

2021 Promoting Interoperability (PI) Measures for MIPS

PI Category Overview:

Reporting period.....	Any continuous 90 days, up to 365 days
Category weight	25% of MIPS total score (unless category is reweighted)
Scoring	Scoring is based on measure performance. 100 points are needed to earn full credit. 110 points are available (100 measure achievement points plus 10 bonus points)
Automatic reweighted clinicians.....	Do not have to submit PI data: PA, NP, CNS, CRNA, PT, OT, SLP, Qualified Audiologist, RD/nutrition professional, Clinical Psychologist, ASC-based clinician, hospital-based clinician and non-patient facing clinician.
Automatic reweighted groups.....	Do not have to submit PI data when >75% of the clinicians in the group/virtual group are hospital-based.

PI Category Requirements:

- All required PI measures must have at least a “1” in the numerator, an exclusion or a “YES” answer if numerators and denominators are not required. Failure to do so will result in a PI category score of zero points.
- Collect data for all patients seen during the reporting period using certified EHR technology (2015 Edition, 2015 Cures Update edition or a combination of the two). 2015 functionality must be in place by the first day of your reporting period and the EHR must be certified by ONC by the last day of your reporting period.
- Perform or update a Security Risk Analysis between 1/1/21 and 12/31/21
- Submit the CMS EHR Certification ID that corresponds to the EHR product or collection of products used. The 15 digit ID can be obtained from your EHR vendor or the Certified Health IT Product List (CHPL) at <https://chpl.healthit.gov/#/search>
- Attest “YES” to all Prevention of Information Blocking and ONC Direct Review statements

2021 PI Measures and Possible Points

Objectives	Measures	# Possible Points
e-Prescribing	e-Prescribing	10
	Query of Prescription Drug Monitoring Program (PDMP) *OPTIONAL MEASURE	10 bonus
Health Information Exchange	OPTION 1 Support Electronic Referral Loops by Sending Health Information	20
	OPTION 1 Support Electronic Referral Loops by Receiving and Incorporating Health Information	20
	OPTION 2 HIE Bi-Directional Exchange measure	40
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40
Public Health and Clinical Data Exchange	Report to 2 different public health agencies or clinical data registries for any of the following: <ul style="list-style-type: none"> • Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Reporting • Syndromic Surveillance Reporting 	10

2021 Promoting Interoperability Measures

1. e-Prescribing e-Prescribing Objective

Description	Numerator	Denominator	Exclusion(s)	Scoring and Notes	Point Redistribution
The MIPS EC uses CEHRT to query a drug formulary and electronically transmit at least one permissible prescription.	Number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.	Number of prescriptions written by the EC during the performance period for drugs that require a prescription in order to be dispensed.	Fewer than 100 permissible prescriptions are written during the performance period by the EC or by the group, if group reporting.	<ul style="list-style-type: none"> Maximum 10 points. Measure is worth zero and points are redistributed if excluded. EC may include controlled substance prescriptions where feasible and allowable by state and local law, but if included, EC must include them uniformly across all patients and all allowable schedules. 	If excluded, 5 of the 10 points will be added to the “Support Electronic Referral Loops by Sending Health Information” measure and the other 5 points will be added to the “Support Electronic Referral Loops by Receiving and Incorporating Health Information” measure.

2. Support Electronic Referral Loops by Sending Health Information Health Information Exchange (HIE) Objective

Description	Numerator	Denominator	Exclusion(s)	Scoring and Notes	Point Redistribution
The MIPS EC who transitions or refers a patient to another setting of care or health care provider creates and electronically exchanges a summary of care record using CEHRT for the transition of care or referral.	Number of transitions of care and referrals in the denominator where a summary of care record was created and exchanged electronically using CEHRT.	Number of transitions of care and referrals during the performance period for which the MIPS EC was the transferring or referring clinician.	Any MIPS EC (or group if group reporting) who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.	<ul style="list-style-type: none"> Maximum 20 points. Maximum score increased to 25 points if “e-Prescribing” measure is excluded. Maximum score increased to 40 points if “Support Electronic Referral Loops by Receiving and Incorporating Health Information” measure is excluded. Measure is worth zero and points are redistributed if excluded. May use any C-CDA template and only send items pertinent and relevant to the patient’s care; however, the current problem list, medications, and medication allergy fields must be included. 	<ul style="list-style-type: none"> If excluded, 20 points will be added to the “Provide Patients Access to their Health Information” measure If both of the Support Electronic Referral Loop measures are excluded, 40 points will be added to the “Provide Patients Access to their Health Information” measure

