The Physicians Advocacy Institute’s Medicare Quality Payment Program (QPP) Physician Education Initiative

2019 Promoting Interoperability (PI) Category Overview
MEDICARE QPP PHYSICIAN EDUCATION INITIATIVE

2019 Promoting Interoperability (PI) Category Overview

2019 is the third year of the MACRA Quality Payment Program (QPP), under which physicians may choose to participate in an Advanced Alternative Payment Model (APM) or submit data to the Merit-Based Incentive Payment System (MIPS).

MIPS consolidates and sunsets the previous quality reporting programs by the Centers for Medicare and Medicaid Services (CMS), including the Physician Quality Reporting System (PQRS), Value-based Payment Modifier (VM), and the Electronic Health Records (EHR) Incentive program (Meaningful Use), into one program. In 2019, MIPS has four weighted performance categories: quality (45%), based on PQRS; cost (15%), based on VM; promoting interoperability (PI) (25%), previously advancing care information (ACI); and improvement activities (15%).

This resource provides guidance for the promoting interoperability (PI) category which replaced the Medicare Electronic Health Record (EHR) Incentive Program known as Meaningful Use and was previously known as the advancing care information (ACI) performance category.
What is the PI category?

Under the PI category, physicians and other clinicians are measured and assessed on their “meaningful use” of certified EHR technology (CEHRT) which has been certified under the Office of National Coordinator (ONC) Health IT Certification Program. For 2019 MIPS participation, physicians must use the 2015 Edition CEHRT to record patient data electronically for the full PI performance period.

What are my options for the PI category?

The PI category represents a complete scoring overhaul from 2018’s ACI category measure. The new model will replace the 2018 scoring methods, which consisted of 3 scoring components,\(^1\) and replace it with a single performance score based on a single set of objectives and related measures. There are 4 objectives for the PI category.

The 2019 PI performance score consolidates many pre-existing measures from the 2018 performance year. In total, four specific measures from 2018 have been removed from the 2019 measure set, including: Patient-Specific Education; View, Download, or Transmit (VDT); Secure Messaging; Patient-Generated Health Data (PGHD). The four objectives of the new PI

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\(^1\) In 2018, the ACI performance category was based on three separate components: 1) Base Score, 2) Performance Score, and 3) Bonus Score.
performance score consist of 11 total measures, but you are only required to report certain measures from each of the objectives unless an exclusion is claimed.

<table>
<thead>
<tr>
<th>PI Objectives and Measures</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Objective</strong></td>
</tr>
<tr>
<td>Protect Patient Health Information</td>
</tr>
<tr>
<td>Electronic Prescribing</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Health Information Exchange</td>
</tr>
</tbody>
</table>
|                             | Support Electronic Referral Loops by Receiving and Incorporating Health Information | **Required**              | 20             | Numerator/Denominator               | • EC who is unable to implement measure for 2019  
|                             |                                           |                            |                | • Receive fewer than 100 transitions of care or referrals, or has fewer than 100 encounters with patients never before encountered during performance year |
| Provider to Patient Exchange | Provide Patients Electronic Access to Their Health Information | **Required**              | 40             | Numerator/Denominator               | N/A                                           |
| Public Health and Clinical Data Exchange | Report to two different public health agencies or clinical data registries for any of the following:  
  • Immunization Registry Reporting  
  • Electronic Case Reporting  
  • Public Health Registry Reporting  
  • Clinical Data Registry Reporting  
  • Syndromic Surveillance Reporting | **Required**              | 10             | Yes/No Statement                    | Each of these measures has their own exclusion, but general exclusion criteria include:  
  • Don’t diagnose/treat any disease/condition associated with applicable registry/agency in their jurisdiction  
  • Operate in a jurisdiction in which no agency/registry can accept electronic registry transactions in CEHRT-specified standards  
  • Operate in a jurisdiction where no agency/registry has declared readiness to receive electronic registry transactions as of 6 months prior to start of performance period |
Physicians must report the required subcategory measures, unless an exclusion is claimed, to earn any points for the PI performance category. If an exclusion is claimed on any of these measures, the related points will be allocated elsewhere within the PI overall score. For example: if exclusion for e-Prescribing is claimed, the 10 related points are allocated to the Health Information Exchange (split evenly among both support measures); if exclusion for ‘Support Electronic Referral Loops by Receiving and Incorporating Health Information’ measures are claimed, the 20 related points are allocated to the ‘Support Electronic Referral Loops by Sending Health Information’ measure, and so forth. A detailed process of point re-allocation methods can be found in the CMS 2019 PI Category Fact Sheet.

