



MIPS Program: 2022 Promoting Interoperability Category

2022 Updates

CMS finalized the following updates to the Promoting Interoperability Performance Category for 2022:

- **Reweightings**
 - In addition to the existing special statuses/clinician types, CMS will **apply automatic reweighting** to the following, beginning with the 2022 performance period:
 - Clinical social workers
 - **Small practices**

- **Public Health and Clinical Data Exchange Objective**
 - Modifying the reporting requirements for this objective and **requiring MIPS eligible clinicians to report the following 2 measures** (unless an exclusion can be claimed):
 - Immunization Registry Reporting
 - Electronic Case Reporting

 - Beginning with the 2022 performance period, the following measures are optional; clinicians, groups and virtual groups that report a “yes” response for any of these measures will earn 5 bonus points:
 - Public Health Registry Reporting measure
 - Clinical Data Registry Reporting measure
 - Syndromic Surveillance Reporting measure

Note: Reporting more than one of these optional measures **won’t** result in more than 5 bonus points.

- **New required measure: Safety Assurance Factors for EHR Resilience Guides (SAFER Guides)**
 - MIPS eligible clinicians must attest to conducting an annual assessment of the High Priority Guide of the Safety Assurance Factors for EHR Resilience Guides (SAFER Guides).

- **Electronic Case Reporting**
 - **Adding a 4th exclusion (in addition to the existing exclusion criteria) for PY 2022 only:**
 - Uses certified electronic health record technology (CEHRT) that isn’t certified to the electronic case reporting certification criterion at 45 CFR 170.315(f)(5) prior to the start of the performance period they select in CY 2022.

- **Attestations**
 - Modified the required **Prevention of Information Blocking** attestation statements.

Small Practice Hardship Exemption

For 2022, CMS is continuing to offer a small practice hardship exemption for the PI category. **CMS will apply automatic reweighting to small practices beginning with the 2022 performance period. Practices of 15 or fewer eligible clinicians will have the 25% weight of the PI category re-weighted to the Quality category.**

Measures and Attestations

CMS requires MIPS eligible clinicians to attest to conducting an annual assessment of the High Priority Guide of the Safety Assurance Factors for EHR Resilience (SAFER) Guides. **This is a new required measure for performance year 2022.**

CMS also modified the Prevention of Information Blocking attestation statements required by eligible clinicians by removing two statements. CMS added a 4th exclusion for the Electronic Case Reporting measure (in addition to the existing exclusion criteria) **for performance year 2022 only**: the MIPS eligible clinician uses CEHRT that is not certified to the electronic case reporting certification criterion at §170.315(f)(5) prior to the start of the performance period they select in CY 2022.

Promoting Interoperability (PI) Category Weight

For 2022, the PI category score will continue to be weighted at 25% of the overall MIPS final score (no change from 2021).

Clinicians may submit a MIPS Promoting Interoperability Performance Category Hardship Exception Application, citing one of the following reasons for review and approval:

- MIPS eligible clinician using decertified EHR technology
- Insufficient Internet connectivity
- Extreme and uncontrollable circumstances
- Lack of control over the availability of CEHRT

If your hardship exception is approved, the Promoting Interoperability performance category will receive a weight of 0% when calculating your final score and the 25% will be redistributed to another performance category (or categories) unless you submit data for this performance category.

If you're reporting as a group or virtual group all MIPS eligible clinicians in the group or virtual group must qualify for reweighting for the group to be reweighted, unless the group or virtual group has a special status that qualifies them for automatic reweighting.

Promoting Interoperability Category Performance Period

For 2022, physicians must report PI for at least any 90-day period to be considered full participants, representing no change from 2021. Physicians have the option to report more than 90 days, up to a full year.

Use of 2015 CEHRT

There are no changes to CEHRT requirements for performance year 2022. Clinicians may use technology meeting the 2015 Edition certification criteria, technology certified to the 2015 Edition Cures Update certification criteria, or a combination of the 2 to report data for the Promoting Interoperability performance category.

You must submit collected data for certain measures from each of the 4 objectives measures (unless an exclusion is claimed) for the same 90 continuous days (or more) during 2022.

In addition to submitting measures, you must provide your EHR's CMS Identification code from the Certified Health IT Product List (CHPL) and submit a "yes" to:

- The Prevention of Information Blocking Attestation,
- The ONC Direct Review Attestation,
- The security risk analysis measure, and;
- The SAFER Guides measure (new for 2022).

Promoting Interoperability Category Score

A physician's or group's PI category score will be based on the cumulative performance on each of the required measures. The streamlined measure set includes four objectives, with five required measures and one bonus measure. **Physicians must report on all required measures or receive zero points for the entire category.**

For the Public Health and Clinical Data Exchange objective, full points will be awarded if a "yes" is submitted for the 2 required measures (Immunization Registry and Electronic Case Reporting) or one "yes" and one exclusion.

