Promoting Interoperability

The Promoting Interoperability (PI) category within MIPS underwent substantial change for performance year 2019. The name “Advancing Care Information” has been retired, and what was once called Meaningful Use is now referred to as Promoting Interoperability. This name change highlights a renewed focus by CMS on interoperability, and 2019 PI measures leave no doubt about the importance of interoperability with respect to successful participation in MIPS.

The PI category continues to account for 25 overall MIPS points in 2019, and this is not expected to change in future years. As in 2018, the performance period for PI in 2019 will be any continuous span of time of at least 90 days during CY 2019. Also held over from 2018 is the reweighting of PI to zero should the eligible clinician successfully file a hardship exception. In the face of a PI hardship exception, the 25 PI points will move to the Quality category, increasing Quality’s contribution to the provider’s total MIPS score from 45 to 70 of the possible 100 points.

The PI hardship exceptions for 2019 include:

1. MIPS eligible clinician in a small practice
2. MIPS eligible clinician using decertified EHR technology
3. Insufficient Internet connectivity
4. Extreme and uncontrollable circumstances
5. Lack of control over the availability of CEHRT

The 2018 scoring scheme which consisted of a required based score and optional performance and bonus scores has been eliminated. And while the new scoring method for PI is easier to understand, providers may find it more difficult to achieve the 25 points available in this category in 2019 when compared with 2018.

In 2019, providers are required to report 4 measures within PI, unless exclusions apply. Those measures and their associated PI points are identified in the table below:
The scoring scheme simply looks at the numerator and denominator for each measure and applies that to the point total. For example, if 50% of the patients you encounter during the performance period have electronic access to their health information, you receive 20 of the possible 40 points available for this measure. Add up total number of points you achieve in each category, divide that by 100 and multiple the result by the available 25 MIPS points and you arrive at the contribution PI delivers to your total MIPS score. Note, unlike last year, with the exception of the measures labelled optional, you must report all 4 measures above. Failure to report a single required measure will result in receiving a PI score of zero.

New for 2019 is the presence of 2 optional measures within the e-prescribing measure. Both are focused on the opioid epidemic and offer the opportunity to make up ground you may have lost within the other measures in this category. Each optional measure is worth up to 5 bonus points within the PI category.

In addition to the requirement to report all of the required measures in the table above (unless an exclusion applies) for PI in 2019, there are additional requirements which must be met. If either is not met, your PI score will be zero. The additional requirements include:

- Using 2015 CEHRT
- Submitting a “yes” to the Prevention of Information Blocking Attestation,
- Submitting a “yes” to the ONC Direct Review Attestation; and
• Submitting a “yes” for the security risk analysis measure

In summary, the category originally called Meaningful Use, and later called Advancing Care Information is now known as Promoting Interoperability. The category continues to contribute 25 of the possible 100 points to the provider’s total MIPS score. And while the scoring scheme is simpler in 2019, it is likely to more difficult to capture Promoting interoperability points this year, compared with what you faced with Advancing Care Information last year.