Reporting "yes" that you completed at least 1 of the specified Improvement Activities using certified EHR technology (CEHRT) and attest to having completed the qualifying activity in the Improvement Activities performance category (10% bonus).
- Reporting exclusively from the Promoting Interoperability Objectives and Measures set using only 2015 Edition CEHRT (10% bonus).

If you do all three, you'll earn a 25% total bonus score.

REPORTING METHODS

Reporting Methods

There are five ways you can submit PI performance data:

- **Attestation in the QPP data submission system**
- **CEHRT**
- **CMS Web Interface (for registered groups of 25 or more)**
- **Qualified Clinical Data Registry (QCDR)**
- **Qualified Registry**

TIP:
If you're reporting as a group for the PI performance category, your group should combine all of its MIPS eligible clinicians' data under one Taxpayer Identification Number (TIN).

TIP:
The PI performance category score will be based on the data submitted through a single mechanism with the highest score.

HARDSHIP EXCEPTIONS

Hardship Exceptions

If you're participating in MIPS, you may submit a Quality Payment Program exception application for the PI performance category for one of the following specified reasons:

- **You're in a small practice**
- **You're using decertified EHR technology**
- **Insufficient Internet connectivity**
- **Extreme and uncontrollable circumstances**
- **Lack of control over the availability of CEHRT**

NOTE: *Not having CEHRT is not sufficient by itself for reweighting of the PI performance category.*

If you are approved and receive a PI performance category hardship exception, the PI performance category receives 0 weight in calculating your MIPS Final Score and the 25% is reweighted to the Quality performance category.

If you qualify for "Special Status," the PI performance category will be automatically reweighted to 0, the 25% is reallocated to the Quality performance category, and you will not need to submit a Quality Payment Program hardship exception application. You qualify for special status if you're a:

- **Physician Assistant**
- **Nurse Practitioner**
- **Clinical Nurse Specialist**
- **Certified Registered Nurse Anesthetist**
- **Hospital-based clinician**
- **Ambulatory Surgical Center-based clinician**
- **Non-patient facing clinician**

NOTE: *If you qualify for PI performance category hardship exception, you may still submit data for the PI performance category. If you submit data, CMS will score your performance and weight your PI performance category at 25% of your MIPS Final Score.*

Note: 100% of the group must have an approved hardship exception or qualify for a special status for the **PI performance category** to be reweighted.

To learn more, visit the Hardship Exceptions web page on the Quality Payment Program website.

SCORING

What are the minimum requirements?

To earn a score in the PI performance category, you need to complete all of the following:

- Use CEHRT
- Submit data for a minimum of 90 consecutive days between January 1 and December 31, 2018
- Submit "yes" to the Prevention of Information Blocking Attestation
- Submit "yes" to the ONC Direct Review Attestation

How is the base score calculated?

In addition to the items listed above, to receive 50 percentage points for your base score, you have to submit a "yes" for the security risk analysis measure, and at least a 1 in the numerator for the numerator/denominator of the remaining measures.

The five base score 2018 Promoting Interoperability Measures are:	The four base score 2018 Promoting Interoperability Transition Measures are:
1. Security Risk Analysis	1. Security Risk Analysis
2. e-Prescribing*	2. e-Prescribing*
3. Provide Patient Access	3. Provide Patient Access
4. Send a Summary of Care*	4. Health Information Exchange*
5. Request/Accept a Summary of Care*	

**Exclusions are available for these measures unless you qualify for and claim the exclusion for the e-Prescribing measure or the Health Information Exchange measure(s).*

How is the performance score calculated?

With nine measures included in the performance score, you have the ability to earn up to 90 percentage points if you report all measures in the performance score.

We calculate your performance score using the numerators and denominators you submitted for measures included in the performance score:

- For each measure with a numerator/denominator, the percentage score is determined by the performance rate
- Most measures are worth a maximum of 10 percentage points, except for two measures included in the 2018 Transition measure set, which are worth up to 20 percentage points each
- For Public Health and Clinical Data Registry and Public Health Reporting measures, where you have reported "yes," you will receive the full 10%

NOTE: If you are actively working with a public health agency or clinical data registry and submit a "yes" for one of these measures, you will receive the full 10%. If you're reporting as a group, your group can submit a "yes" for one of these measures as long as one clinician in your group is actively working with one of these entities.

Performance rates for each measure worth up to 10%	
Performance rate >0-10	**1%**
Performance rate 11-20	**2%**
Performance rate 21-30	**3%**
Performance rate 31-40	**4%**
Performance rate 41-50	**5%**
Performance rate 51-60	**6%**
Performance rate 61-70	**7%**
Performance rate 71-80	**8%**
Performance rate 81-90	**9%**
Performance rate 91-100	**10%**

Performance rates for each measure worth up to 20%	
Performance rate >0-10	**2%**
Performance rate 11-20	**4%**
Performance rate 21-30	**6%**
Performance rate 31-40	**8%**
Performance rate 41-50	**10%**
Performance rate 51-60	**12%**
Performance rate 61-70	**14%**
Performance rate 71-80	**16%**
Performance rate 81-90	**18%**
Performance rate 91-100	**20%**

EXAMPLE:
If you submitted a numerator and denominator of 85/100 for the Patient-Specific Education measure, your performance rate would be 85%, and you would earn 9 out of 10 percentage points for that measure towards your performance score.

How is the bonus score calculated?

You have the ability to earn up to 25 percentage points in the bonus score.

You can earn:

A 5% bonus

if you report "yes" for actively engaging with one or more additional public health agencies or clinical data registries beyond the one identified for the performance score measure.

A 10% bonus

by reporting "yes" to the completion of at least one of the specified Improvement Activities using CEHRT—must submit for the PI performance category and the Improvement Activities performance category.

