

QPP: 2020 Promoting Interoperability

Under the Merit-Based Incentive Payment System (MIPS), Promoting Interoperability (PI) is one of four categories on which eligible clinicians (ECs) are scored. Interoperability, or the use of technology to exchange and make use of information, makes communicating patient information less burdensome and improves outcomes. The MIPS PI performance category emphasizes the electronic exchange of health information using certified electronic health record technology (CEHRT) to improve:

- Patient access to their health information;
- The exchange of information between providers and pharmacies; &
- The systematic collection, analysis, and interpretation of healthcare data.

25% Weight

90 Day Reporting

2015 CEHRT

4 Objectives
• 5 Measures

New for 2020

- Groups & Virtual Groups qualify for automatic reweighting when more than 75% of the clinicians in the group are hospital-based
- Removed Verify Opioid Treatment Agreement
- Optional Query of Prescription Drug Monitoring Program Measure (Yes/No) away from Numerator/Denominator

Reporting Requirements

Submit a “yes” that you have completed the Security Risk Analysis measure in 2020

- Perform or Review Security Risk Analysis: must be conducted or reviewed on an annual basis, within the calendar year of the performance period.

Collect your data in EHR technology with 2015 edition functionality (credited by the last day of the performance period) for a minimum of any continuous 90-day period in 2020

- Must have 2015 CEHRT functionality in place by the 1st day of PI performance period
- Have your EHR certified by ONC to the 2015 Edition CEHRT criteria by the LAST day of your performance period

Provide your EHR’s CMS Identification code from the Certified Health IT Product List (CHPL)

Report the six required measures or claim their exclusion(s); & for measures that require a numerator & denominator (as defined in the measure specifications), you must submit at least a 1 in the numerator

- Collect data for all 4 required objectives & 6 measures (or exclusion) for the same minimum continuous 90-day period in CY

Submit a “yes” to the Prevention of Information Blocking Attestations

Submit a “yes” to the ONC Direct Review Attestation

2020 Program Year Promoting Interoperability Objectives/Measures		
Objective	Measures	Exclusions
e-Prescribing	e-Prescribing	Any EC who writes fewer than 100 permissible prescriptions during the performance period
	Bonus: Query of Prescription Drug Monitoring Program (PDMP)	Optional (no exclusion)
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	Any EC 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 & Incorporating Health Information	Any EC who received transitions of care, referrals or new patients fewer than 100 times during the performance period
Provider to Patient Exchange	Provider Patient Electronic Access to their Health Information	No exclusion
Public Health & Clinical Data Exchange	Report to two different public health agencies or clinical data registries for any of the following:	Each of the five measures have their own exclusions; please refer to the measure specification for the exact exclusion criteria
	<ol style="list-style-type: none"> 1. Immunization Registry Reporting 2. Electronic Case Reporting 3. Public Health Registry Reporting 4. Clinical Data Registry Reporting 5. Syndromic Surveillance Reporting 	

Hardships & Reweights:

Automatic Reweights EC Types

- PA, NP, CNS, CRNA, PT, OT, Qualified Speech-language Pathologist, Qualified Audiologist, Clinical Psychologist, Registered Dietitian or Nutritional Professional

Special Status:

- Ambulatory Surgical Center (ASC)-based
- Hospital-based
- Non-patient Facing

Reweight

Hardship Application

- Small practice
- Decertified EHR technology
- Insufficient internet connectivity
- Face extreme & uncontrollable circumstances such as a disaster practice; closure, severe financial distress, or vendor issues
- Lack of control over availability of CEHRT

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