

Merit-based Incentive Payment System (MIPS)

2023 Promoting Interoperability
Performance Category Quick Start
Guide



Quality Payment
PROGRAM

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Purpose: This resource focuses on the Promoting Interoperability performance category, providing high-level requirements about data collection and submission for the 2023 performance year for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation. Promoting Interoperability requirements are the same for all reporting options: traditional MIPS, the APM Performance Pathway (APP), and MIPS Value Pathways (MVPs).





How to Use this Guide



How to Use This Guide



Please Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Table of Contents

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Hyperlinks

Hyperlinks to the [Quality Payment Program website](#) are included throughout the guide to direct the reader to more information and resources.

Overview



What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP), a program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The program rewards MIPS eligible clinicians for providing high quality care to their patients by reimbursing Medicare Part B-covered professional services.

Under MIPS, we evaluate your performance across multiple categories that drive improved quality and value in our healthcare system.

If you're eligible for MIPS in 2023:

- You generally have to report measure and activity data for the quality, improvement activities, and Promoting Interoperability performance categories. (We collect and calculate data for the cost performance category for you, if applicable.)
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment is based on your performance during the 2023 performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1, 2025.

To learn more about MIPS:

- Visit the [Learn about MIPS webpage](#)
- View the [2023 MIPS Overview Quick Start Guide](#).
- View the [2023 MIPS Quick Start Guide for Small Practices](#).

To learn more about MIPS eligibility and participation options:

- Visit the [How MIPS Eligibility is Determined and Participation Options Overview](#) webpages on the Quality Payment Program website.
- View the [2023 MIPS Eligibility and Participation Quick Start Guide](#).
- Check your current participation status using the [QPP Participation Status Tool](#).



Overview

What is the Merit-based Incentive Payment System?

(Continued)

There are 3 reporting options available to MIPS eligible clinicians to meet MIPS reporting requirements:

Traditional MIPS, established in the first year of QPP, is the original reporting option for MIPS. You select the quality measures and improvement activities that you'll collect and report from all of the quality measures and improvement activities finalized for MIPS. You'll also report the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.

The Alternative Payment Model (APM) Performance Pathway (APP) is a streamlined reporting option for clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs. You'll report a predetermined measure set made up of quality measures in addition to the complete Promoting Interoperability measure set (the same as reported in traditional MIPS). MIPS APM participants currently receive full credit in the improvement activities performance category, though this is evaluated on an annual basis.

MIPS Value Pathways (MVPs) are the newest reporting option that offer clinicians a subset of measures and activities relevant to a specialty or medical condition. MVPs offer more meaningful groupings of measures and activities, to provide a more connected assessment of the quality of care. Beginning with the 2023 performance year, you'll select, collect, and report on a reduced number of quality measures and improvement activities (as compared to traditional MIPS). You'll also report the complete Promoting Interoperability measure set (the same as reported in traditional MIPS). We collect and calculate data for the cost performance category and population health measures for you.

To learn more about traditional MIPS:

- Visit the [Traditional MIPS Overview webpage](#) on the Quality Payment Program website.

To learn more about the APP:

- Visit the [APM Performance Pathway webpage](#) on the Quality Payment Program website.

To learn more about MVPs:

- Visit the [MIPS Value Pathways \(MVPs\) webpage](#) on the Quality Payment Program website.



Overview

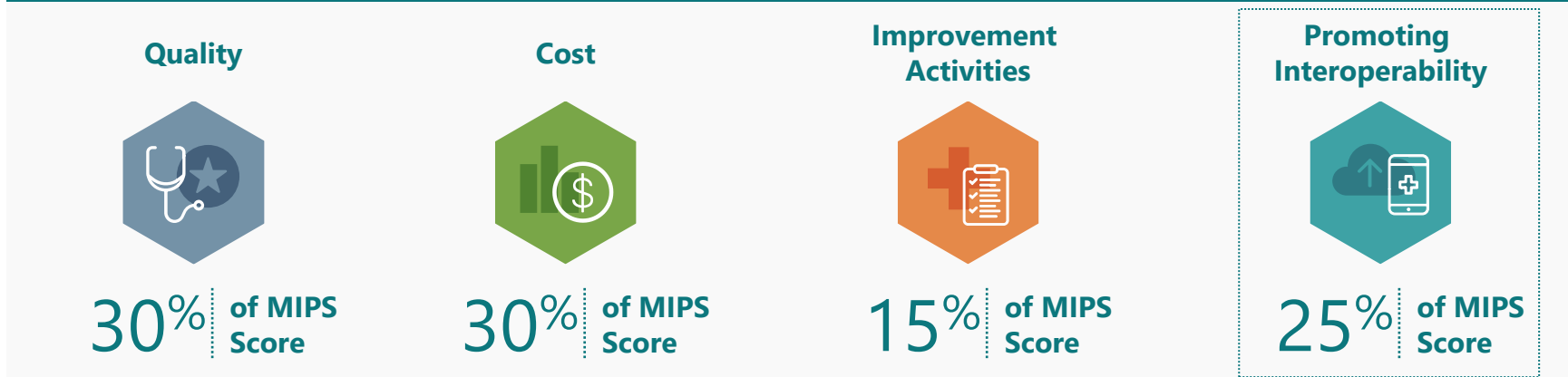
What is the MIPS Promoting Interoperability Performance Category?

