



**Quality Improvement
Organizations**

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CENTERS FOR MEDICARE & MEDICAID SERVICES

Great Plains



Quality Innovation Network

QPP Power Hour

Promoting Interoperability 2018

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Objectives

- Describe the 2018 changes to the Promoting Interoperability (PI) Category
- Translate how providers will apply Promoting Interoperability measures to successfully attest in MIPS
- Understand the scoring in the Promoting Interoperability Category

What is Promoting Interoperability?

The Promoting Interoperability (formerly Advancing Care Information) performance category promotes:

- Patient engagement
- The electronic exchange of health information using Certified Electronic Health Record Technology (CEHRT)

2018 PI Measure Sets

In 2018, there will still be 2 measure set options to report:

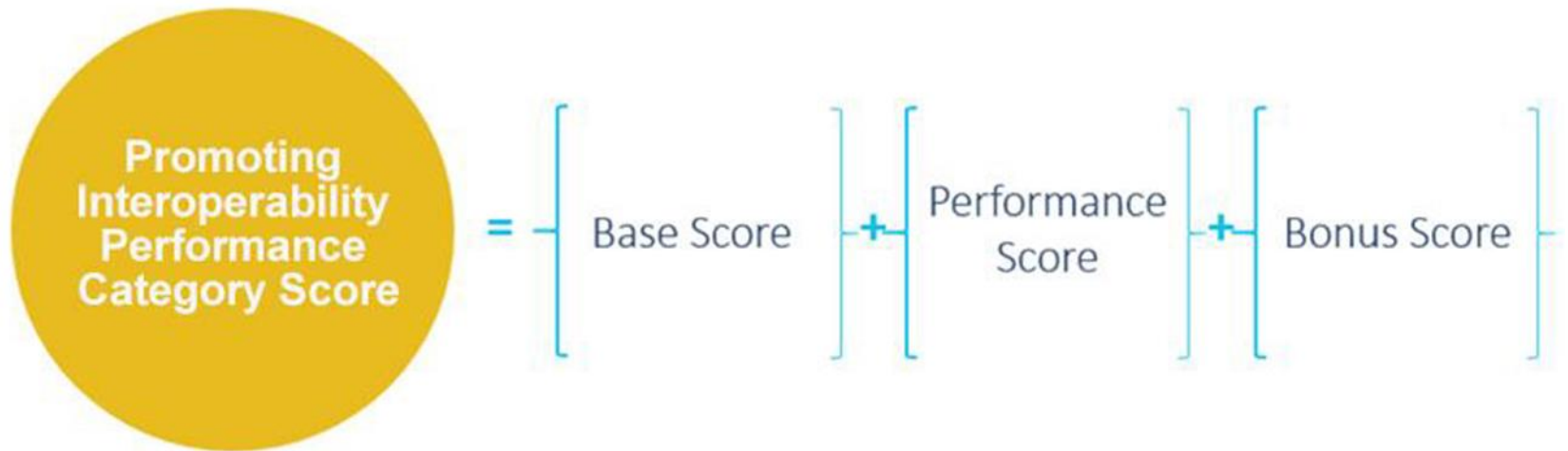
- PI Objectives and Measures
- 2018 PI Transition Objectives and Measures

The option you'll use to send in data is based on your CEHRT edition

2018 MIPS PI Changes

- 2014 or 2015 CEHRT allowed
 - Bonus for using 2015 CEHRT
- Hardship exception for the Promoting Interoperability category for small practices
- Exclusions
 - ePrescribing – both PI and Transition measure
 - Send a Summary of Care Exclusion - PI measure
 - Request/Accept a Summary of Care Exclusion - PI measure
 - Health Information Exchange Exclusion - 2018 Transition measure

How is the PI Performance Category Score Calculated?



- You have the flexibility to focus on performance measures that are the most relevant to you and your practice

PI Measures

Base Score	Measure	How to Report	Required or Optional	Performance Score	Bonus Score
0% or 50%	Security Risk Analysis	Yes/No	Required	0%	
	e-Prescribing	N/D	Required	0%	
	<i>Provide Patient Access</i>	<i>N/D</i>	<i>Required</i>	<i>0%-10%</i>	
	<i>Send Summary of Care</i>	<i>N/D</i>	<i>Required</i>	<i>0%-10%</i>	
	<i>Request/Accept Summary of Care</i>	<i>N/D</i>	<i>Required</i>	<i>0%-10%</i>	
	<i>Patient Specific Education</i>	<i>N/D</i>	<i>Optional</i>	<i>0%-10%</i>	
	<i>View, Download, or Transmit</i>	<i>N/D</i>	<i>Optional</i>	<i>0%-10%</i>	
	<i>Secure Messaging</i>	<i>N/D</i>	<i>Optional</i>	<i>0%-10%</i>	
	<i>Clinical Information Reconciliation</i>	<i>N/D</i>	<i>Optional</i>	<i>0%-10%</i>	
	<i>Patient- Generated Health Data</i>	<i>N/D</i>	<i>Optional</i>	<i>0%-10%</i>	
	<i>Immunization Reporting</i>	<i>Yes/No</i>	<i>Optional</i>	<i>0%-10%</i>	5% if not received under performance score
	Syndromic Surveillance Reporting	Yes/No	Optional	0%-10%	5% if not received under performance score
	Electronic Case Reporting	Yes/No	Optional	0%-10%	5% if not received under performance score
	Public Health Registry Reporting	Yes/No	Optional	0%-10%	5% if not received under performance score
	Clinical Data Registry Reporting	Yes/No	Optional	0%-10%	5% if not received under performance score
	Report certain IA using CEHRT		Optional		0% or 10%
	Report exclusively using 2015 CEHRT		Optional		0% or 10%