A 10% bonus

for only reporting from the 2018 PI Objectives and Measures set exclusively using 2015 Edition CEHRT.

NOTE: If you're in a group, you can claim this 5% bonus as long as at least one clinician in your group is actively working with an entity that is different from what's reported for the performance score.

How is the total PI performance category score calculated?

The PI performance category is weighted at 25% of the MIPS Final Score.

You may earn a maximum score of up to 165%, but any score above 100% will be capped at 100%.

We designed scoring this way to make sure you have flexibility to focus on measures that are most relevant to you and your practice.

The total PI performance score is the sum of these 3 scores:

The PI performance category score is then added to the overall MIPS Final Score

EXAMPLE:

If you receive the base score (50%) and a 40% performance score and no bonus score, you would earn a 90% PI performance category score. When weighted by 25%, this would add 22.5 points to the overall MIPS Final Score (90 X .25 = 22.5).

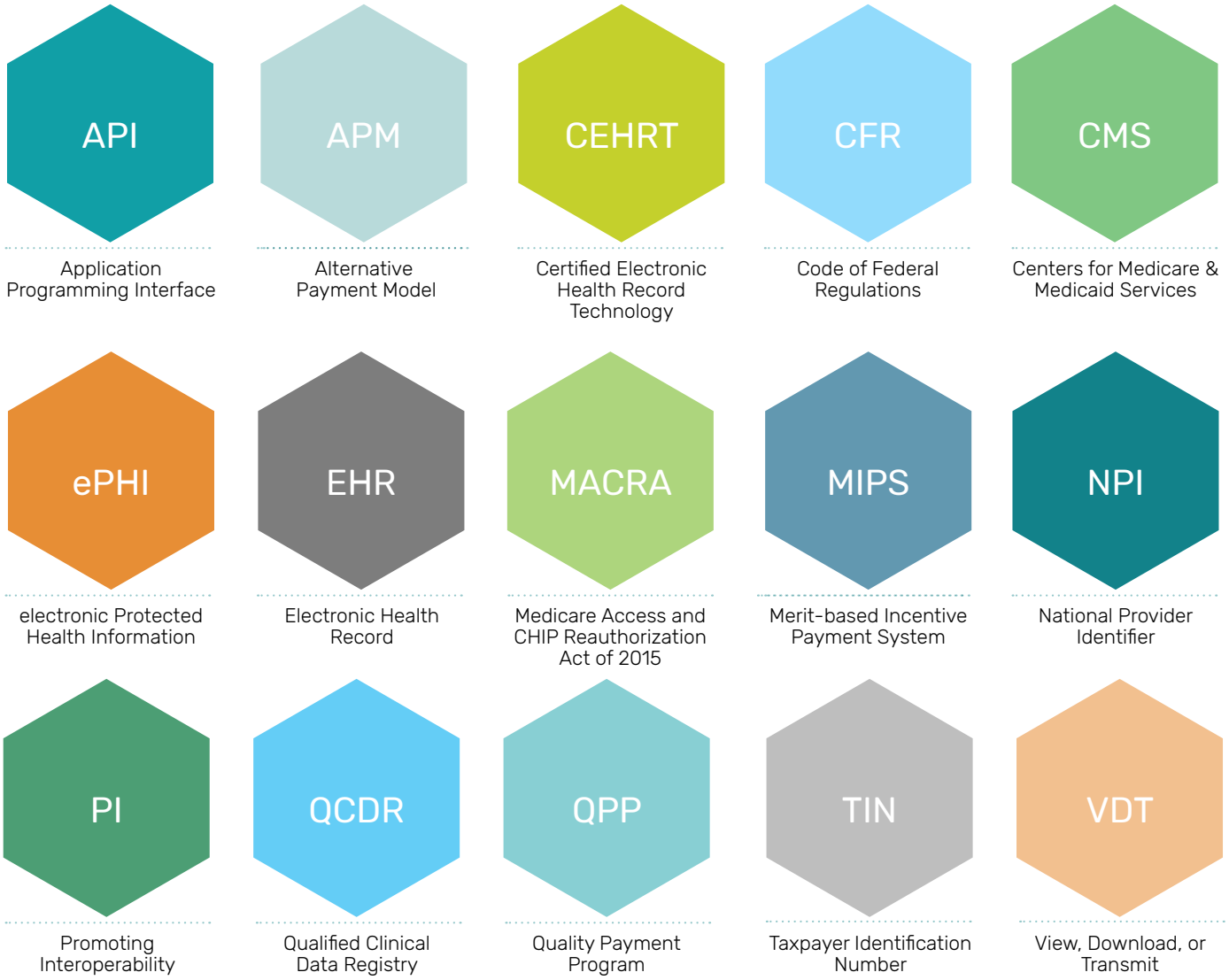
RESOURCES AND GLOSSARY

Resources

You can find more resources at these links:

- Promoting Interoperability Performance Category Fact Sheet
- Promoting Interoperability Requirements
- Promoting Interoperability Measure Specifications
- Promoting Interoperability Infographic
- MIPS Participation and Overview Fact Sheet
- MIPS Bonus Overview Fact Sheet
- MIPS Group Participation User Guide

Glossary


API
Application Programming Interface
APM
Alternative Payment Model
CEHRT
Certified Electronic Health Record Technology
CFR
Code of Federal Regulations
CMS
Centers for Medicare & Medicaid Services
ePHI
electronic Protected Health Information
EHR
Electronic Health Record
MACRA
Medicare Access and CHIP Reauthorization Act of 2015
MIPS
Merit-based Incentive Payment System
NPI
National Provider Identifier
PI
Promoting Interoperability
QCDR
Qualified Clinical Data Registry
QPP
Quality Payment Program
TIN
Taxpayer Identification Number
VDT
View, Download, or Transmit