Interoperability, or the use of technology to exchange and make use of information, makes communicating patient information less burdensome and improves outcomes. The MIPS Promoting Interoperability 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 clinicians and pharmacies; and
- The systematic collection, analysis, and interpretation of healthcare data.

The MIPS performance categories have different “weights” and the scores from each of the categories are added together to give you a MIPS final score.

Performance Category Weights for Traditional MIPS & MVPs in 2023: Individual, Group, Virtual Group (traditional MIPS only), and Subgroup (MVPs only) Participation



Performance Category Weights for Traditional MIPS & MVPs in 2023: APM Entity Participation



Overview

What is the MIPS Promoting Interoperability Performance Category? (Continued)

APM Performance Pathway (APP) Performance Category Weights in 2023: Individual, Group, and APM Entity Participation

Quality



50% of MIPS Score

Cost



0% of MIPS Score

Improvement Activities



20% of MIPS Score

Promoting Interoperability



30% of MIPS Score

What's New with Promoting Interoperability in 2023?

1. We finalized that electronic health record (EHR) technology **must be certified to the 2015 Edition Cures Update certification criteria** for the 2023 performance period. (Functionality must be in place by the start of the performance period with certification obtained by the last day of the performance period.)
2. We modified the options for active engagement for the **Public Health and Clinical Data Exchange objective measures**:
 - We **combined** active engagement options 1 and 2 into a single option titled "Pre-production and Validation" and **renamed** option 3 to "Validated Data Production" for a **total of 2 options**.
 - MIPS eligible clinicians are **required** to submit their level of active engagement for the required Public Health and Clinical Data Exchange measures.
 - Starting with the **2024 calendar year**, MIPS eligible clinicians are allowed to **spend only one** performance period at the Pre-production and Validation level of active engagement per measure. They **must progress** to the Validated Data Production level in the next performance period for which they report a particular measure.
3. We updated the Query of Prescription Drug Monitoring Program (PDMP) measure to make it a **required measure** beginning with the 2023 performance period:
 - We added **exclusions** for the measure and made it worth **10 points**. We **expanded** the scope of the measure to include Schedules III and IV drugs in addition to Schedule II opioids.
4. We added a **third option** for satisfying the **Health Information Exchange (HIE) objective** for the 2023 performance period:
 - Option 3: Enabling Exchange under the Trusted Exchange Framework and Common Agreement (TEFCA)
 - This measure requires the MIPS eligible clinician to attest "yes" that a MIPS eligible clinician is a signatory to a Framework Agreement as that term is defined by the Common Agreement for Nationwide Health Information Interoperability as published in the Federal Register and on the Office of the National Coordinator for Health Information Technology (ONC) website and uses CEHRT to exchange information under this Agreement.



What's New with Promoting Interoperability in 2023? (Continued)

- We updated data submission requirements to give APM Entities participating in MIPS at the APM Entity level the option to report Promoting Interoperability data **at the APM Entity level**.
- We **discontinued automatic reweighting** for nurse practitioners, physician assistants, certified registered nurse anesthetists, and clinical nurse specialists for the Promoting Interoperability performance category starting with the 2023 performance period.
- We **updated the maximum points** for the following Promoting Interoperability measures, beginning with the 2023 performance period (changes from 2022 noted with an asterisk):

