

# Quality Payment PROGRAM

## Merit-based Incentive Payment System (MIPS)

Participating in the Promoting  
Interoperability Performance Category  
in the 2022 Performance Year:  
Traditional MIPS



## Contents

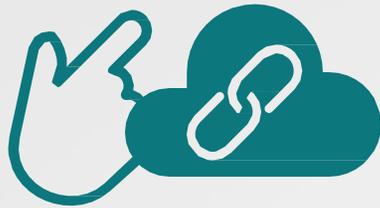
Already know what MIPS is?  
Skip ahead by clicking the links in the Table of Contents.

<a href="#">How to Use This Guide</a>	<a href="#">3</a>
<a href="#">Overview</a>	<a href="#">5</a>
<a href="#">Promoting Interoperability Basics</a>	<a href="#">11</a>
<a href="#">Reweighting the Promoting Interoperability Performance Category</a>	<a href="#">15</a>
<a href="#">Promoting Interoperability Reporting Requirements</a>	<a href="#">21</a>
<a href="#">Promoting Interoperability Objectives, Measures, and Attestations</a>	<a href="#">24</a>
<a href="#">Data Submission</a>	<a href="#">38</a>
<a href="#">Promoting Interoperability Scoring</a>	<a href="#">42</a>
<a href="#">Help, Resources, Glossary and Version History</a>	<a href="#">50</a>
<a href="#">Appendix</a>	<a href="#">55</a>

**Purpose:** This detailed resource focuses on the Promoting Interoperability performance category requirements including data collection and submission for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation for the 2022 performance year.



## How to Use This Guide



**Please note:** This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

## Table of Contents

The table of contents is **interactive**. Click on a chapter in the table of contents to read that section.



You can also click on the icon on the bottom left to go back to the table of contents.

## Hyperlinks

Hyperlinks to the [Quality Payment Program website](#) are included throughout the guide to direct the reader to more information and resources.



# Overview

## COVID-19 and 2022 Participation

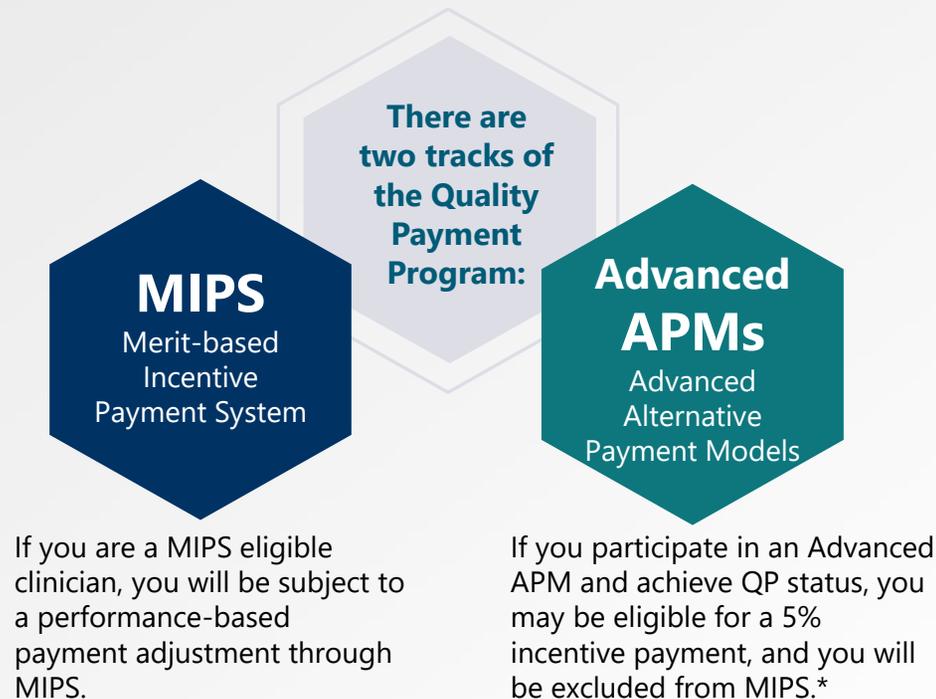
The 2019 Coronavirus (COVID-19) public health emergency continues to impact clinicians across the United States and territories. However, we recognize that not all practices have been impacted by COVID-19 to the same extent. For the 2022 performance year, we'll continue to use our Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, virtual groups, and APM Entities to [submit an application](#) requesting reweighting of one or more MIPS performance categories to 0% due to the current COVID-19 public health emergency. The application will be available in spring of 2022 along with additional resources.

For more information about the impact of COVID-19 on Quality Payment Program (QPP) participation, see the [QPP COVID-19 Response webpage](#).



## What is 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 Medicare payment rates for clinicians. MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the QPP, which rewards value in 1 of 2 ways:



**\*Note:** If you participate in an Advanced APM and don't achieve QP or Partial QP status, you will be subject to a performance-based payment adjustment through MIPS unless you are otherwise excluded.

## What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP), a program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The program describes how we reimburse MIPS eligible clinicians for Part B covered professional services and rewards them for improving the quality of patient care and outcomes.

Under MIPS, we evaluate your performance across multiple categories that lead to improved quality and value in our healthcare system.

If you're [eligible for MIPS in 2022](#):

- You generally have to submit data for the [quality](#), [improvement activities](#), and [Promoting Interoperability](#) performance categories. (We collect and calculate data for the [cost](#) performance category for you.)
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment is based on your performance during the 2022 performance year and applied to payments for covered professional services beginning on January 1, 2024.

### To learn more about MIPS eligibility and participation options:

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Options](#) web pages on the [Quality Payment Program website](#).
- View the [2022 MIPS Quick Start Guide](#).
- Check your current participation status using the [QPP Participation Status Tool](#).

## What is the Merit-based Incentive Payment System? (Continued)

**Traditional MIPS**, established in the first year of the QPP, is the original framework for collecting and reporting data to MIPS.

Under the traditional MIPS, participants select from 200 quality measures and over 100 improvement activities, in addition to reporting the complete Promoting Interoperability measure set. We collect and calculate data for the [cost](#) performance category for you.

In addition to traditional MIPS, 2 other MIPS reporting frameworks, designed to reduce reporting burden, will be available to MIPS eligible clinicians.

