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 Receiving and Reconciling Health Information** For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.
Measure ID:	**PI_HIE_4**
Exclusion:	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.
Measure Exclusion ID:	**PI_LVITC_2**

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.

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 electronic summary of care records in the denominator for which clinical information reconciliation is completed using CEHRT for the following three clinical information sets: (1) Medication – Review of the patient's medication, including the name, dosage, frequency, and route of each medication; (2) Medication allergy – Review of the patient's known medication allergies; and (3) Current Problem List – Review of the patient's current and active diagnoses.

- **DENOMINATOR:** Number of electronic summary of care records received using CEHRT for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, and for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient.

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
- 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.
- For this measure, the denominator would increment on the receipt of an electronic summary of care record or after the MIPS eligible clinician engages in workflows to obtain an electronic summary of care record for a transition, referral or patient encounter in which the MIPS eligible clinician has never before encountered the patient.
- The numerator would increment upon completion of clinical information reconciliation of the electronic summary of care record for medications, medication allergies, and current problems.

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

- The MIPS eligible clinician is not required to manually count each individual non-health-IT-related action taken to engage with other providers of care and care team members to identify and obtain the electronic summary of care record. Instead, the measure focuses on the result of these actions when an electronic summary of care record is successfully identified, received, and reconciled with the patient record.
- If an exclusion is claimed for this measure, the 15 points will be redistributed to the other measure within this objective, the Support Electronic Referral Loops by Sending 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.
- For the measure, if no update is necessary, the process of reconciliation may consist of simply verifying that fact or reviewing a record received on referral and determining that such information is merely duplicative of existing information in the patient record.
- 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, either because the eligible clinician does not record such information or because there is no information to record, the eligible clinician may leave the field(s) blank and still meet the objective and its associated measure.
- Non-medical staff may conduct reconciliation under the direction of the MIPS eligible clinician so long as the clinician or other credentialed medical staff is responsible and accountable for review of the information and for the assessment of and action on any relevant CDS.
- 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 exclusions 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 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.
- This measuring was previously called the Support Electronic Referral Loops by Receiving and Incorporating Health Information. We finalized the replacement of the “incorporating” with “reconciling” in the 2021 Physician Fee Schedule final rule.

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 2018 Physician Fee Schedule final rule: 83 FR 59789.
- In order to meet this measure, MIPS eligible clinicians must use technology certified to the criteria at 45 CFR 170.315(b)(1) and (b)(2).

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 §170.315(b)(2) Clinical Information Reconciliation and Incorporation