Note: for the Public Health and Clinical Data Exchange measures, maximum points will be awarded if “yes” is submitted for 2 registries OR if “yes” is submitted for 1 registry and an exclusion is claimed for another.

Under the PI category, the score for each measure is determined by multiplying the performance rate by the available maximum points for the measure (as detailed in chart above). The performance rate is determined by dividing the total number of cases for which the measure activity was performed by the total number of applicable cases (i.e., numerator/denominator calculation).

Additionally, the following non-scoring requirements must be completed to receive a PI performance category score:

- Collecting data in CEHRT with 2015 Edition functionality
  - Visit the ONC Health IT Product List to determine if your EHR is a 2015 Edition CEHRT
- Submitting “yes” to the Prevention of Information Blocking Attestations
- Submitting “yes” to the ONC Direct Review Attestation
- Submitting “yes” that you have completed the SRA

While the maximum number of points you may achieve for the PI category can be over 100, the maximum score you can achieve for the PI category is 100%.
Appendix C: Scoring Methodology for the MIPS Performance Period in 2019 Example

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measures</th>
<th>Maximum Points</th>
<th>Numerator/Denominator</th>
<th>Performance Rate</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>e-Prescribing</td>
<td>e-Prescribing</td>
<td>10</td>
<td>200 / 250</td>
<td>80%</td>
<td>10 * 0.8 = 8 points</td>
</tr>
<tr>
<td>Query of Prescription Drug Monitoring Program (PDMP)</td>
<td></td>
<td>5</td>
<td>150 / 175</td>
<td>86%</td>
<td>5 bonus points</td>
</tr>
<tr>
<td>Verify Opioid Treatment Agreement</td>
<td></td>
<td>5</td>
<td>&lt;didn’t report measure&gt;</td>
<td>&lt;didn’t report measure&gt;</td>
<td>0 points</td>
</tr>
<tr>
<td>Health Information Exchange</td>
<td>Support Electronic Referral Loops by Sending Health Information</td>
<td>20</td>
<td>135 / 185</td>
<td>73%</td>
<td>20 * 0.73 = 15 points</td>
</tr>
<tr>
<td></td>
<td>Support Electronic Referral Loops by Receiving and Incorporating Health Information</td>
<td>20</td>
<td>145 / 175</td>
<td>83%</td>
<td>20 * 0.83 = 17 points</td>
</tr>
<tr>
<td></td>
<td>Provide Patients Electronic Access to Their Health Information</td>
<td>40</td>
<td>350 / 500</td>
<td>70%</td>
<td>40 * 0.70 = 28 points</td>
</tr>
<tr>
<td></td>
<td>Immunization Registry Reporting</td>
<td>10</td>
<td>Yes</td>
<td>N/A</td>
<td>10 points</td>
</tr>
<tr>
<td></td>
<td>Public Health Registry Reporting</td>
<td>10</td>
<td>Yes</td>
<td>N/A</td>
<td>10 points</td>
</tr>
<tr>
<td><strong>Total Score</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>83 points</strong></td>
</tr>
<tr>
<td><strong>Promoting Interoperability performance category contribution to MIPS Final Score</strong> (when the Promoting Interoperability performance category is weighted at 25% of the MIPS Final Score)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td><strong>0.83 * 20.75 = 20.75 points</strong></td>
</tr>
</tbody>
</table>

Source: CMS PI Category Fact Sheet

**How do I report and by when?**

Like the 2018 performance year, the 90-day performance period has been maintained for the PI category, but physicians have the option to report data for up to a full-year performance period. The last day to begin the 90-day reporting period is October 3, 2019.
There are generally five collection type options via which physicians can submit their MIPS data: Medicare Part B claims, CMS Web Interface, Log-In and Attest, Log-In and Upload, and Direct.