- The **APM Performance Pathway (APP)**, is a streamlined reporting framework available beginning with the 2021 performance year for MIPS eligible clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.
- **MIPS Value Pathways (MVPs)** are subsets of measures and activities, established through rulemaking, that can be used to meet MIPS reporting requirements beginning with the 2023 performance year. The MVP framework aims to align and connect measures and activities across the quality, cost, and improvement activities performance categories of MIPS for different specialties or conditions. In addition, MVPs incorporate a foundational layer that leverages Promoting Interoperability measures and a set of administrative claims-based quality measures that focus on population health/public health priorities. **There are 7 MVPs that will be available for reporting in the 2023 performance year:**

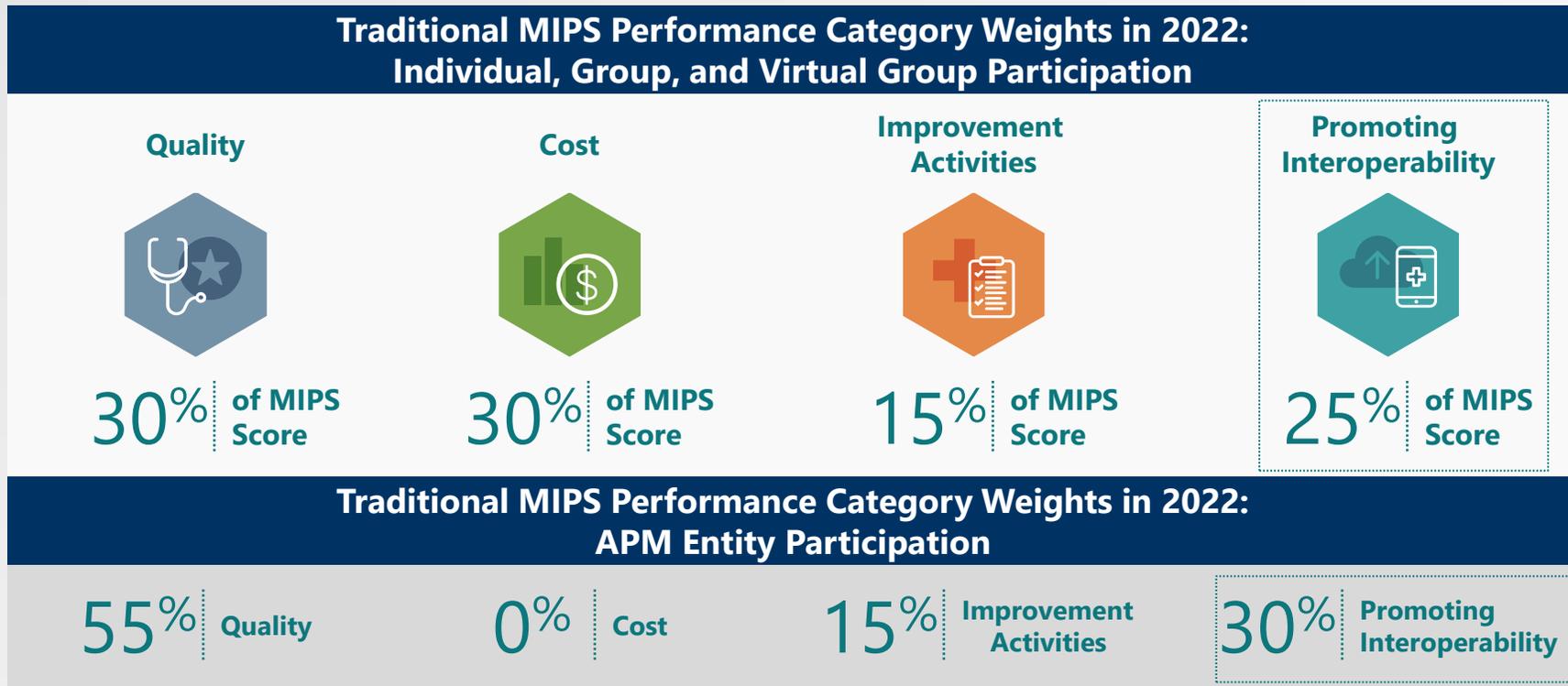
1. Advancing Rheumatology Patient Care
2. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
3. Advancing Care for Heart Disease
4. Optimizing Chronic Disease Management
5. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
6. Improving Care for Lower Extremity Joint Repair
7. Support of Positive Experiences with Anesthesia

We encourage clinicians interested in reporting an applicable MVP to become familiar with the MVP's requirements in advance of the 2023 performance year. For more information on the finalized MVPs, please refer to the CY 2022 Physician Fee Schedule Final Rule. We'll also be adding more information to [MIPS Value Pathways section of the QPP website](#).

For more information about the Promoting Interoperability performance category under the APP, please refer to the [2021 APM Performance Pathway \(APP\) for MIPS APM Participants Fact Sheet](#) or the [2021 APM Performance Pathway Quick Start Guide](#). For more information on participating in an APM, visit our [APMs Overview webpage](#) and check out our APM-related resources in the [QPP Resource Library](#).

## What is the Merit-based Incentive Payment System? (Continued)

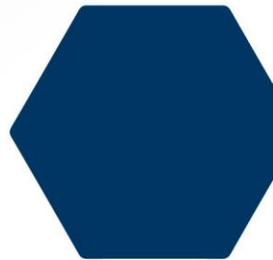
This guide focuses on the **Promoting Interoperability** performance category under traditional MIPS for the 2022 performance year.



For more information on participating in an APM, visit our [APMs Overview webpage](#) and check out our APM-related resources in the [QPP Resource Library](#).



## **Promoting Interoperability Basics**



## What is the MIPS Promoting Interoperability Performance Category?

**The 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 health care providers and
- The systemic collection, analysis, and interpretation of health care data.

### **For 2022, the Promoting Interoperability performance category for traditional MIPS**

- Is worth **25%** of your MIPS final score
- Has a minimum performance period of 90 continuous days between January 1, 2022 and December 31, 2022
- Uses performance-based scoring at the individual measure level
- Requires 2015 Edition CHERT, 2015 Edition Cures Update CEHRT, or a combination of both.

**NOTE:** If you're participating as an APM Entity and reporting traditional MIPS, the Promoting Interoperability performance category is weighted at 30% of your MIPS final score. For additional information on the Promoting Interoperability performance category under the APP, please refer to the [2021 APM Performance Pathway \(APP\) for MIPS APM Participants Fact Sheet \(PDF\)](#).

## What's New with Promoting Interoperability in 2022?

- **Clinical social workers** and **small practices** qualify for **automatic** reweighting of the Promoting Interoperability performance category beginning with performance year (PY) 2022.
- We added a **new required, but unscored attestation measure**, the [High Priority Practices Guide](#) of the **Safety Assurance Factors for EHR Resilience (SAFER) Guides measure**, beginning with PY 2022.
- We revised the **Prevention of Information Blocking attestation** statements to distinguish this attestation from the separate information blocking policies established in the 21st Century Cures Act final rule. This attestation has been renamed **Actions to Limit or Restrict Interoperability**.
- We revised the **Public Health and Clinical Data Exchange objective requirements** to support public health agencies during future threats and the long-term COVID-19 recovery process:
  - Clinicians are **required** to report on the 1) Immunization Registry Reporting and 2) Electronic Case Reporting measures.
    - We added a **4th exclusion for the Electronic Case Reporting measure**, available for PY 2022 only.
  - Clinicians can **optionally** report on the 1) Public Health Registry Reporting, OR 2) Clinical Data Registry Reporting, OR 3) Syndromic Surveillance Reporting measures for 5 bonus points.

## What Are the Promoting Interoperability Participation Requirements?

You are required to participate in the Promoting Interoperability performance category, unless you:

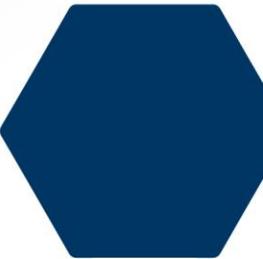
- Are a certain [type of clinician](#) that qualifies you for automatic reweighting,
- Have a certain [special status](#) that qualifies you for automatic reweighting, or
- Have an approved [MIPS Promoting Interoperability Performance Category Hardship Exception](#).

