Quality Payment PROGRAM

Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Measure 2023 Performance Period

Objective:	**Health Information Exchange**
Measure:	**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.
Measure ID:	**PI_HIE_1**
Exclusion:	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.
Measure Exclusion ID:	**PI_LVOTC_1**

Definition of Terms

Transition of Care – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum, this includes all transitions of care and referrals that are ordered by the MIPS eligible clinician.

Referral – Cases where one clinician refers a patient to another, but the referring clinician maintains his or her care of the patient as well.

***Note:** A MIPS eligible clinician must verify that the fields for current problem list, current medication list, and current medication allergy list are not blank and include the most recent information known by the MIPS eligible clinician as of the time of generating the summary of

care document or include a notation of no current problem, medication and/or medication allergies.

Current problem lists – At a minimum, a list of current and active diagnoses.

Active/current medication list – A list of medications that a given patient is currently taking.

Active/current medication allergy list – A list of medications to which a given patient has known allergies.

Allergy – An exaggerated immune response or reaction to substances that are generally not harmful.

Reporting Requirements

NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.

- **DENOMINATOR:** Number of transitions of care and referrals during the performance period for which the MIPS eligible clinician was the transferring or referring clinician.

Scoring Information

- Required for Promoting Interoperability Performance Category Score: **Yes, unless submitting one of the alternatives**, **HIE Bi-Directional Exchange measure (PI_HIE_5) or the Enabling Exchange Under TEFCA measure (PI_HIE_6)**
- Measure Score: **15 points**
- Eligible for Bonus Score: **No**

Note: In order to earn a score greater than zero for the Promoting Interoperability performance category, MIPS eligible clinicians must:

  - Complete the Security Risk Analysis measure
  - Review the High Priority Practices SAFER Guide[1]
  - Complete the ONC Direct Review attestation
  - Attest to the Actions to limit or restrict compatibility or interoperability of CEHRT statement

[1] The SAFER, or Safety Assurance Factors for EHR Resilience, Guides measure was added in the CY 2022 Physician Fee Schedule Final Rule.

- Submit their complete numerator and denominator or Yes/No data for all required measures
- Submit their CMS certification identification number
- Submit their level of active engagement for the Public Health and Clinical Data Exchange measures
- Failure to report at least a "1" in all required measures with a numerator or reporting a "No" for a Yes/No response measure (except for the SAFER Guides measure[2]) will result in a total score of 0 points for the Promoting Interoperability performance category.

Additional Information

- In 2023, MIPS eligible clinicians must use technology certified to the 2015 Edition of health IT certification criteria and updated to the 2015 Edition Cures Update to meet the CEHRT definition. (85 FR 84472)
- To learn more about the 2015 Edition Cures Update and the changes to 2015 Edition certification criteria finalized in the 21st Century Cures Act final rule (85 FR 25642), we encourage MIPS eligible clinicians to visit https://www.healthit.gov/curesrule/final-rule-policy/2015-edition-cures-update.
- To check whether a health IT product has been certified to criteria updated for the 2015 Edition Cures Update, visit the Certified Health IT Product List (CHPL) at https://chpl.healthit.gov/.
- Certified functionality must be used as needed for a measure action to count in the numerator during a performance period. However, in some situations the product may be deployed during the performance period, but pending certification. In such cases, the product must be certified by the last day of the performance period.
- If an exclusion is claimed for this measure, the 15 points will be redistributed to the Provide Patients Electronic Access to Their Health Information measure.
- Actions included in the numerator must occur within the performance period.
- For the measure, only patients whose records are maintained using CEHRT must be included in the denominator for transitions of care.
- The referring clinician must have reasonable certainty of receipt by the receiving clinician to count the action toward the measure. This may include confirmation of receipt or that a query of the summary of care record has occurred in order to count the action in the numerator.
- Apart from the three fields noted as required for the summary of care record (i.e., current problem list, current medication list, and current medication allergy list), in circumstances where there is no information available to populate one or more of the fields listed (because the MIPS eligible clinician does not record such information or because there is no

[2] In 2023, eligible clinicians will be required to submit one "yes/no" attestation statement for completing an annual self-assessment of the High Priority Practices SAFER Guide, and the "yes" or "no" attestation response will fulfill the measure.

information to record), the MIPS eligible clinician may leave the field(s) blank and still meet the measure.

- A MIPS eligible clinician must have the ability to transmit all data pertaining to laboratory test results in the summary of care document, but may work with their system developer to establish clinically relevant parameters for the most appropriate results for the given transition or referral.
- A MIPS eligible clinician who limits the transmission of laboratory test result data in a summary of care document must send the full results upon request (i.e. all lab results as opposed to a subset).
- The exchange must comply with the privacy and security protocols for ePHI under HIPAA.
- In cases where the MIPS eligible clinicians share access to an EHR, a transition or referral may still count toward the measure if the referring clinician creates the summary of care document using CEHRT and sends the summary of care document electronically. If a MIPS eligible clinician chooses to include such transitions to clinicians where access to the EHR is shared, they must do so universally for all patients and all transitions or referrals.
- The initiating MIPS eligible clinician must send a C–CDA document that the receiving clinician would be capable of electronically incorporating as a C–CDA on the receiving end. If the sending MIPS eligible clinician converts the file to a format the receiving clinician could not electronically receive and incorporate as a C–CDA (including through a third party), the initiating clinician may not count the transition in their numerator.
- MIPS eligible clinicians may use any document template within the C-CDA standard for purposes of the measures under the Health Information Exchange objective.
- MIPS eligible clinicians may claim the exclusion if they are reporting as a group. However, the group must meet the requirements of the exclusion as a group.
- When MIPS eligible clinicians choose to report as a group, data should be aggregated for all MIPS eligible clinicians under one Taxpayer Identification Number (TIN). This includes those MIPS eligible clinicians who may qualify for reweighting through an approved Promoting Interoperability hardship exception, hospital or ASC-based status, or in a specialty which is not required to report data to the Promoting Interoperability performance category.

Regulatory References

- For further discussion, please see the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule: 81 FR 77228.
- For additional discussion, please see the 2018 Physician Fee Schedule final rule : 83 FR 59789.
- In order to meet this measure, MIPS eligible clinicians must use technology certified to the criterion at 45 CFR 170.315 (b)(1).

Certification Criteria

Below are the corresponding certification criteria for electronic health record technology that support this measure.

Certification Criteria
§170.315(b)(1) Transitions of Care