Only 1 measure may be used for a performance score

Base Score (0% or 50%) + Performance Score (0%-90%) + Registry Bonus Score (0% or 5%) + CEHRT IA Bonus Score (0% or 10%) + 2015 CEHRT Bonus Score (0% or 10%) = PI Score (capped at 100%)

2018 PI Transition Measures

Base Score	Measure	How to Report	Required or Optional	Performance Score	Bonus Score
0% or 50%	Security Risk Analysis	Yes/No	Required	0%	
	e-Prescribing	N/D	Required	0%	
	<i>Provide Patient Access</i>	<i>N/D</i>	<i>Required</i>	<i>0%-20%</i>	
	<i>Health Information Exchange</i>	<i>N/D</i>	<i>Required</i>	<i>0%-20%</i>	
	<i>Patient Specific Education</i>	<i>N/D</i>	<i>Optional</i>	<i>0%-10%</i>	
	<i>View, Download, or Transmit</i>	<i>N/D</i>	<i>Optional</i>	<i>0%-10%</i>	
	<i>Secure Messaging</i>	<i>N/D</i>	<i>Optional</i>	<i>0%-10%</i>	
	<i>Medication Reconciliation</i>	<i>N/D</i>	<i>Optional</i>	<i>0%-10%</i>	
	<i>Immunization Reporting</i>	<i>Yes/No</i>	<i>Optional</i>	<i>0%-10%</i>	5% if not received under performance score
	Syndromic Surveillance Reporting	Yes/No	Optional	0%-10%	5% if not received under performance score
	Specialized Registry Reporting	Yes/No	Optional	0%-10%	5% if not received under performance score
	Report certain IA using CEHRT		Optional		0% or 10%

Only 1 measure may be used for a performance score

Base Score (0% or 50%) + Performance Score (0%-90%) + Registry Bonus Score (0% or 5%) + CEHRT IA Bonus Score (0% or 10%) = PI Score (capped at 100%)

Total Promoting Interoperability Scoring

- The PI score is the sum of these 3 scores:



For example, if a MIPS eligible clinician receives the base score (50%) and a 40% performance score and no bonus score, they would earn a 90% PI performance category score. When weighted by 25%, this would add 22.5 points to the overall MIPS final score. ($90 \times .25 = 22.5$)

2018 Scoring Standards

Performance Categories	MIPS Scoring Standard for year 2 (2018)	APM Scoring Standard for year 2 (2018)
Quality	50	50
Promoting Interoperability	25	30
Improvement Activities	15	20
Cost	10	0
Possible Final Score Points	100	100

Promoting Interoperability Reweighting

Automatic Reweighting:	Apply for Reweighting based on:
Ambulatory Surgical Center (ASC)	You're in a small practice
Hospital-based MIPS eligible clinicians (Place of Service Code 19)	You're using decertified EHR technology
Physician assistants	You have insufficient internet connectivity
Nurse practitioners	You have extreme and uncontrollable circumstances
Clinical nurse specialists	You don't have any control over whether CEHRT is available
Certified registered nurse anesthetists	
Clinicians who lack face-to-face interactions with patients	

Minimum Promoting Interoperability Requirements

- For you to earn a score for the PI performance category, here are the minimum requirements:
 - Use CEHRT
 - Submit the performance period (a minimum of 90 consecutive days period in 2018)
 - Submit a “yes” to the Prevention of Information Blocking Attestation
 - Submit a “yes” to the ONC Direct Review Attestation
 - Submit a “yes” for the security risk analysis measure, and at least a 1 in the numerator for the remaining base score measures; or submit an exclusion for the base score measures



Questions????

Thank you for attending!



**Keep an eye on the Great Plains Quality
Innovation Network calendar for the next
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[Great Plains QIN Calendar](#)

Resources & Contact Information

Great Plains QIN

Website: greatplainsqin.org

Join our Learning and Action Network

greatplainsqin.org/lan-signup-page

Or email us at the Great Plains QIN QPP Helpdesk:

qppsupport@greatplainsqin.org