**NOTE:** Individuals and groups in a MIPS APM will still report Promoting Interoperability data at the individual or group level even if their APM Entity is reporting quality and improvement activity data.





## **Reweighting the Promoting Interoperability Performance Category**



# Reweighting the Promoting Interoperability Performance Category

## Is There Automatic Reweighting for Certain Clinician Types and Special Statuses?

For certain clinicians and groups, the Promoting Interoperability performance category will be automatically reweighted to 0%. This means you don't need to submit Promoting Interoperability data and the performance category's 25% weight is generally redistributed to the quality performance category.

You qualify for automatic reweighting if you are:					
 Clinical Social Worker <b>(NEW)</b>	 Physician Assistants	 Nurse Practitioners	 Clinical Nurse Specialists	 Certified Registered Nurse Anesthetists	 Registered Dietitians or Nutrition Professionals
 Physical Therapists	 Occupational Therapists	 Clinical Psychologists	 Qualified Speech-Language Pathologists	 Qualified Audiologists	<b>Special Status:</b> <ul style="list-style-type: none"><li>• Small Practices <b>(NEW)</b></li><li>• Ambulatory Surgical Center (ASC)-based</li><li>• Hospital-based</li><li>• Non-Patient Facing</li></ul>

**NOTE:** If you qualify for reweighting in the Promoting Interoperability performance category, you may still submit data for the Promoting Interoperability performance category. If you submit data, we will score your performance and weight your Promoting Interoperability performance category at 25% of your MIPS final score. **The submission of data cancels reweighting.**

## Additional Information for Automatic Reweighting for Special Statuses

### Ambulatory Surgical Center-Based

- **Individual clinicians:** Automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. Individual clinicians are designated as ASC-based when they furnish **75% or more** of their covered professional services in sites of service identified by the Place of Service (POS) code 24.
- **Groups and virtual groups:** Automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. Groups and virtual groups are designated as ASC-based when **100%** of the MIPS eligible clinicians in the group or virtual group are ASC-based as individuals.

### Hospital- Based

- **Individual clinicians:** Automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. Individual clinicians are designated as hospital-based when they furnish **75% or more** of their covered professional services in a hospital.
- **Groups and virtual groups:** Automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. Groups and virtual groups are designated as hospital-based when **more than 75%** of the MIPS eligible clinicians in the group or virtual group meet the definition of hospital-based as individuals.

### Non-Patient Facing

- **Individual clinicians:** Automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. Individual clinicians are designated as non-patient facing when they have **100 or fewer** Medicare Part B patient-facing encounters (including telehealth services).
- **Groups and virtual groups:** Automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. Groups and virtual groups are designated as a non-patient facing group when **more than 75%** of the MIPS eligible clinicians in the group or virtual group meet the definition of non-patient facing as individuals.

### Small Practices

New

- **Individual clinicians:** Automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. Individual clinicians are designated as a small practice clinician if they are 1 of **15 or fewer** clinicians that bill under the practice's TIN during 1 or both 12-month segments of the MIPS Determination Period.
- **Groups and virtual groups:** Automatically eligible to have their Promoting Interoperability performance category reweighted to 0%. Groups and virtual groups are designated as a small practice when the group has **15 or fewer** clinicians billing under the practice's TIN (or across all TINs participating in your virtual group) during 1 or both 12-month segments of the MIPS Determination Period.

# Reweighting the Promoting Interoperability Performance Category

## Additional Information for Automatic Reweighting for Special Statuses (Small Practices)

When Promoting Interoperability is reweighted			
30%	Improvement Activities	0%	Promoting Interoperability
40%	Quality	30%	Cost

When Promoting Interoperability and cost are reweighted			
50%	Improvement Activities	0%	Promoting Interoperability
50%	Quality	0%	Cost

When Promoting Interoperability and quality are reweighted			
50%	Improvement Activities	0%	Promoting Interoperability
0%	Quality	50%	Cost

## Additional Information on Automatic Reweighting for Groups and Virtual Groups

A group or virtual group also qualifies for automatic reweighting when 100% of the MIPS eligible clinicians in the group or virtual group qualify for reweighting as individuals for any combination of reasons.

### For example:

- 50% of the MIPS eligible clinicians are non-patient facing and 50% of the MIPS eligible clinicians have approved hardship exception requests (see next page),
- 75% of the MIPS eligible clinicians are ASC-based and the other 25% are a clinician type that qualifies for automatic reweighting.

## Can I Apply for Automatic Reweighting if I'm a MIPS APM Participant?

MIPS eligible clinicians and groups with MIPS eligible clinicians participating in a MIPS APM can apply for hardship exceptions and qualify for automatic re-weighting just like other MIPS eligible clinicians.

If you're participating in MIPS at the APM Entity level (either reporting traditional MIPS or the APP), you will receive the APM Entity's score, but will be excluded from the calculation when we create an average Promoting Interoperability score for the APM entity.

## Can I Apply for a MIPS Promoting Interoperability Hardship Exception?

You may submit a MIPS Promoting Interoperability performance category hardship exception application if any of the following reasons apply to you during the 2022 performance year:

- You're using decertified EHR technology.
- You have insufficient Internet connectivity.
- You experienced an extreme and uncontrollable circumstance.
- You lack control over the availability of CEHRT.

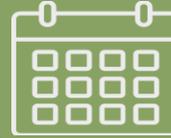
APM Entities **can't** submit a Promoting Interoperability Hardship Exception at the Entity level.

**NOTE:** Simply not having 2015 Edition CEHRT doesn't qualify you for a MIPS Promoting Interoperability performance category hardship exception.

If your Promoting Interoperability performance category hardship exception request is approved, the Promoting Interoperability performance category will have a weight of 0% when calculating your MIPS final score. The 25% weight will be reallocated to another performance category(ies). **If you choose to submit data for the Promoting Interoperability performance category your hardship exception will be cancelled.**

Submit your 2022 Promoting Interoperability Performance Category Hardship Exception Application by December 31, 2022.

To learn more, review the Promoting Interoperability Hardship Exception section of the [Exception Applications page](#) on the [QPP website](#).



## **Promoting Interoperability Reporting Requirements**



## What Edition of Certified Electronic Health Record (EHR) Technology Do I Need to Report for The Promoting Interoperability Performance Category In 2022?

- Your EHR technology must be certified to the 2015 Edition certification criteria, 2015 Edition Cures Update certification criteria, or a combination of both, to participate in the Promoting Interoperability performance category.
- The 2015 Edition CEHRT and/or 2015 Edition Cures Update CEHRT functionality must be in place **by the first day** of your selected Promoting Interoperability performance period.
- The product must be certified to the 2015 Edition and/or 2015 Edition Cures Update criteria **by the last day** of your selected Promoting Interoperability performance period.
- You must use the 2015 Edition and/or 2015 Edition Cures Update functionality for your **full** Promoting Interoperability performance period.