- **Medicare Part B claims**
  - Quality measures are reported through routine billing processes
  - Only available to small practices (15 or fewer EOs)

- **Direct**
  - Third-party intermediaries transmit data through a computer-to-computer interaction (e.g., an API)
  - Third-party intermediaries include qualified clinical data registries (QCDRs), qualified registries, and EHR vendors

- **CMS Web Interface**
  - Web-based application with a required set of measures
  - Only available to groups of 25 or more clinicians

- **Log-In and Attest**
  - Participants can log-in and manually attest to data submission
  - Available to individual physicians and those in groups, as well as third-party intermediaries

- **Log-In and Upload**
  - Participants can login and upload data in an approved format on qpp.cms.gov
  - Available to individual physicians and those in groups, as well as third-party intermediaries

Reporting mechanisms that can be used to submit your MIPS data depend on the category and whether you participate as an individual, group, or Virtual Group. You can report different categories using different collection types and reporting mechanisms; you are not required to submit MIPS data using one collection type or reporting mechanism across all the categories. You have several options for reporting the PI category data.

<table>
<thead>
<tr>
<th>Category</th>
<th>Reporting Options</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Promoting Interoperability</strong></td>
<td>Individual, Groups, Virtual Groups, and Third-Party Intermediaries (e.g., Qualified Registry, QCDR, CEHRT)</td>
</tr>
<tr>
<td>Third-party Intermediaries</td>
<td>Direct</td>
</tr>
</tbody>
</table>

If you report the PI category using the attestation option through the CMS QPP Submission Portal, you will attest to completing the measures as required under this category. This option is available to you at no cost by CMS. It is recommended that you retain documentation supporting your attestation for at least 10 years for audit purposes. For additional information on the reporting mechanisms, see PAI’s Reporting Mechanisms Overview resource.
If you report the PI category using a qualified registry, QCDR, CEHRT, or the CMS Web Interface, these intermediaries may have specific data submission requirements for each measure, and these intermediaries will need to certify to CMS that you performed the quality actions related to each measure being reported. It is recommended that you contact your QCDR, qualified registry, or CEHRT vendor and ask them about their capabilities and fees for reporting the PI category to CMS on your behalf. Again, it is recommended that you retain documentation supporting your attestation for at least 10 years for audit purposes.

The deadline to report data on measures for the PI category is March 31, 2020 or sooner depending on your vendor’s own deadlines.

**How can I add bonus points to my PI 2019 score?**

The improvement activities bonus measures that were available under the ACI performance category in 2018 have been discontinued in 2019. However, physicians can still receive bonus points within the PI performance category through the following two optional measures: 1) Query of Prescription Drug Monitoring Program (PDMP), and 2) Verify Opioid Treatment Agreement. Physicians who lack a PDMP interface in their CEHRT can still report the data manually to receive a bonus score. These bonus measures are specific to the e-Prescribing measure and, as such, only contribute to this objective’s score.

For additional details on required and bonus measures, please see the [CMS PI Performance Category Fact Sheet](#).

**Where can I go for more information?**

Please see PAI’s [PI Category Hardship and Reweighting Overview](#) resource available on the [MIPS Pathway page](#) which provides information on certain physicians who may be exempt from reporting the PI category and for whom the PI category could be reweighted to 0%.

Additionally, please review the [CMS PI Performance Category Fact Sheet](#), [CMS PI page](#), or visit the [PAI QPP Resource Center](#) or the [CMS QPP Resource Library](#) for more information.