Objective	Measure		Maximum Points
e-Prescribing	e-Prescribing		10 points
	Query of PDMP		10 points*
Health Information Exchange	Option 1	Support Electronic Referral Loops by Sending Health Information	15 points*
		Support Electronic Referral Loops by Receiving and Reconciling Health Information	15 points*
	Option 2	HIE Bi-Directional Exchange	30 points*
	Option 3	Enabling Exchange under TEFCA	30 points*
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information		25 points*
Public Health and Clinical Data Exchange	Report to the following public health or clinical data registries: <ol style="list-style-type: none"> Immunization Registry Reporting Electronic Case Reporting 		25 points*
	Option to report one of the following public health agency or clinical data registry measures: <ul style="list-style-type: none"> Public Health Registry Reporting, OR Clinical Data Registry Reporting, OR Syndromic Surveillance Reporting 		5 bonus points*





Get Started with Promoting Interoperability in 5 Steps



Step 1. Understand Your Reporting Requirements (Continued)

The graphics below outline the different reasons why this performance category can be reweighted to 0% of your final score, which would mean that you don't have to submit Promoting Interoperability data.

If you are one of the following clinician types or have one of the following special statuses, you are automatically exempted from having to submit data for this performance category.



Clinical Social Worker



Clinical Psychologists



Registered Dietitians or Nutrition Professionals



Qualified Speech-Language Pathologists



Physical Therapists



Occupational Therapists



Qualified Audiologists

Special Status:

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

Action Needed:

Submit a 2023 Promoting Interoperability Performance Category Hardship Exception application by January 2, 2024. (Your application must be approved by CMS to qualify for reweighting.)

[Learn More](#)

However, if you submit any data for the Promoting Interoperability performance category, the reweighting will be cancelled and your data will be scored.

You qualify for a Promoting Interoperability Performance Category Hardship Exception when you:

- Have decertified EHR technology
- Have insufficient internet connectivity
- Face extreme and uncontrollable circumstances such as disaster, practice closure, severe financial distress, or vendor issues
- Lack control over availability of CEHRT

Step 2. Review the CEHRT Requirements

To meet the CEHRT requirements for 2023 Promoting Interoperability performance category objective and measure reporting, you'll need to:

- Have 2015 Edition Cures Update CEHRT functionality in place by the first day of your MIPS Promoting Interoperability performance period;
- Have your EHR **certified by ONC** to the 2015 Edition Cures Update CEHRT criteria by the **last day of your performance period**; and
- Provide your EHR's CMS identification code from the [Certified Health IT Product List \(CHPL\)](#), available on [HealthIT.gov](#), when you submit your data.

If you're not sure what edition your EHR is, work with your practice technology support team or contact your EHR vendor to verify that your system is on track to meet CEHRT requirements by the last day of your performance period.

90-day Performance Period Example

October 3, 2023

Day 1
of the final continuous
90-day performance period

2015 Edition Cures Update CEHRT
functionality must be in place



December 31, 2023

Final Day
of performance period

EHR must be certified to the 2015 Edition
Cures Update criteria



Get Started with Promoting Interoperability in 5 Steps

Step 3. Review the Measures and Performance Period Requirements

The 2023 Promoting Interoperability performance category focuses on the following objectives:

- e-Prescribing
- Health Information Exchange (HIE)
- Provider to Patient Exchange
- Public Health and Clinical Data Exchange

Within these objectives, **there are 6 to 7 required measures** (dependent upon which measure(s) you choose to report for the HIE objective) in addition to required attestations.

Some of these measures have exclusions; if you qualify, you can claim (submit) the exclusion instead of reporting the measure. See the [Appendix](#) for a list of these measures and exclusions.

- You must collect data for all required measures (unless you can claim an exclusion(s)) for the same **minimum continuous 90-day period in calendar year (CY) 2023**.
- The last 90-day performance period begins on **October 3, 2023**.

Update: For the HIE objective, you have the option to report data for the 2 existing HIE measures and associated exclusions **OR** the HIE Bi-Directional Exchange measure **OR** the Enabling Exchange under TEFCA measure.



Step 4. Complete Required Attestations

Step 4a. **Perform or Review a Security Risk Analysis**

You must conduct or review a security risk analysis on your 2015 Edition Cures Update CEHRT functionality on an annual basis, within the calendar year of the performance period.

- For example, if you have your 2015 Edition Cures Update CEHRT functionality in place on January 1, 2023, you can perform your security risk assessment on March 1, 2023 and select a 90-day performance period of October 3, 2023 – December 31, 2023.

Additional guidance on conducting a security risk analysis is available on the [Health Information Privacy webpage](#) on [HHS.gov](#).

Step 4b. **Perform an Annual Assessment of the High Priority Guide (from the SAFER Guides)**

You must conduct an annual self-assessment using the High Priority Practices Guide (a part of the [SAFER Guides](#)), within the calendar year of the performance period.

