Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Fact Sheet

Purpose

To provide MIPS eligible clinicians and their representatives with an introduction to the MIPS Promoting Interoperability performance category.

In this fact sheet, you will find:

- MIPS Promoting Interoperability Overview
- Key Terms
- Reporting Requirements

MIPS Promoting Interoperability Overview

Why Is Promoting Interoperability Important?

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

What Is the MIPS Promoting Interoperability Performance Category?

The MIPS Promoting Interoperability performance category emphasizes the electronic exchange of information using certified electronic health record technology (CEHRT) to improve patient access to their health information; the exchange of information between healthcare providers; and the systemic collection, analysis, and interpretation of healthcare data.

The MIPS Promoting Interoperability performance category focuses on the following objectives:

- Electronic Prescribing
- Health Information Exchange
- Provider to Patient Exchange
- Public Health and Clinical Data Exchange
- Protect Patient Health Information

Within these objectives, there are several required and optional measures in addition to required attestations.

Key Terms

CEHRT

CEHRT refers to certified electronic health record technology that meets the criteria to be certified under the Office of the National Coordinator for Health Information Technology (ONC) Health IT Certification Program. CEHRT edition requirements for the MIPS Promoting Interoperability performance category can change each year. To learn which electronic health record (EHR) systems and modules are certified for the MIPS Promoting Interoperability performance category, please visit the Certified Health IT Product List (CHPL) on the Assistant Secretary for Technology website.

Performance Period

You must collect data for all required MIPS Promoting Interoperability measures (unless you can claim an exclusion(s)) for the same performance period in the calendar year. The performance period is a minimum of 180 continuous days within the calendar year.

Submission Type

Submission type refers to the way you can submit data for the MIPS Promoting Interoperability performance category based on your submitter type. There are 3 submission types you can use for your MIPS Promoting Interoperability performance category data, depending on which submitter type you are:

- Sign in and attest. (You can sign in to your account on the Quality Payment Program website and manually report MIPS Promoting Interoperability measures and attestations.)
- Sign in and upload. (You or a third party intermediary can sign in to your account on the Quality Payment Program website and upload a file in a CMS-approved format.)
- Direct submission via Application Programming Interface (API). (Authorized third party intermediaries [such as Qualified Clinical Data Registries (QCDRs) and Qualified Registries] can perform a direct submission, transmitting data through a computer-to-computer interaction, such as an API.)

Submitter Type

Submitter type refers to the type of person who submits MIPS Promoting Interoperability performance category data. This includes clinicians, groups, virtual groups, and APM Entities submitting MIPS Promoting Interoperability performance category data for themselves, or someone authorized to submit data on their behalf.

Reporting Requirements

The MIPS Promoting Interoperability performance category is 1 of 4 performance categories that make up your MIPS final score. The specific weight of each performance category may change from year to year based on finalized policies in the Physician Fee Schedule Final Rule.

You're **required** to report data for the MIPS Promoting Interoperability performance category **unless** you qualify for automatic reweighting based on your special status, or are approved for reweighting through an approved hardship exception application. The MIPS Promoting Interoperability performance category reporting requirements are identical for the 3 MIPS reporting options below. Note that these reporting requirements are subject to change each year through rulemaking.

Traditional MIPS	Alternative Payment Model (APM) Performance Pathway (APP)	MIPS Value Pathways (MVPs)
The original MIPS reporting option.	A streamlined reporting option for MIPS APM participants that focuses on primary care.	Each MVP includes a limited number of connected measures and activities that are relevant to a specialty or medical condition.

- Use EHR technology certified to the ONC health IT certification criteria at 45 CFR 170.315.
- Provide your CMS EHR Certification Number from the Certified Health IT Product List (CHPL).
- Submit performance data for the required measures in each objective (unless an exclusion is claimed) for the same performance period.
- Complete the required, but unscored, attestation statements.

Need Assistance?

Contact the Quality Payment Program (QPP) Service Center by emailing QPP@cms.hhs.gov, creating a QPP Service Center ticket, or calling 1-866-288-8292 (Monday through Friday 8 a.m. – 8 p.m. ET). Please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET. People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

Visit the Quality Payment Program website for other help and support information, to learn more about MIPS, and to check out the resources available in the Quality Payment Program Resource Library.