Clinicians must report all required measures (submit a "yes"/report at least 1 patient in the numerator, as applicable, or claim an exclusion) or they will earn a zero for the Promoting Interoperability performance category.

If exclusions are claimed, the points for those measures will be reallocated to other measures.

Bonus Points

Clinicians can earn up to 15 bonus points for submitting a yes response for the optional measure, Query of Prescription Drug Monitoring (PDMP).

10 bonus points can also be earned for submitting a yes response for the optional measure, Query of Prescription Drug Monitoring (PDMP).

5 bonus points can be earned for submitting a yes response for one of the optional Public Health and Clinical Data Exchange measures (Public Health Registry Reporting, Clinical Data Registry Reporting, or Syndromic Surveillance Reporting).

Public Health and Clinical Data Exchange Objective

For 2022, CMS will continue to include a **Public Health and Clinical Data Exchange objective**, which requires that participants report on at least two of the five types of registry reporting. CMS modified the reporting requirements for this objective and require MIPS eligible clinicians to report the following 2 measures (unless an exclusion can be claimed):

- Immunization Registry Reporting
- Electronic Case Reporting

CMS made the following measures optional. Clinicians, groups, and virtual groups that report a "yes" response will earn 5 bonus points:

- Public Health Registry Reporting

- Clinical Data Registry Reporting
- Syndromic Surveillance Reporting

Note: Reporting on more than 1 of these optional measures will not result in more than 5 bonus points.

Promoting Interoperability Objectives and Measure

2022 PI Objectives and Measures				
Objective	Measure	Reporting Requirement	Exclusion	Maximum Points
Electronic Prescribing	Electronic Prescribing —At least one permissible prescription written by the provider is queried for a drug formulary and transmitted electronically using CEHRT.	Numerator/ Denominator ; must have at least 1 in the numerator	Any MIPS-eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.	10 points
	Bonus: Query of Prescription Drug Monitoring Program (PDMP) — For at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS- eligible clinician uses data from CEHRT to conduct a query of PDMP for prescription drug history, except where prohibited and in accordance with applicable law history, except where prohibited and in accordance with applicable law.	Yes/No; must answer “Yes”		10 bonus

Health Information Exchange	Support Electronic Referral Loops by Sending Health Information —For at least one transition of care or referral, the provider who transitions or refers his or her patient to another setting of care or healthcare provider (1) creates a summary of care record using CEHRT, and (2) electronically exchanges the summary of care record.	Numerator/D enominator; must have at least 1 in the numerator	Any MIPS-eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.	20 points
	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.	Numerator/D enominator; must have at least 1 in the numerator	Any MIPS- eligible clinician who receives fewer than 100 transitions of care or referrals or has fewer than 100 encounters with patient never before encountered during the performance period.	20 points
	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.	Yes/No; must answer “yes”		40 points

<p>Provider to Patient Exchange</p>	<p>Provide Patients Electronic Access to Their Health Information—For at least one unique patient seen by the provider, (1) the patient (or patient- authorized representative) is provided timely access to view online, download, and transmit his or her health information, and (2) the provider ensures the patient’s health information is available for the patient (or patient- authorized representative) to access using any application of his or her choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider’s CEHRT.</p>	<p>Numerator/D enominator; must have at least 1 in the numerator</p>		<p>40 points</p>
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<p>Public Health and Clinical Data Exchange</p>	<p>Immunization Registry Reporting (required)</p>	<p>Yes/No; must answer “yes”</p>	<p>Any MIPS-eligible clinician meeting one or more of the following criteria: (1) does not administer any immunizations to any of the populations for which data is collected by its jurisdiction’s immunization registry or immunization information system during the performance period; 2) operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standard required to meet the CEHRT definition at the start of the performance period; operates in a jurisdiction where no immunization registry or immunization information system had declared readiness to receive immunization data as of 6 months prior to the start of the performance period.</p>	<p>10 points</p>
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	Electronic Case Reporting (required)		Any MIPS-eligible clinician meeting one or more of the following: (1) does not treat or diagnose any reportable diseases for which data is collected by his/her jurisdiction's reportable disease system during the performance period; (2) operates in a jurisdiction for which no public health registry is capable of receiving electronic case reporting data in the specific standard required to meet the CHERT definition at the start of the performance period; (3) operates in a jurisdiction where no public health agency has declared readiness to receive electronic care reporting data 6 months prior to the start of the performance period.	
	Bonus: Public Health Registry Reporting			5 Bonus
	Bonus: Clinical Data Registry Reporting			5 Bonus
	Bonus: Syndromic Surveillance Reporting			5 Bonus