The Promoting Interoperability performance period is a minimum of any continuous 90-day period within the calendar year. In many situations the product may be pending certification at the start of your performance period, but the product has been deployed and is in use. As long as the certification is received by the last day of your performance period, you will be able to submit for the Promoting Interoperability performance category.

**Example:** If you select the last continuous 90 days in 2022 as your performance period: The 2015 Edition and/or 2015 Edition Cures Update functionality will need to be in place by October 3rd, 2022. The 2015 Edition and/or 2015 Edition Cures Update Certification will need to be obtained by December 31, 2022.

## What Are the Data Submission Requirements for Promoting Interoperability In 2022?

You must submit collected data for [all required measures from each of the objectives](#) (unless an applicable exclusion is claimed) for the same 90 continuous days (or more) during 2022.

In addition to submitting measures, you must provide your EHR's CMS Certification ID from the [Certified Health IT Product List \(CHPL\)](#) and submit a "yes" to:

- The Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT (previously titled Prevention of Information Blocking) Attestation,
- The Security Risk Analysis measure, and
- **NEW:** The High Priority Practices Guide of the Safety Assurance Factors for EHR (SAFER Guides) measure.

For more information on generating your EHR's CMS Certification ID, review pages 25 – 29 of the [CHPL Public Use Guide](#).

When you report on required measures that have a numerator/denominator, you must submit **at least 1** in the numerator if you do not claim an exclusion. Each measure is scored based on the MIPS eligible clinician's performance for that measure (based on the submission of a numerator/denominator or a "yes or no" statement).

Failing to report on a required attestation or measure (or claim an exclusion for a required measure if available and applicable) will result in a score of 0 for the Promoting Interoperability performance category.



## **Promoting Interoperability Objectives, Measures, and Attestations**

## What are the 2022 Promoting Interoperability Performance Category Objectives and Measures?

The 2022 Promoting Interoperability performance category focuses on the following objectives:

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

Within these objectives, there are 5 to 6 required measures (dependent upon which measure(s) you choose to report for the HIE objective) in addition to required attestations and [optional measures](#).

**Reminder:** For the HIE objective, you have the option to report data for the 2 Support Electronic Referral Loops measures and associated exclusions **OR** the single HIE Bi-Directional Exchange measure.

There is a [table](#) that provides detail on the 2022 Promoting Interoperability Objectives and Measures in this guide

## What Measures Have an Exclusion?

The following Promoting Interoperability measures have exclusions:

- e-Prescribing
- Support Electronic Referral Loops by Sending Health Information
- Support Electronic Referral Loops by Receiving and Reconciling Health Information
- Immunization Registry Reporting
- Electronic Case Reporting

If you qualify, you can claim the exclusion instead of reporting on the given measure. You can find more details outlining each element of the Promoting Interoperability measures through the QPP [Explore Measures and Activities Tool](#).

# Promoting Interoperability Objectives, Measures, and Attestations

## 2022 Promoting Interoperability Objective and Measure Set Table

Objective	Required	Measure*	Measure Description	Measure Exclusion (If you meet the criteria below, you can claim an exclusion)
<b>e-Prescribing</b>	Required	e-Prescribing	At least 1 permissible prescription written by the MIPS eligible clinician is transmitted electronically using CEHRT.	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
	Optional	Query of Prescription Drug Monitoring Program (PDMP)	For at least 1 Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.	Optional bonus measure (can report for 10 bonus points), no exclusion available.
<b>Provider to Patient Exchange</b>	Required	Provide Patients Electronic Access to Their Health Information	For at least 1 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 Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).	No exclusion available.

\* 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 encourage you to review the final rules for a complete and accurate description of the measures.



# Promoting Interoperability Objectives, Measures, and Attestations

## 2022 Promoting Interoperability Objective and Measure Set Table

Objective	Required	Measure*	Measure Description	Measure Exclusion (If you meet the criteria below, you can claim an exclusion)
<b>Health Information Exchange (HIE)</b>	Required	<b>Option 1</b>		
		Support Electronic Referral Loops by Sending Health Information	For at least 1 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 certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.
		Support Electronic Referral Loops by Receiving and Reconciling Health Information	For at least 1 electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.	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.
		<b>Option 2</b>		
HIE Bi-Directional Exchange	The MIPS eligible clinician or group is engaged in bi-directional exchange within an HIE to support transitions of care.	Alternative measure, no exclusion available.		



# Promoting Interoperability Objectives, Measures, and Attestations

## 2022 Promoting Interoperability Objective and Measure Set Table

Objective	Required	Measure*	Measure Description	Measure Exclusion (If you meet the criteria below, you can claim an exclusion)
<b>Public Health and Clinical Data Exchange</b>	Required	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 (IIS).	Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Immunization Registry Reporting measure if the MIPS eligible clinician: <ul style="list-style-type: none"> <li>• Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction’s immunization registry or immunization information system during the performance period. OR</li> <li>• Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the performance period. OR</li> <li>• Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the performance period.</li> </ul>

## 2022 Promoting Interoperability Objective and Measure Set Table

Objective	Required	Measure*	Measure Description	Measure Exclusion (If you meet the criteria below, you can claim an exclusion)
<b>Public Health and Clinical Data Exchange (continued)</b>	Required	Electronic Case Reporting	The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.	<p>Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Electronic Case Reporting measure if the MIPS eligible clinician:</p> <ul style="list-style-type: none"> <li>• Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction’s reportable disease system during the performance period. OR</li> <li>• Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the performance period. OR</li> <li>• Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the performance period.</li> </ul> <p><b>Note:</b> We added a <b>4th exclusion for the Electronic Case Reporting measure</b> (in addition to the existing exclusion criteria) for PY 2022 only: the MIPS eligible clinician uses CEHRT that is not certified to the electronic case reporting certification criterion at § 170.315(f)(5) prior to the start of the performance period they select in CY 2022.</p>

# Promoting Interoperability Objectives, Measures, and Attestations

## 2022 Promoting Interoperability Objective and Measure Set Table

Objective	Required	Measure*	Measure Description	Measure Exclusion (If you meet the criteria below, you can claim an exclusion)
<b>Public Health and Clinical Data Exchange (continued)</b>	Optional	Clinical Data Registry Reporting	The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.	Optional bonus measures (can report on one of these measures for 5 bonus points), no exclusions available.
		Public Health Registry Reporting	The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.	
		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.	

## What Are the Required Attestations for the Promoting Interoperability Performance Category?

### Security Risk Analysis Attestation Measure

The Security Risk Analysis measure is a **required but unscored measure**.

This measure addresses the security (including encryption) of electronic personal health information (ePHI) data created or maintained by CEHRT, requiring, as needed, the implementation of security updates and correction of identified security deficiencies as part of the MIPS eligible clinician's risk management process.

Additional guidance on conducting a security risk analysis is available on [HHS.gov](https://www.hhs.gov).

### What are the Security Risk Analysis Attestation Measure Requirements?

In addition to the required measures, you must conduct or review a security risk analysis on your 2015 Edition CEHRT and/or 2015 Edition Cures Update CEHRT functionality on an annual basis, within the calendar year of the performance period.