- To complete the self-assessment, you must complete a review and mark the associated checkboxes (fully, partially, or not implemented) of recommended practices included in the beginning of the Guide.
- Detailed worksheets with the rationale for, and examples of how to implement each recommended practices follows the checklist section of the Guide.
 - These worksheets include likely sources of information that your practice may reference to complete your assessment of a recommended practice, as well as fillable note fields to record follow-up actions.
- A “yes” or “no” response will satisfy this measure.

Additional guidance on completing the self-assessment is available on the [SAFER Guides webpage](#) on [HealthIT.gov](#).



Step 4. Complete Required Attestations (Continued)

Step 4c. Complete the Actions to Limit or Restrict Interoperability of CEHRT Attestation

This attestation statement aims to identify whether you or your health IT vendor acted in good faith and took necessary steps to prevent limiting or restricting the compatibility or interoperability of CEHRT.

- To complete this attestation, you will attest to the statement by entering a “yes” (certify that you acted in good faith when implementing and using your CEHRT to exchange electronic health information) or “no” (you don’t certify that you acted in good faith when implementing and using your CEHRT to exchange electronic health information) response.

Failure to attest “yes” to the following will result in a score of 0 for the Promoting Interoperability performance category:

- I (A) did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology. (B) Implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times: (1) Connected in accordance with applicable law; (2) Compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria adopted at 45 CFR part 170; (3) Implemented in a manner that allowed for timely access by patients to their electronic health information; and (4) Implemented in a manner that allowed for the timely, secure, and trusted bi-directional exchange of structured electronic health information with other health care providers (as defined by 42 U.S.C. 300jj(3)), including unaffiliated health care providers, and with disparate certified EHR technology and vendors. (C) Responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, health care providers (as defined by 42 U.S.C. 300jj(3)), and other persons, regardless of the requestor's affiliation or technology vendor.



Step 4. Complete Required Attestations (Continued)

Step 4d. **ONC Direct Review** **attestation**

To complete the attestation, you must attest “yes” to the following:

- I (1) Acknowledge the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC direct review is received; and (2) If requested, cooperated in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.



Step 5. Submit Your Data

You will need to report the required Promoting Interoperability performance category data during the 2023 submission period (1/2/2024 – 4/1/2024).

Did you know?

- If your practice has several EHRs and not all are certified to the 2015 Edition, you'll **submit only the data collected in 2015 Edition Cures Update CEHRT**.
- If your practice is participating as a group or virtual group:
 - You'll aggregate the measure numerators and denominators for all MIPS eligible clinicians with data in your **2015 Edition Cures Update CEHRT**.
 - You can submit a "yes" for the 2 required measures in the Public Health and Clinical Data Exchange objective if one MIPS eligible clinician is in active engagement with each registry.
- If your practice is participating as a subgroup:
 - You'll **submit the aggregated data of the affiliated group**.
- The level at which you participate in MIPS (individual, group, subgroup, or virtual group) applies to all performance categories. **We won't combine data submitted at the individual, group, subgroup, and/or virtual group level into a single final score.** There is one exception to this rule, which is noted at the bottom of this page.
 - **For example:**
 - If you submit any data as an individual, you will be evaluated for all performance categories as an individual.
 - If your practice submits any data as a group, you will be evaluated for all performance categories as a group.
 - If data is submitted both as an individual and a group, you will be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score.
 - **Exception (Updated):**
 - When participating as an APM Entity, the Entity will submit quality measures and improvement activities. MIPS eligible clinicians in the Entity may submit Promoting Interoperability data as individuals or as a group and we will calculate an average score for this performance category. However, APM Entities now also have the option to choose to report Promoting Interoperability data at the APM Entity level.



Step 5. Submit Your Data (Continued)

To **submit data**, you or your third party representative will need QPP credentials and authorization. See the [Quality Payment Program Access User Guide \(ZIP\)](#) for more information.

There are **3 ways to submit** your Promoting Interoperability performance category data:

You

Sign in to qpp.cms.gov and **attest to (manually enter)** your information.

**You or a
Third Party**

Sign in to qpp.cms.gov and **upload a file** with your data.

Third Party

Perform a direct submission on your behalf, using our **submissions Application Programming Interface (API)**.

Important Note: Any conflicting data for a single measure or required attestation submitted through multiple submission types will result in a score of 0 for the Promoting Interoperability performance category.

