Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Measure
2024 Performance Period

Objective:	Health Information Exchange
Measure:	**Health Information Exchange (HIE) Bi-Directional Exchange** The MIPS eligible clinician or group must attest that they engage in bi-directional exchange with an HIE to support transitions of care.
Measure ID:	PI_HIE_5

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 provider refers a patient to another, but the referring provider maintains his or her care of the patient as well.

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.

Health Information Exchange: "HIE" broadly refers to arrangements that facilitate the exchange of health information, and may include arrangements commonly denoted as exchange "frameworks," "networks," or using other terms.

Reporting Requirements

YES/NO

The MIPS eligible clinician must attest YES to the following:
- I participate in an HIE in order to enable secure, bi-directional exchange to occur for every patient encounter, transition or referral, and record stored or maintained in the electronic health record (EHR) during the performance period in accordance with applicable law and policy.
- 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.
- I use the functions of certified electronic health record technology (CEHRT) to support bi-directional exchange with an HIE.

Scoring Information

- Required for Promoting Interoperability Performance Category Score: **Yes, if submitting as an alternative to the Support Electronic Referral Loops by Sending Health Information and the Support Electronic Referral Loops by Receiving and Reconciling measures (PI_HIE_1 and PI_HIE_4) or an alternative to the Enabling Exchange Under TEFCA measure (PI_HIE_6)**
- Measure Score: **30 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:

- o Complete the Security Risk Analysis measure
- o Complete the High Priority Practices SAFER Guide measure
- o Complete the ONC Direct Review attestation (optional)
- o Attest to the "Actions to limit or restrict compatibility or interoperability of CEHRT" statement
- o Submit their complete numerator and denominator or Yes/No data for all required measures
- o Submit their CMS certification identification number
- o Submit their level of active engagement for the Public Health and Clinical Data Exchange measures

o Failure to report at least a "1" in all required measures with a numerator or reporting a "No" for a Yes/No response measure will result in a total score of 0 points for the Promoting Interoperability performance category
o Submit data for a minimum of 180 consecutive days within the calendar year

Additional Information

- MIPS eligible clinicians must use technology certified to ONC Certification Criteria for Health IT necessary to meet the CEHRT definition (88 FR 79307).
- To check whether a health IT product has been certified to ONC Certification Criteria for Health IT, 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.
- Successfully attesting to the measure may include enabling the ability to query for or receive health information for all new and existing patients seen by the MIPS eligible clinician, as well as enabling sending or sharing information for all new and existing patients seen by the MIPS eligible clinician.
- Exchange networks that would not support attestation to the second attestation statement would include exchange networks that only support information exchange between affiliated entities, such as networks that only connect health care providers within a single health system, or networks that only facilitate sharing between health care providers that use the same EHR vendor.
- A MIPS eligible clinician attesting to the third statement would not be required to use all of the certified health IT modules identified as relevant to the measure to support their connection with an HIE, nor must a connection with an HIE be solely based on certified health IT modules.
- 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 such 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. If these MIPS eligible clinicians choose to report as a part of a group practice, they will be scored on the Promoting Interoperability performance category like all other MIPS eligible clinicians.

Regulatory References

- For further discussion, please see the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule: 81 FR 77228 and 81 FR 77229.

- For additional discussion, please see the 2021 Physician Fee Schedule final rule: 85 FR 84888.
- Examples of certified health IT capabilities to support the actions of this measure may include but are not limited to technology certified to the criteria at 45 CFR 170.315 (b)(1), (b)(2), (g)(7), (g)(9), and (g)(10).

Certification Criteria

Below are the corresponding certification criteria for health IT that support this measure.

Certification Criteria
Examples of certified health IT capabilities to support the actions of this measure may include but are not limited to technology certified to the following criteria: §170.315(b)(1) Transitions of Care §170.315(b)(2) Clinical Information Reconciliation and Incorporation § 170.315(g)(7) Application access — Patient Selection § 170.315(g)(9) Application access — All Data Request § 170.315(g)(10) Application access — Standardized API for Patient and Population Services