During the submission period, you will attest to the Security Risk Analysis measure by entering a "yes" (analysis completed) or "no" (analysis not completed) response.



# Promoting Interoperability Objectives, Measures, and Attestations

## What Are the Required Attestations for the Promoting Interoperability Performance Category? (Continued)

### High Priority Practices Guide of the SAFER Guides Attestation Measure

The [High Priority Practices Guide \(PDF\)](#) of the SAFER Guides measure is a **required but unscored measure**.

There are 9 SAFER Guides which are organized into 3 groups: foundational guides, infrastructure guides, and clinical process guides. The High Priority Practices SAFER Guide is one of the foundational SAFER Guides. The guide helps healthcare organizations identify “high risk” and “high priority” recommended safety practices intended to optimize the safety and use of EHRs.

### What are the High Priority Practices SAFER Guide Attestation Measure Requirements?

In addition to the required measures, you must conduct an annual self-assessment of the High Priority Practices SAFER Guide during the calendar year in which the performance period occurs. MIPS eligible clinicians are expected to fill out the checklist and practice worksheet at the beginning of the guide.

During the submission period, you will attest to the High Priority Practices SAFER Guide attestation measure by entering a “yes” (completed a review of the guide) or “no” (did not complete a review of the Guide) response. Failure to report either “yes” or “no” for the High Priority Practices SAFER Guides measure will result in no score for the Promoting Interoperability performance category.

**Note:** Attesting “no” will count towards completing the High Priority Practices SAFER Guides attestation measure.

Additional guidance on the SAFER Guides and conducting a high priority practices self-assessment are available on [HealthIT.gov](https://www.healthit.gov).

#### Example



If your practice fills out the checklist and practice worksheet at the beginning of the High Priority Practices SAFER Guide by the last day of the 2022 performance period (December 31, 2022), you will complete the self-assessment and report “yes” for the High Priority Practices SAFER Guide measure.

## What Are the Required Attestations for the Promoting Interoperability Performance Category? (Continued)

### Office of the National Coordinator for Health Information Technology (ONC) Direct Review Attestation

An ONC Direct Review is the process by which the ONC may directly review certified health information technology (IT) or a developer's actions or practices to determine whether they conform to the requirements of the ONC Health IT Certification Program. This attestation statement aims to identify whether you acted in good faith and would cooperate if the ONC initiates a direct review of your health IT.

### What are the ONC Direct Review Attestation Requirements?

During the submission period, you will complete the ONC Direct Review Attestation statement by entering a "yes" (agree to cooperate in a direct review of your health IT in the event that you receive a review request from the ONC) or "no" (you don't agree to cooperate in a direct review) response

Additional guidance on the ONC Direct Review is available on [HealthIT.gov](https://www.healthit.gov).

**Note:** The ONC Direct Review Attestation is required for the Promoting Interoperability performance category. Failure to submit a "yes" response will result in a score of 0 for the category.

## What Are the Required Attestations for the Promoting Interoperability Performance Category? (Continued)

### Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT Attestation

To prevent actions that block the exchange of health information, the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires eligible clinicians that participate in the Promoting Interoperability performance category to show that they have not knowingly and willfully limited or restricted the compatibility or interoperability of their CEHRT.

Eligible clinicians are required to show that they are meeting this requirement by attesting to the Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT statement about how they implement and use CEHRT.

**NEW:** We revised the Information Blocking attestation statements (removed statements 2 and 3) to distinguish this attestation from the separate information blocking policies established in the 21st Century Cures Act final rule. Beginning with PY 2022, you will attest to a single statement for this attestation, which is now called Actions to Limit or Restrict Interoperability attestation.

### *What are the Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT Attestation Requirements?*

During the submission period, you will complete the Actions to Limit or Restrict Interoperability Attestation statement by entering a “yes” (certify that you **didn’t** knowingly or willfully take action to limit or restrict interoperability or compatibility of CEHRT) or “no” (certify that you **did** knowingly or willfully take action to limit or restrict interoperability or compatibility of CEHRT) response.

**NOTE:** The Actions to Limit or Restrict Interoperability Attestation is required for the Promoting Interoperability performance category. Failure to submit a “yes” response will result in a score of 0 for the category.

## Optional Query of Prescription Drug Monitoring Program Measure

The Query of PDMP measure continues to be **optional** for the 2022 performance period. You'll receive 10 bonus points if you report a "yes" for the optional PDMP measure in addition to the required e-Prescribing measure.

You **can't** report the optional PDMP measure if:

- You claim an exclusion for the e-Prescribing measure.
- You don't use CEHRT to electronically prescribe at least one Schedule II opioid.

**REMINDER:** The Query of PDMP measure is worth 10 bonus points.

**Note:** A "yes" response would indicate that for at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician used data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law. Query of the PDMP for prescription drug history must be conducted prior to the electronic transmission of the Schedule II opioid prescription.

## Optional Public Health and Clinical Data Exchange Measures

To earn an additional 5 bonus points for the Promoting Interoperability performance category, clinicians can **optionally** report on one of the following measures:

- Public Health Registry Reporting
- Clinical Data Registry Reporting
- Syndromic Surveillance Reporting

**NOTE:** If you report more than 1 of the optional Public Health and Clinical Data Exchange measures, you will only receive a maximum of 5 bonus points.

