

2020 MIPS Data Validation – Promoting Interoperability Performance Category Criteria

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_PPHI_1	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 certified electronic health record technology (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.	Required	Yes/No Statement	Security risk analysis of the CEHRT was performed or reviewed prior to the date of attestation on an annual basis and for the CEHRT used during the reporting period. • If you choose to submit for a 90-day MIPS performance period, it is acceptable for the security risk analysis to be conducted outside the performance period; however, it must be conducted within the calendar year of the MIPS performance period (January 1st – December 31st). An analysis must be done upon installation or upgrade to a new system and a review must be conducted covering each MIPS performance period.	A dated report or screenshot that documents the procedures performed during the analysis and the results. The report should be dated within the calendar year of the MIPS performance period and should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), CMS Certification Number (CCN), clinician name, practice name, etc.). Notes: • The measure requires clinicians to address encryption/security of data stored in CEHRT. At minimum, clinicians should be able to show a plan for correcting or mitigating deficiencies and steps that are being taken to implement that plan. • Any documentation of an analysis will suffice; the report does not necessarily need to come from CEHRT.



2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_EP_1	e-Prescribing	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.	Required	Numerator/Denominator	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically via CEHRT.	A dated report or screenshot of patient prescription/record that indicates the number of times where electronic prescribing was performed in accordance with CMS standards for electronic prescribing (45 CFR 423.160(b)).
PI_LVPP_1	e-Prescribing Exclusion	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.	Required only if submitting an exclusion for the e-Prescribing measure. Measure ID PI_EP_1.	Yes	The 2018 QPP final rule finalized an exclusion for the e-Prescribing measure for any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period. In order to submit an exclusion for this measure, MIPS eligible clinicians must select the exclusion for this measure. Any submission of a numerator or denominator for the e-Prescribing measure will void out the exclusion.	A dated report or screenshot from the CEHRT that shows the number of permissible prescriptions written by the MIPS eligible clinician during the performance period.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_EP_2	Query of Prescription Drug Monitoring Program (PDMP)	For at least one 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.	Bonus	Yes/No Statement	Uses data from CEHRT to conduct a query of a PDMP for prescription drug history prior to electronically prescribing a patient a Schedule II opioid using CEHRT. The 2020 QPP final rule finalized removing the numerator and denominator previously established and instead requires a "yes/no" response beginning with the 2019 performance period.	A dated report or screenshot that shows the MIPS eligible clinician used data from CEHRT to conduct a query of a PDMP for prescription drug history for at least one patient prior to electronically prescribing the patient a Schedule II opioid.
PI_HIE_1	Support Electronic Referral Loops by Sending Health Information	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 certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.	Required	Numerator/Denominator	When a patient is transitioned and/or referred to another setting or health care provider, the summary of care document must be generated by the CEHRT in a C-CDA format. The summary of care may be transmitted using a wide range of electronic options including secure email, Health Information Service Provider (HISP), query-based exchange or use of third party HIE.	A dated report or screenshot that indicates the number of summary of care documents that were created and exchanged electronically using CEHRT for transitions of care and/or referrals to another setting of care or health care provider during the performance period.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_LVOTC_1	Support Electronic Referral Loops by Sending Health Information Exclusion	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.	Required only if submitting an exclusion for the Support Electronic Referral Loops by Sending Health Information Measure.	Yes	The 2018 QPP final rule finalized an exclusion for the Support Electronic Referral Loops by Sending Health Information measure for any MIPS eligible clinician who transfers a patient to another setting and/or refers a patient fewer than 100 times during the performance period.	A dated report or screenshot from the CEHRT that shows the number of times that the MIPS eligible clinician transfers and/or refers patients to another setting of care or to another health care provider during the performance period.
PI_HIE_4	Support Electronic Referral Loops by Receiving and Incorporating Health Information	For at least one 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.	Required	Numerator/Denominator	Receives or retrieves and incorporates an electronic summary care record into the CEHRT when a patient is transitioned or referred to the clinician AND performs review of medication(s), medication allergies, and current problem list and reconciliation for at least one transition of care or referral received, or patient encounter in which the MIPS eligible clinician has not before encountered the patient.	A dated report or screenshot that shows the number of times the MIPS eligible clinician: <ul style="list-style-type: none"> electronically retrieved or received and incorporated a summary of care document into the CEHRT for a transition of care received, referral received, or patient encounter in which the MIPS eligible clinician has never before encountered the patient during the performance period. performed clinical reconciliation for 1) medication, including the name, dosage, frequency, and route of each medication, 2) medication allergies, and 3) current problem list for a transition of care or referral received, or patient the MIPS eligible clinician has never before encountered during the performance period.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_LVITC_2	Support Electronic Referral Loops by Receiving and Incorporating Health Information 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.	Required only if submitting an exclusion for the Support Electronic Referral Loops by Receiving and Incorporating Health Information measure.	Yes	The 2020 QPP final rule revised the wording of this exclusion beginning with the 2019 performance period: 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. The exclusion of less than 100 is any combination of transitions, referrals, or new patients.	A dated report or screenshot from the CEHRT that shows the number of times the MIPS eligible clinician receives a transition of care or referral or has patient encounters in which the clinician has never before encountered the patient during the performance period.
PI_PEA_1	Provide Patients Electronic Access to Their Health Information	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 Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).	Required	Numerator/Denominator	Provide the information necessary to grant access to the patient or their authorized representative in order to view, download, and transmit their health information using any application of the patient's choice meeting the technical specifications of the application programming interface of the clinician's CEHRT.	A dated report or screenshot that documents the number of times a patient or patient-authorized representative is given access to view, download, or transmit their health information. This could include instructions provided to the patient on how to access their health information, including: the website address they must visit, the patient's unique and registered username or password, and a record of the patient logging on to show that the patient can use any application of their choice to