You don't need to include supporting documentation when you attest to your Promoting Interoperability performance category data, but **you must keep documentation for 6 years** subsequent to submission.

Documentation guidance for each measure and attestation will be available in early 2023 as part of the 2023 MIPS Data Validation Criteria. We suggest reviewing this validation document to ensure you document your work appropriately.



Step 5. Submit Your Data (Continued)

If the following reporting and submission requirements aren't met, you'll get a **zero** for your Promoting Interoperability performance category score:



Collect your data in EHR technology with 2015 Edition Cures Update CEHRT functionality (certified by the last day of the performance period) for a minimum of any continuous 90-day period in 2023;



Submit a "yes" to the Actions to Limit or Restrict Interoperability of CEHRT Attestation (formerly named Prevention of Information Blocking);



Submit a "yes" to the new SAFER Guides attestation measure. (A "no" will also satisfy this measure.) Additional information is available on the [SAFER Guides](#) webpage on [HealthIT.gov](#);



Submit a "yes" to the ONC Direct Review Attestation;



Submit a "yes" that you have completed the Security Risk Analysis measure in 2023;



Report the 6 to 7 required measures or claim their exclusion(s); and

- For measures that require a numerator and denominator (as defined in the measure specifications), you must submit at least a '1' in the numerator;



Submit your level of active engagement for the Public Health and Clinical Data Exchange measures you're reporting;



Provide your EHR's CMS identification code from the [Certified Health IT product List \(CHPL\)](#), available on [HealthIT.gov](#).

Help and Version History

Help and Version History

Where Can You Go for Help?

Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, create a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Visit the [Quality Payment Program website](#) for other [help and support information](#), to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).



Help and Version History

Version History

If we need to update this document, changes will be identified here.

Date	Description
02/02/2023	Updated slides 19 and 20 to reflect the correct ONC Direct Review Attestation.
12/27/2022	Original Posting.



Appendix



Promoting Interoperability Objectives and Measures

The table below outlines the 2023 objectives, measures, and available exclusions. Complete measure specifications are available in the [Quality Payment Program Resource Library](#). The **2023 MIPS Data Validation Criteria**, available in early 2022 in the [Quality Payment Program Resource Library](#), will include the Promoting Interoperability documentation requirements for reporting measures and claiming exclusions.

Objectives	Measures	Measure Exclusions (If you meet the criteria below, you can claim an exclusion instead of reporting the measure)	Available Points (based on performance)	
e-Prescribing	e-Prescribing	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.	1 – 10 points	
	Query of PDMP	<ol style="list-style-type: none"> (1) Any MIPS eligible clinician who is unable to electronically prescribe Schedule II opioids and Schedule III and IV drugs in accordance with applicable law during the performance period. (2) Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period. (3) Any MIPS eligible clinician for whom querying a PDMP would impose an excessive workflow or cost burden prior to the start of the performance period they select in CY 2023. 	10 points	
Health Information Exchange	Option 1	Support Electronic Referral Loops by Sending Health Information	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.	1 – 15 points
		Support Electronic Referral Loops by Receiving and Reconciling Health Information	Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period.	1 – 15 points
	Option 2	HIE Bi-Directional Exchange	No exclusion available	30 points
	Option 3	Enabling Exchange under TEFCA	No exclusion available	30 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	No exclusion available	1 – 25 points	



Promoting Interoperability Objectives and Measures (Continued)

Objectives	Measures	Measure Exclusions (If you meet the criteria below, you can claim an exclusion instead of reporting the measure)	Available Points (based on performance)
Public Health and Clinical Data Exchange	Report to the following public health or clinical data registries: <ol style="list-style-type: none"> 1. Immunization Registry Reporting 2. Electronic Case Reporting 	Each of these measures has their own exclusions; please refer to the 2023 Promoting Interoperability Measure Specifications (ZIP file) for the exact exclusion criteria for each measure. Generally speaking, the exclusions are based on the following criteria: <ul style="list-style-type: none"> • Doesn't diagnose or directly treat any disease or condition associated with an agency/registry in their jurisdiction during the performance period. • Operates in a jurisdiction for which no agency/registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period. • Operates in a jurisdiction where no agency/registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period. 	25 points for the objective
	Option to report one of the following public health agency or clinical data registry measures: <ul style="list-style-type: none"> • Public Health Registry Reporting, OR • Clinical Data Registry Reporting, OR • Syndromic Surveillance Reporting 	Optional measures (no exclusions available)	5 bonus points