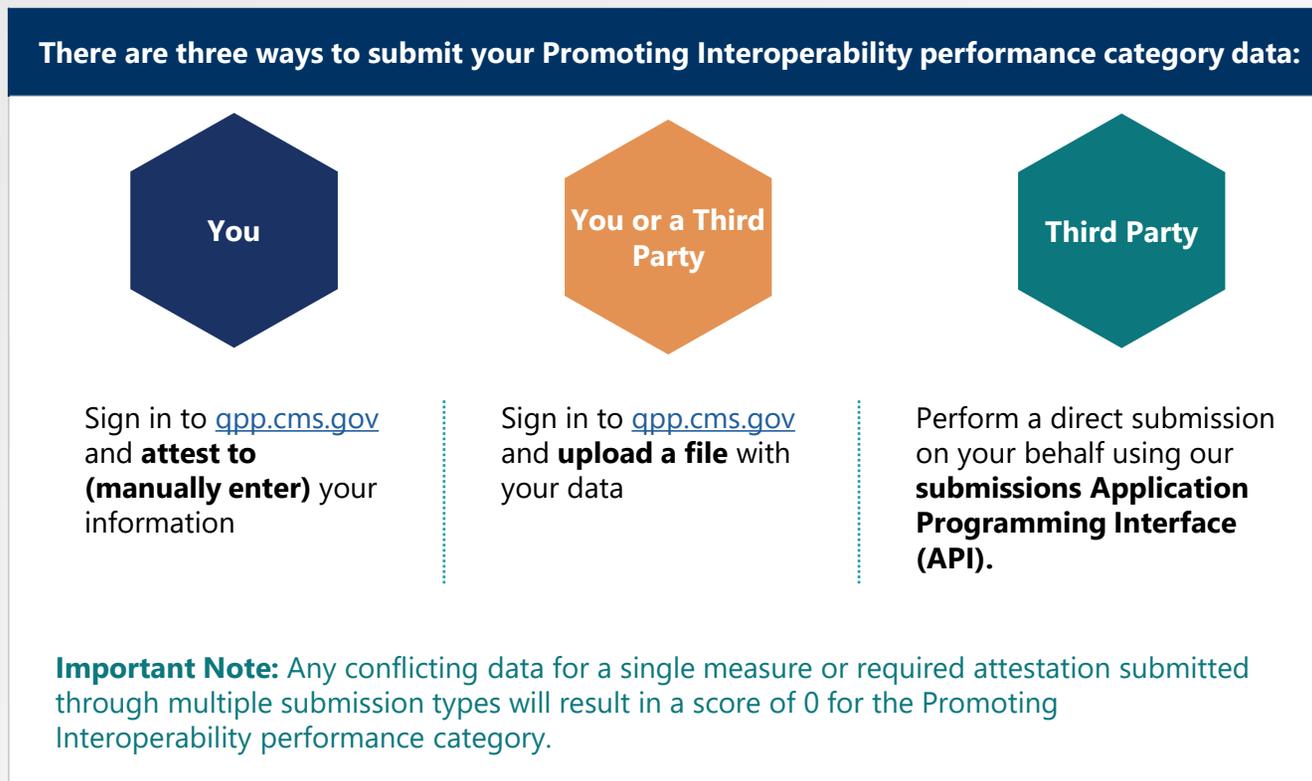


## Data Submission



## How Can I Submit My Promoting Interoperability Performance Category Data?

The chart below outlines the available submission types for reporting data to the Promoting Interoperability performance category and how they work during the PY 2022 submission period (1/3/2023 through 3/31/2023).



## What are the 2022 Promoting Interoperability Submission Requirements?

**To earn a score in the Promoting Interoperability performance category, you must meet the following reporting and submission requirements**

- Use 2015 Edition CEHRT and/or 2015 Edition Cures Update CEHRT to collect your data;
- Submit data for all required measures (unless an exclusion is claimed) for a minimum of any continuous 90-day period between January 1 and December 31, 2022;
- Submit “yes” to the Prevention of Actions to Limit or Restrict Interoperability Attestation;
- Submit “yes” for the Security Risk Analysis measure;
- Submit “yes/no” for the High Priority Practices SAFER Guides measure; and
- Provide your EHR’s CMS Certification ID from the Certified Health IT Product List (CHPL), available at <https://chpl.healthit.gov/#/search>.

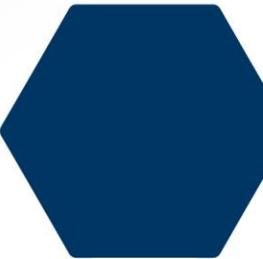
**IMPORTANT:** You will earn a **score of 0** in this performance category if you don’t meet all of these requirements.

## Additional Submission Information and Reminders

- You or your third party representative need QPP credentials and authorization in order to submit your data. See the [QPP Access User Guide \(ZIP file\)](#) for more information.
- The level which you participate in MIPS (individual, group, or virtual group) applies to all performance categories.
  - We don't combine data submitted at the individual, group, and/or virtual group level into a single final score.
  - **EXCEPTION:** When participating as an APM Entity, the Entity will submit quality measure and improvement activities and the MIPS eligible clinicians in the Entity will submit Promoting Interoperability data as individuals or as a group. We use the individual and group data to calculate an average score for the APM Entity for this performance category under both traditional MIPS and the APM Performance Pathway (APP).
- If your practice has several EHRs and not all are certified to the 2015 Edition and/or 2015 Edition Cures Update, you will only submit the data collected in 2015 Edition CEHRT and/or 2015 Edition Cures Update CEHRT.
- If you're reporting as a group or virtual group, you will aggregate the measure numerators and denominators for all MIPS eligible clinicians with data in your 2015 Edition CEHRT and/or 2015 Edition Cures Update CEHRT.
- You don't need to include supporting documentation when you attest to your Promoting Interoperability data, but you must keep documentation for 6 years after submission.



## Promoting Interoperability Scoring



## How is the Promoting Interoperability Score Calculated?

With the 2 bonus points opportunities, there are 115 points available, though the Promoting Interoperability performance category score is capped at 100 points.

**REMINDER:** The Security Risk Analysis and High Priority Practices SAFER Guides attestation measures are required but unscored.

## Total Possible Points for Each 2022 Promoting Interoperability Measure?

Objectives	Measures	Required	Available Points	Reporting Requirements
<b>e-Prescribing</b>	e-Prescribing	Required	1 – 10 points	Numerator/Denominator
	<i>Bonus:</i> Query of Prescription Drug Monitoring Program (PDMP)	Optional	10 bonus points	YES/NO
<b>Health Information Exchange</b>	Option 1	Required (unless option 2 is reported)	1 – 20 points	Numerator/Denominator
	Support Electronic Referral Loops by Sending Health Information		1 – 20 points	Numerator/Denominator
	Option 2	Required* (unless option 1 is reported)	1 – 40 points	YES/NO
<b>Provider to Patient Exchange</b>	Provide Patients Electronic Access to Their Health Information	Required	1 – 40 points	Numerator/Denominator
<b>Public Health and Clinical Data Exchange</b>	Report the 2 Required Measures	Required	10 points for the entire objective	YES/NO
	<ul style="list-style-type: none"> <li>Immunization Registry Reporting</li> <li>Electronic Case Reporting</li> </ul>			
	Bonus: <ul style="list-style-type: none"> <li>Public Health Registry Reporting</li> <li>Clinical Data Registry Reporting</li> <li>Syndromic Surveillance Reporting</li> </ul>	Optional	5 bonus points (whether reporting 1, 2 or all 3 optional measures)	YES/NO

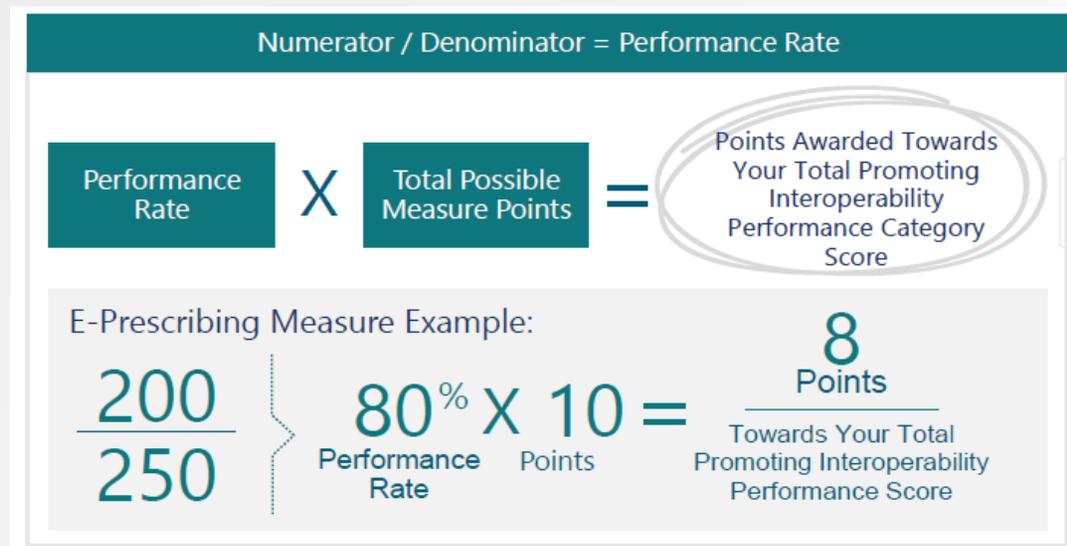
*\*The HIE Bi-Directional Exchange measure serves as an **alternative** measure to the 2 existing required HIE measures. You are expected to report either option 1 (the 2 original HIE measures) or option 2 (the new HIE Bi-Directional Exchange measure) to satisfy the HIE objective.*



## 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 1 measure (HIE Bi-Directional Exchange) where we use the "yes" or "no" as the answer submitted for the measures.