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
						access the information and meet the API technical specifications.
PI_PHCDRR_1	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).	Required	Yes/No Statement	Active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the registry/immunization information system.	<ul style="list-style-type: none"> • A dated report or screenshot that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_1_MULTI	Immunization Registry Reporting to Multiple Immunization Registries	Report as YES or TRUE value if active engagement with more than one immunization registry in accordance with PI_PHCDRR_1.	Required only if reporting to more than one unique immunization registry.	Yes	Active engagement with more than one public health agency to submit immunization data and receive immunization forecasts and histories	<ul style="list-style-type: none"> • A dated report or screenshot that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
					from the registry/immunization information system.	that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_1_EX_1	Immunization Registry Reporting Exclusion 1	Any MIPS eligible clinician who 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.	Required only if submitting an exclusion for the Immunization Registry Reporting measure (PI_PHCDRR_1) and the other exclusions (PI_PHCDRR_1_EX_2 or PI_PHCDRR_1_EX_3) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Immunization Registry Reporting measure for a MIPS eligible clinician who 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	A dated report or screenshot that indicates that the MIPS eligible clinician did not administer any immunizations to any population for which data is collected by its jurisdiction's immunization registry or immunization information system during the performance period.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
					during the performance period.	
PI_PHCDRR_1_EX_2	Immunization Registry Reporting Exclusion 2	Any MIPS eligible clinician who 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.	Required only if submitting an exclusion for the Immunization Registry Reporting measure (PI_PHCDRR_1) and the other exclusions (PI_PHCDRR_1_EX_1 or PI_PHCDRR_1_EX_3) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Immunization Registry Reporting measure for a MIPS eligible clinician who 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.	For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.
PI_PHCDRR_1_EX_3	Immunization Registry Reporting Exclusion 3	Any MIPS eligible clinician who 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.	Required only if submitting an exclusion for the Immunization Registry Reporting measure (PI_PHCDRR_1) and the other exclusions (PI_PHCDRR_1_EX_1 or PI_PHCDRR_1_EX_2) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Immunization Registry Reporting measure for a MIPS eligible clinician who 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.	For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_PHCDRR_2	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.	Required	Yes/No Statement	Active engagement with a public health agency or clinical data registry to submit syndromic surveillance data from an urgent care setting where the jurisdiction accepts syndromic data from such settings and the standards are clearly defined. The 2020 QPP final rule confirmed the measure description for the Syndromic Surveillance Reporting measure as follows: "The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting".	<ul style="list-style-type: none"> • A dated report or screenshot from CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR <ul style="list-style-type: none"> • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR <ul style="list-style-type: none"> • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_2_MULTI	Syndromic Surveillance Reporting for Multiple Registry Engagement	Report as YES or TRUE value if active engagement with more than one Syndromic Surveillance registry in accordance with PI_PHCDRR_2.	Required only if reporting syndromic surveillance data to more than one unique public health or clinical data registry.	Yes	Active engagement with more than one public health agency or clinical data registry to submit syndromic surveillance data from an urgent care setting where the jurisdiction accepts	<ul style="list-style-type: none"> • A dated report or screenshot from CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g.,