3. Support Electronic Referral Loops by Receiving and Reconciling Health Information Health Information Exchange (HIE) Objective

Description	Numerator	Denominator	Exclusion(s)	Scoring and Notes	Point Redistribution
<p>The MIPS EC conducts reconciliation of medications, medication allergies, and current problem list for at least one transition of care, referral or new patient summary of care record that the EC received electronically during the performance period.</p>	<p>Number of electronic summary of care records in the denominator for which reconciliation of medications, medication allergies, and current problem list was completed using CEHRT.</p>	<p>Number of summary of care records received electronically during the performance period for which a MIPS EC was the receiving party of a transition of care, referral, or new patient.</p>	<p>2 exclusions:</p> <ul style="list-style-type: none"> • Any MIPS EC who is unable to implement the measure in 2019. • Any MIPS EC, or group if group reporting, who receives fewer than 100 transitions of care, referrals, or has fewer than 100 new patient encounters during the performance period. 	<ul style="list-style-type: none"> • Maximum 20 points. • Maximum score increased to 25 points if “<i>e-Prescribing</i>” measure is excluded. • Measure is worth zero and points are redistributed if excluded. • Medication reconciliation=review name, dosage, frequency, and route of each medication. • Medication Allergy reconciliation=review patient’s known medication allergies. • Current Problem List reconciliation=review current and active diagnoses. • Acceptable if no update is necessary because information is accurate. 	<ul style="list-style-type: none"> • If excluded, the 20 points will be redistributed to the “<i>Support Electronic Referral Loops by Sending Health Information</i>” measure. • If both of the Support Electronic Referral Loops measures are excluded, 40 points will be added to the “<i>Provide Patients Access to their Health Information</i>” measure

4. Optional Health Information Exchange (HIE) Bi-Directional Exchange Measure

Health Information Exchange (HIE) Objective

Description	Numerator	Denominator	Exclusion(s)	Scoring and Notes	Point Redistribution
<p>*New in 2021</p> <p>The MIPS EC or group must attest that they engage in bi-directional exchange with an HIE to support transitions of care.</p>	Not applicable	Not applicable	Not applicable	<p>The MIPS EC must attest YES to the following:</p> <ol style="list-style-type: none"> 1) Participates in an HIE to enable secure, bi-directional exchange for every patient encounter, transition, referral, and record stored or maintained in the EHR during the performance period 2) The HIE that I participate in is capable of exchanging information across a broad network of unaffiliated exchange partners including those using disparate EHRs, and does not engage in exclusionary behavior when determining exchange partners 3) I use the functions of CEHRT to support bi-directional exchange with an HIE. <ul style="list-style-type: none"> • If EC attests YES, this measure counts as an alternative to the two Support Electronic Referral Loops measures and 40 points are awarded 	Not applicable

5. Provide Patients Electronic Access To Their Health Information

Provider to Patient Exchange Objective

Description	Numerator	Denominator	Exclusion(s)	Scoring and Notes	Point Redistribution
The MIPS EC provides timely access to view online, download, and transmit health information for at least one patient (or representative) seen by the EC AND ensures the patient's health information is available for the patient (or 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 EC's CEHRT.	Number of patients (or representatives) in denominator who are provided timely access to their health information to view online, download, transmit to a third party, AND access using an application of their choice that is configured to meet the technical specifications of the API in the EC's CEHRT.	Number of unique patients seen by the EC during the performance period.	No Exclusion	<ul style="list-style-type: none"> • Maximum 40 points. • Maximum score increased to 50 points if two "Public Health and Clinical Data Exchange" measures are excluded. • Measure does NOT require that patients actually access their information, but that they have the ability to do so on demand. • All 4 functionalities (view, download, transmit, access through API) must be offered and available within 4 business days of the information being available to the clinician. • APIs provide patients access to their health info through a third party application ("app"). The EC must fully enable API functionality so that any app chosen by a patient would enable the patient to gain access to their health info. • If a patient elects to "opt out" of participation, i.e. not enroll in a patient portal, that patient may be counted in the numerator if the patient is provided all of the necessary information to access their information or opt-back-in. 	Not applicable