**Example:** 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 will generally round to the nearest whole number.

Example 1:  
Score = 8.53  $\left\{ \begin{array}{l} \text{Round up to} \\ 9 \end{array} \right\}$

Example 2:  
Score = 8.33  $\left\{ \begin{array}{l} \text{Round down to} \\ 8 \end{array} \right\}$

**Exception:** If the MIPS eligible clinician receives a performance rate or measure score of less than 0.5, as long as the MIPS eligible clinician reported on at least one patient (i.e. reported a 1 in the numerator), for a given measure, a score of 1 would be awarded for that measure.

## How Do I Meet the Requirements for the Public Health and Clinical Data Exchange Objective?

In order to satisfy the requirements and earn 10 points for the objective, you must be actively engaged with:

- A public health agency that they can electronically submit case reporting of reportable conditions to in order to satisfy the electronic case reporting measure, and
- A public health agency that they can submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS) to in order to satisfy the immunization reporting measure.

## What Are the Public Health and Clinical Data Exchange Objective Exclusions?

Exclusions are available for each of the required measures (Electronic Case Reporting and Immunization Registry reporting measures) within the Public Health and Clinical Data Exchange objective. There are no exclusions for the optional/bonus measures.

If you...	Then...
Submit an exclusion for 1 required measure, and submit "yes" for the other required measure	You can still earn the full 10 points for the Public Health and Clinical Data Exchange objective
Claim 2 exclusions	The 10 points would be redistributed to the Provide Patients Electronic Access to Their Health Information measure under the Provider to Patient Exchange objective
Are unable to report the 2 required measures and can't claim an exclusion	You will earn a score of 0 for the objective and the Promoting Interoperability performance category overall

**NOTE:** Reporting to a Qualified Clinical Data Registry (QCDR) or Qualified Registry may count for the Clinical Data Registry Reporting measure as long as the QCDR or Qualified Registry has publicly declared readiness as a clinical data registry and the registry uses the data for a public health purpose.

## How Are Bonus Points Calculated?

For 2022, you can earn 15 bonus points by submitting a “yes” for the optional:

- [Query of PDMP measure](#) (10 bonus points), and
- 1,2 or 3 of the optional Public Health Agency and Clinical Data Exchange measures (5 bonus points total) listed below.
  - Public Health Registry Reporting
  - Clinical Data Registry Reporting
  - Syndromic Surveillance Reporting

**NOTE:** Your Promoting Interoperability performance category score can't exceed 100 achievement points.

## How Is the Total Promoting Interoperability Category Calculated?

The Promoting Interoperability performance category is weighted at 25% of the MIPS final score.

There are 115 total points available, but any score above 100 points will be capped at 100 points.

Your Promoting Interoperability performance category score is the sum of points earned for the measures you submitted multiplied by the 25% Promoting Interoperability performance category weight. This product is the number of points this performance category contributes to the MIPS final score.

### Example:

The diagram illustrates the calculation of Promoting Interoperability points towards the final score. It consists of two parts: a general formula and a specific example.

**General Formula:**

$$\text{Points} \times .25 = \text{Points Towards Final Score}$$

The weight  $.25$  is labeled "Promoting Interoperability Category Weight". The result "Points Towards Final Score" is circled in the diagram.

**Example:**

$$83 \times .25 = \frac{20.75}{\text{Points Towards Final Score}}$$

The number 83 is labeled "Points". The result 20.75 is labeled "Points".

You will always be scored out of 100 possible points in the Promoting Interoperability performance category. When you claim an exclusion for a measure, the measure's points are reallocated to a different measure. See [Appendix](#)

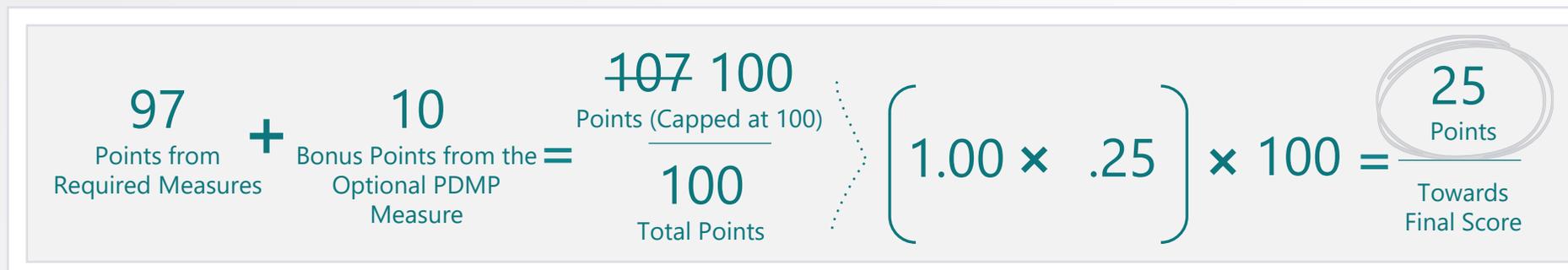
## Example 1:

If a clinician receives 83 points from the required Promoting Interoperability measures and 5 bonus points for submitting data on one of the optional Public Health Agency and Clinical Data Exchange measures, then they would receive 22 points towards their MIPS final score for the Promoting Interoperability performance category. That's 1.25 more points towards their MIPS final score than they would have if they didn't report the optional measure.



## Example :

A clinician receives 97 points from the required Promoting Interoperability measures and they report the optional Query of PDMP measure. Adding the 10 bonus points to the points they received for their required measures equals 107 points. Since the performance category is capped at 100, the clinician would receive 100 points, which equals 25 points towards their MIPS final score for the Promoting Interoperability performance category.