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
					syndromic data from such settings and the standards are clearly defined.	<p>identified by National Provider Identifier (NPI), clinician name, practice name, etc.).</p> <p>OR</p> <ul style="list-style-type: none"> • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). <p>OR</p> <ul style="list-style-type: none"> • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_2_EX_1	Syndromic Surveillance Reporting Exclusion 1	Any MIPS eligible clinician who is not in a category of health care providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.	Required only if submitting an exclusion for the Syndromic Surveillance Reporting measure (PI_PHCDRR_2) and the other exclusions (PI_PHCDRR_2_EX_2 or PI_PHCDRR_2_EX_3) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Syndromic Surveillance Reporting measure for a MIPS eligible clinician who is not in a category of health care providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.	A dated report or screenshot that indicates that the MIPS eligible clinician is not in a category of health care providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system during the performance period.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_PHCDRR_2_EX_2	Syndromic Surveillance Reporting Exclusion 2	Any MIPS eligible clinician who operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required to meet the CEHRT definition at the start of the performance period.	Required only if submitting an exclusion for the Syndromic Surveillance Reporting measure (PI_PHCDRR_2) and the other exclusions (PI_PHCDRR_2_EX_1 or PI_PHCDRR_2_EX_3) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Syndromic Surveillance Reporting measure for a MIPS eligible clinician who operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required to meet the CEHRT definition at the start of the performance period.	For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.
PI_PHCDRR_2_EX_3	Syndromic Surveillance Reporting Exclusion 3	Any MIPS eligible clinician who operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from MIPS eligible clinicians as of 6 months prior to the start of the performance period.	Required only if submitting an exclusion for the Syndromic Surveillance Reporting measure (PI_PHCDRR_2) and the other exclusions (PI_PHCDRR_2_EX_1 or PI_PHCDRR_2_EX_2) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Syndromic Surveillance Reporting measure for a MIPS eligible clinician who operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from MIPS eligible clinicians as of 6 months prior to the start of the performance period.	For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_PHCDRR_3	Electronic Case Reporting	The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.	Required	Yes/No Statement	Active engagement with a public health agency or clinical data registry to electronically submit case reporting of reportable conditions.	<ul style="list-style-type: none"> • A dated report or screenshot from CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_3_MULTI	Electronic Case Reporting for Multiple Registry Engagement	Report as YES or TRUE value if active engagement with more than one Electronic Case Reporting registry in accordance with PI_PHCDRR_3.	Required only if reporting to more than one unique public health or clinical data registry.	Yes	Active engagement with more than one public health agency or clinical data registry to electronically submit case reporting of reportable conditions.	<ul style="list-style-type: none"> • Dated screenshots from CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g.,