5A. Immunization Registry Reporting

Public Health and Clinical Data Exchange Objective

Description	Numerator	Denominator	Exclusion(s)	Scoring and Notes	Point Redistribution
<p>The MIPS EC is in <i>active engagement</i> with a public health agency (PHA) to submit immunization data and receive immunization forecasts and histories from the PHA registry or immunization information system (IIS).</p> <ul style="list-style-type: none"> • DE IIS • NJ IIS • PA IIS • Philadelphia IIS • WV IIS 	Not applicable	Not applicable	<p>3 exclusions:</p> <ul style="list-style-type: none"> • Does not administer any immunizations during the performance period. • No immunization registry or IIS in the EC's jurisdiction is capable of accepting data at the start of the performance period. • No immunization registry or IIS in the EC's jurisdiction has declared readiness to receive immunization data as of 6 months prior to the start of the performance period • A group may be excluded if everyone in the group meets exclusion criteria. 	<p>10 points awarded if:</p> <ul style="list-style-type: none"> • 2 of the 5 Public Health and Clinical Data Exchange measures are reported "YES" <p>OR</p> <ul style="list-style-type: none"> • 1 of the 5 Public Health and Clinical Data Exchange measures is reported "YES" and an exclusion is claimed for another of the Public Health and Clinical Data Exchange measures <p>OR</p> <ul style="list-style-type: none"> • EC is in active engagement with more than one PHA immunization registry or immunization information system (IIS). 	<p>If there are no "YES" responses to any Public Health and Clinical Data Exchange measures, i.e. all excluded, the 10 points will be redistributed to the "Provide Patients Electronic Access to their Health Information" measure.</p>

5B. Electronic Case Reporting

Public Health and Clinical Data Exchange Objective

Description	Numerator	Denominator	Exclusion(s)	Scoring and Notes	Point Redistribution
<p>The MIPS EC is in <i>active engagement</i> with a public health agency (PHA) to electronically submit reportable conditions.</p> <p>Examples of reportable conditions:</p> <ul style="list-style-type: none"> • Salmonellosis • Gonorrhea • Chlamydia • Lyme disease • Pertussis • Zika • DE Electronic Lab • NJ Electronic Lab • PA Electronic Lab • WV Electronic Lab 	Not applicable	Not applicable	<p>3 exclusions:</p> <ul style="list-style-type: none"> • Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction’s reportable disease system during the performance period. • No PHA in the EC’s jurisdiction is capable of receiving electronic case reporting data at the start of the performance period. • No PHA in the EC’s jurisdiction has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the performance period. 	<p>10 points awarded if:</p> <ul style="list-style-type: none"> • 2 of the 5 Public Health and Clinical Data Exchange measures are reported “YES” OR • 1 of the 5 Public Health and Clinical Data Exchange measures is reported “YES” and an exclusion is claimed for another of the Public Health and Clinical Data Exchange measures OR • EC is in active engagement with more than one PHA to electronically submit case reporting of reportable conditions. 	<p>If there are no “YES” responses to any Public Health and Clinical Data Exchange measures, i.e. all excluded, the 10 points will be redistributed to the “Provide Patients Electronic Access to their Health Information” measure.</p>

5C. Public Health Registry Reporting

Public Health and Clinical Data Exchange Objective

Description	Numerator	Denominator	Exclusion(s)	Scoring and Notes	Point Redistribution
<p>The MIPS EC is in <i>active engagement</i> with a public health agency (PHA) to submit data to a public health registry.</p> <ul style="list-style-type: none"> Prescription Drug Monitoring Program (PDMP). Check your state to confirm integration capability with EHR. <p>As of 6/22/20: DE PDMP not available NJ PMP PA PDMP WV PMP - not available</p> <ul style="list-style-type: none"> WV- Bureau for Public Health (BPH) has begun implementation of electronic case reporting (eCR) from healthcare providers Cancer registry DE Cancer Registry NJ Cancer Registry PA Cancer Registry WV Cancer Registry 	Not applicable	Not applicable	<p>3 exclusions:</p> <ul style="list-style-type: none"> Does not treat or diagnose any disease or condition associated with a public health registry in their jurisdiction during the performance period. No PHA in the EC's jurisdiction is capable of accepting electronic registry transactions at the start of the performance period. No PHA in the EC's jurisdiction has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period. 	<p>10 points awarded if:</p> <ul style="list-style-type: none"> 2 of the 5 Public Health and Clinical Data Exchange measures are reported "YES" OR 1 of the 5 Public Health and Clinical Data Exchange measures is reported "YES" and an exclusion is claimed for another of the Public Health and Clinical Data Exchange measures OR EC is in active engagement with more than one PHA to submit data to a public health registry. NOTE: EC who electronically submits production data to a specialized registry during the performance period meets this measure. 	<p>If there are no "YES" responses to any Public Health and Clinical Data Exchange measures, i.e. all excluded, the 10 points will be redistributed to the "Provide Patients Electronic Access to their Health Information" measure.</p>