## **Help, Resources, Glossary and Version History**

## Where Can I Get Help?

Contact the Quality Payment Program Service Center at 1-866-288-8292 or by e-mail at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov) (Monday-Friday 8 a.m.- 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

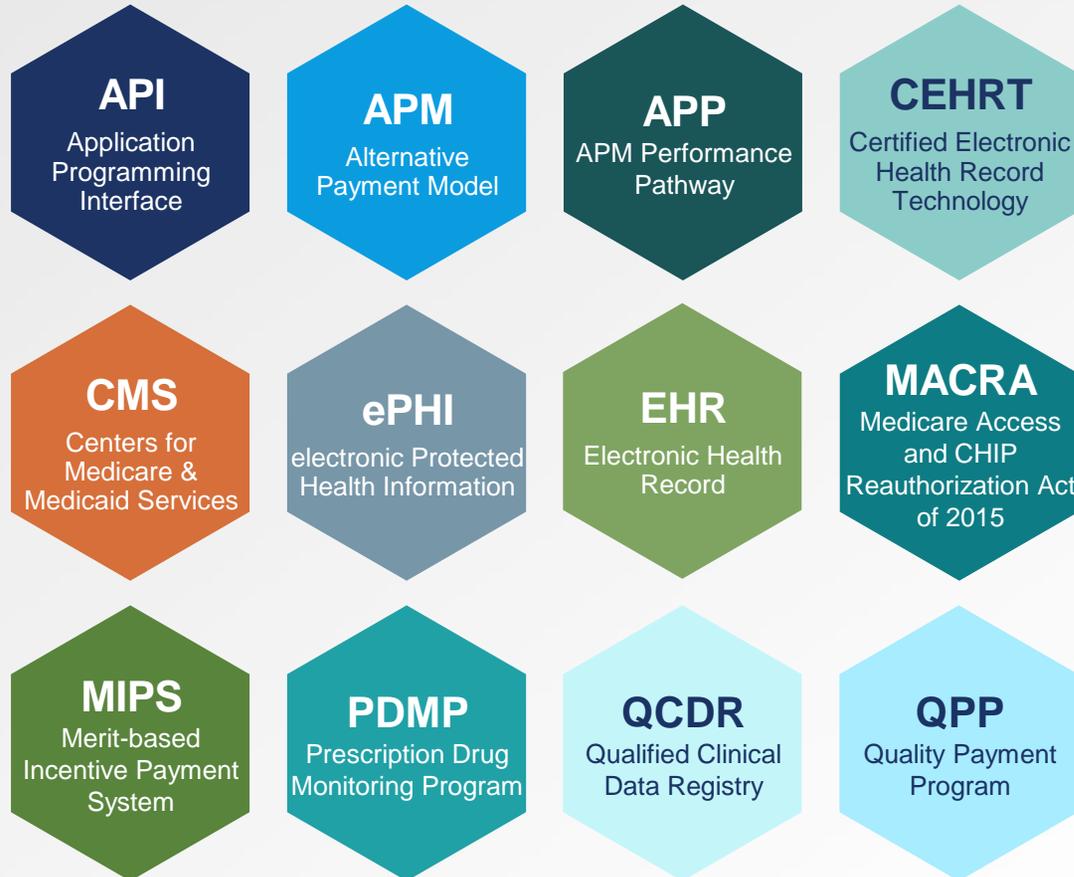
Visit the Quality Payment Program [website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).

## Additional Resources

The following resources are available [Quality Payment Program Resource Library](#) and other QPP webpages:

Resource	Description
<a href="#">2022 Promoting Interoperability Measure Specifications (ZIP file)</a>	Provides a detailed overview of the requirements for the 2022 Promoting Interoperability performance category objectives and measures.
<a href="#">2022 Promoting Interoperability Quick Start Guide</a>	A guide to help clinicians get started participating in the Promoting Interoperability performance category of the Merit-based Incentive Payment System (MIPS) during the 2022 performance year.
<a href="#">2022 High Priority Practices SAFER Guide Fact Sheet (PDF)</a>	Describes requirements for MIPS eligible clinicians to conduct an annual self-assessment starting of the High Priority Practices Safety Assurance Factors for EHR Resilience (SAFER) Guide to support consistent safety practices for all EHR users and further enable the electronic exchange of health information.
<a href="#">2022 Promoting Interoperability Actions to Limit or Restrict Interoperability Fact Sheet (PDF)</a>	Describes requirements for MIPS eligible clinicians to prevent actions that block the exchange of health information.
<a href="#">2022 MIPS Eligibility and Participation Quick Start Guide</a>	A guide to help clinicians get started with determining their eligibility for the Merit-based Incentive Payment System (MIPS) for the 2022 performance period.

## Glossary



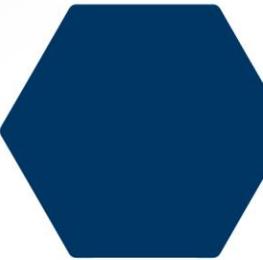
## Version History

If we need to update this document, changes will be identified here.

Date	Description
8/5/2022	Updated slide 10 to correct the 2022 traditional MIPS cost performance category weight for APM Entity participation (changed from 30% to 0%).
6/28/2022	Updated to reflect minor formatting changes on slides 2, 7, 14, 19, 34, 39, 41, 44, 46, 52, and 56.
3/14/2022	Original Posting.



## Appendix



## Appendix D: Reallocation of Points for Promoting Interoperability Measure(s) When an Exclusion is Claimed

The table below outlines where points are redistributed when an exclusion is claimed.

Objectives	Measures	Exclusion Available	When the exclusion is claimed	
<b>e-Prescribing</b>	e-Prescribing	Yes	...the 10 points are redistributed equally among the measures associated with the Health Information Exchange objective: <ul style="list-style-type: none"> <li>5 points to the Support Electronic Referral Loops by Sending Health Information measure</li> <li>5 points to the Support Electronic Referral Loops by Receiving and Reconciling Health Information measure</li> </ul> OR ...the 10 points are redistributed to the HIE Bi-Directional Exchange measure	
	<b>Bonus (optional):</b> Query of Prescription Drug Monitoring Program (PDMP)	N/A	N/A	
<b>Health Information Exchange</b>	Option 1	Support Electronic Referral Loops by Sending Health Information	Yes	...the 20 points are redistributed to the Provide Patients Electronic Access to their Health Information measure
		Support Electronic Referral Loops by Receiving and Reconciling Health Information	Yes	...the 20 points are redistributed to the Support Electronic Referral Loops by Sending Health Information measure
	Option 2	HIE Bi-Directional Exchange	N/A	N/A

## Appendix D: Reallocation of Points for Promoting Interoperability Measure(s) When an Exclusion is Claimed (Continued)

If we need to update this document, changes will be identified here.

Objectives	Measures	Exclusion Available	When the exclusion is claimed
<b>Provider to Patient Exchange</b>	Provide Patients Electronic Access to Their Health Information	No	N/A
<b>Public Health and Clinical Data Exchange</b>	<b>Report on the 2 required measures:</b> <ul style="list-style-type: none"> <li>Immunization Registry Reporting</li> <li>Electronic Case Reporting</li> </ul>	Yes	<p>...the 10 points are still available in this objective if you <b>claim an exclusion</b> for one of the required measures and submit a 'yes' attestation for the other required measure in the objective.</p> <p>... the 10 points are redistributed to the Provide Patients Electronic Access to Their Health Information measure if you <b>claim two exclusions</b>.</p>
	<b>Bonus:</b> <ul style="list-style-type: none"> <li>Public Health Registry Reporting</li> <li>Clinical Data Registry Reporting</li> <li>Syndromic Surveillance Reporting</li> </ul>	N/A	N/A