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
						<p>identified by National Provider Identifier (NPI), clinician name, practice name, etc.).</p> <p>OR</p> <ul style="list-style-type: none"> • A dated record of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). <p>OR</p> <ul style="list-style-type: none"> • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_3_EX_1	Electronic Case Reporting Exclusion 1	Any MIPS eligible clinician who does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period.	Required only if submitting an exclusion for the Electronic Case Reporting measure (PI_PHCDRR_3) and the other exclusions (PI_PHCDRR_3_EX_2 or PI_PHCDRR_3_EX_3) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Electronic Case Reporting measure for a MIPS eligible clinician who does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period.	A dated report or screenshot that indicates that the MIPS eligible clinician does not treat or diagnose any reportable diseases for which data is collected by the jurisdiction's reportable disease system during the performance period.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_PHCDRR_3_EX_2	Electronic Case Reporting Exclusion 2	Any MIPS eligible clinician who 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.	Required only if submitting an exclusion for the Electronic Case Reporting measure (PI_PHCDRR_3) and the other exclusions (PI_PHCDRR_3_EX_1 or PI_PHCDRR_3_EX_3) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Electronic Case Reporting measure for a MIPS eligible clinician who 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.	For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.
PI_PHCDRR_3_EX_3	Electronic Case Reporting Exclusion 3	Any MIPS eligible clinician who 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.	Required only if submitting an exclusion for the Electronic Case Reporting measure (PI_PHCDRR_3) and the other exclusions (PI_PHCDRR_3_EX_1 or PI_PHCDRR_3_EX_2) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Electronic Case Reporting measure for a MIPS eligible clinician who 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.	For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_PHCDRR_4	Public Health Registry Reporting	The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.	Required	Yes/No Statement	Active engagement with a public health agency or clinical data registry to electronically submit data to public health registries.	<ul style="list-style-type: none"> • A dated report or screenshot from CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_PHCDRR_4_MULTI	Public Health Registry Reporting for Multiple Registry Engagement	Report as YES or TRUE value if active engagement with more than one Public Health Registry in accordance with PI_PHCDRR_4.	Required only if reporting to more than one unique public health or clinical data registry.	Yes	Active engagement with more than one public health agency or clinical data registry to electronically submit data to public health registries.	<ul style="list-style-type: none"> • A dated report or screenshot from CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_PHCDRR_4_EX_1	Public Health Registry Reporting Exclusion 1	Any MIPS eligible clinician who does not diagnose or directly treat any disease or condition associated with a public health registry in the MIPS eligible clinician's jurisdiction during the performance period.	Required only if submitting an exclusion for the Public Health Registry Reporting measure (PI_PHCDRR_4) and the other exclusions (PI_PHCDRR_4_EX_2 or PI_PHCDRR_4_EX_3) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Public Health Registry Reporting measure for a MIPS eligible clinician who does not diagnose or directly treat any disease or condition associated with a public health registry in the MIPS eligible clinician's jurisdiction during the performance period.	A dated report or screenshot that indicates that the MIPS eligible clinician does not treat or diagnose any diseases or conditions for which data is collected by the jurisdiction's public health registry during the performance period.
PI_PHCDRR_4_EX_2	Public Health Registry Reporting Exclusion 2	Any MIPS eligible clinician who operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period.	Required only if submitting an exclusion for the Public Health Registry Reporting measure (PI_PHCDRR_4) and the other exclusions (PI_PHCDRR_4_EX_1 or PI_PHCDRR_4_EX_3) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Public Health Registry Reporting measure for a MIPS eligible clinician who operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period.	For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_PHCDRR_4_EX_3	Public Health Registry Reporting Exclusion 3	Any MIPS eligible clinician who operates in a jurisdiction where no public health registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period.	Required only if submitting an exclusion for the Public Health Registry Reporting measure (PI_PHCDRR_4) and the other exclusions (PI_PHCDRR_4_EX_1 or PI_PHCDRR_4_EX_2) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Public Health Registry Reporting measure for a MIPS eligible clinician who operates in a jurisdiction where no public health registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period.	For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_PHCDRR_5	Clinical Data Registry Reporting	The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.	Required	Yes/No Statement	Active engagement with a clinical data registry to electronically submit clinical data.	<ul style="list-style-type: none"> • A dated report or screenshot from the CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). OR • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_PHCDRR_5_MULTI	Clinical Data Registry Reporting for Multiple Registry Engagement	Report as YES or TRUE value if actively engaged with more than one Clinical Data Registry in accordance with PI_PHCDRR_5.	Required only if reporting to more than one unique clinical data registry.	Yes	Active engagement with more than one clinical data registry to electronically submit clinical data.	<p>A dated report or screenshot from the CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that MIPS eligible clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.).</p> <p>OR</p> <ul style="list-style-type: none"> A dated report or screenshot of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that MIPS eligible clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). <p>OR</p> <ul style="list-style-type: none"> Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_PHCDRR_5_EX_1	Clinical Data Registry Reporting Exclusion 1	Any MIPS eligible clinician who does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the performance period.	Required only if submitting an exclusion for the Clinical Data Registry Reporting measure (PI_PHCDRR_5) and the other exclusions (PI_PHCDRR_5_EX_2 or PI_PHCDRR_5_EX_3) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Clinical Data Registry Reporting measure for a MIPS eligible clinician who does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the performance period.	A dated report or screenshot that indicates that the MIPS eligible clinician does not treat or diagnose any diseases or conditions for which data is collected by the jurisdiction's clinical data registry during the performance period.
PI_PHCDRR_5_EX_2	Clinical Data Registry Reporting Exclusion 2	Any MIPS eligible clinician who operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period.	Required only if submitting an exclusion for the Clinical Data Registry Reporting measure (PI_PHCDRR_5) and the other exclusions (PI_PHCDRR_5_EX_1 or PI_PHCDRR_5_EX_3) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Clinical Data Registry Reporting measure for a MIPS eligible clinician who operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period.	For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.

2020 Promoting Interoperability Measure ID	2020 Promoting Interoperability Measure	2020 Promoting Interoperability Measure Description	2020 Promoting Interoperability Measure: Required/Bonus	2020 Promoting Interoperability Reporting Requirement	2020 Promoting Interoperability Validation (during performance period)	2020 Promoting Interoperability Suggested Documentation*
PI_PHCDRR_5_EX_3	Clinical Data Registry Reporting Exclusion 3	Any MIPS eligible clinician who operates in a jurisdiction where no clinical data registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period.	Required only if submitting an exclusion for the Clinical Data Registry Reporting measure (PI_PHCDRR_5) and the other exclusions (PI_PHCDRR_5_EX_1 or PI_PHCDRR_5_EX_2) do not apply.	Yes	The 2019 QPP final rule finalized an exclusion for the Clinical Data Registry Reporting measure for a MIPS eligible clinician who operates in a jurisdiction where no clinical data registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period.	For exclusions to Public Health and Clinical Data Exchange objective, a dated report or screenshot or letter or email from the registry that demonstrates the MIPS eligible clinician was unable to submit and would, therefore, qualify under one of the provided exclusions to the objective.

*2020 Promoting Interoperability suggested documentation includes the following:

- 1) The time period the report covers (performance period),
- 2) Clinician identification, e.g., National Provider Identifier (NPI), and
- 3) Evidence to support that the report was generated by the CEHRT (e.g., screenshot of the report before it was printed from the system).

Because some CEHRT are unable to generate reports that limit the calculation of measures to a prior time period, CMS suggests that clinicians download and/or print a copy of the report used at the time of data submission for their records.