5D. Clinical Data Registry Reporting

Public Health and Clinical Data Exchange Objective

Description	Numerator	Denominator	Exclusion(s)	Scoring and Notes	Point Redistribution
<p>The MIPS EC is in <i>active engagement</i> to submit data to a clinical data registry.</p> <p><u>Examples include:</u></p> <ul style="list-style-type: none"> • ACEP’s Clinical Emergency Data Registry • National Cardiovascular Data Registry • American Academy of Ophthalmology IRIS registry • National Pathology Quality Registry • PINNACLE Registry • US Wound Registry 	Not applicable	Not applicable	<p>3 exclusions:</p> <ul style="list-style-type: none"> • Does not treat or diagnose any disease or condition associated with a clinical data registry in their jurisdiction during the performance period. • No clinical data registry in the EC’s jurisdiction is capable of accepting electronic registry transactions at the start of the performance period. • No clinical data registry in the EC’s jurisdiction has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period. 	<p>10 points awarded if:</p> <ul style="list-style-type: none"> • 2 of the 5 Public Health and Clinical Data Exchange measures are reported “YES” OR • 1 of the 5 Public Health and Clinical Data Exchange measures is reported “YES” and an exclusion is claimed for another of the Public Health and Clinical Data Exchange measures OR • EC is in active engagement with more than one PHA to submit data to a public health registry. • NOTE: EC who electronically submits production data to a specialized registry during the performance period meets this measure. 	<p>If there are no “YES” responses to any Public Health and Clinical Data Exchange measures, i.e. all excluded, the 10 points will be redistributed to the “Provide Patients Electronic Access to their Health Information” measure.</p>

5E. Syndromic Surveillance Reporting

Public Health and Clinical Data Exchange Objective

Description	Numerator	Denominator	Exclusion(s)	Scoring and Notes	Point Redistribution
<p>The MIPS EC is in <i>active engagement</i> with a public health agency (PHA) to submit syndromic surveillance (SS) data from a non-urgent care setting.</p> <p>SS data is health related data used to detect or anticipate disease outbreaks such as foodborne illnesses, influenza, cholera, etc.</p> <ul style="list-style-type: none"> • DE SS • NJ SS • PA SS • WV SS 	Not applicable	Not applicable	<p>3 exclusions:</p> <ul style="list-style-type: none"> • EC is not in a category of health care providers from which ambulatory SS data is collected by their jurisdiction’s SS system. • No PHA in the EC’s jurisdiction is capable of receiving electronic SS data at the start of the reporting period. • No PHA in the EC’s jurisdiction has declared readiness to receive SS data as of 6 months prior to the start of the reporting period. 	<p>10 points awarded if:</p> <ul style="list-style-type: none"> • 2 of the 5 Public Health and Clinical Data Exchange measures are reported “YES” OR • 1 of the 5 Public Health and Clinical Data Exchange measures is reported “YES” and an exclusion is claimed for another of the Public Health and Clinical Data Exchange measures OR • EC is in active engagement with more than one PHA to submit data to a public health registry. 	<p>If there are no “YES” responses to any Public Health and Clinical Data Exchange measures, i.e. all excluded, the 10 points will be redistributed to the “Provide Patients Electronic Access to their Health Information” measure.</p>

OPTIONAL MEASURE: Query of Prescription Drug Monitoring Program (PDMP)

Description	Numerator	Denominator	Exclusion(s)	Scoring and Notes	Point Redistribution
<p>The MIPS EC uses data from certified EHR technology (CEHRT) to query a Prescription Drug Monitoring Program (PDMP) for prescription drug history for at least one Schedule II opioid e-prescribed using CEHRT (except where prohibited by law).</p>	Not applicable	Not applicable	No Exclusion	<ul style="list-style-type: none"> • 10 bonus points added to PI category numerator if at least one PDMP query is conducted during the performance period and the MIPS eligible clinician attests YES to conducting a query of a PDMP for at least one Schedule II opioid electronically prescribed using CEHRT • ECs have flexibility to query the PDMP using CEHRT in any manner allowed in their state. 	Not applicable

