## PRACTICE PERFECT

# MIPS 2021—How to Boost Your Promoting Interoperability Score

Promoting interoperability (PI) is the electronic health record (EHR)–based performance category of the Merit-Based Incentive Payment System (MIPS). According to CMS, the PI measures are intended to promote electronic exchange of information and to increase patient engagement by allowing them to access details from their health records online.

**Many ophthalmic practices can improve their PI scores.** Low performance rates on the PI measures have meant that some practices have underperformed on the PI performance category. Last year, for example, fewer than half of those reporting MIPS via the IRIS Registry (aao.org/iris-registry) scored more than 80% for PI. This reduced their chance of avoiding a MIPS penalty and earning a bonus.

**Your PI performance period must start no later than Oct. 3.** Your PI score will be based on how you do during a performance period of 90 consecutive days during the current calendar year.

**Best not to wait until Oct. 3!** By starting your performance period earlier in the year, you will give yourself an opportunity for a do-over in case you run into problems. For example, your score for the Provide Patients Electronic Access to Their Health Information measure could be jeopardized if your patient portal goes offline for a few days.

**Make sure you understand how to perform (and document) the PI measures.** The Academy offers a detailed web page for each of the PI measures, including a measure description, definitions, and suggestions for documenting your performance. Academy and AAOE members can access these PI web pages at aao.org/medicare/promoting-interoperability/measures.

**Warning: Don't report PI twice.** You'll get a PI score of 0 if you submit conflicting data or conflicting attestation on PI measures. This could happen if, for example, you report PI twice—once via the IRIS Registry and again via your EHR vendor—and submit different information each time.

## Check Performance Rates

**For many PI measures, you are scored based on your performance rate.** The e-Prescribing measure, for example, can contribute up to 10 points to your PI score: If your performance rate is 100%, you would score 10 points. In calculating this point score, CMS typically rounds off to the nearest whole number—so a score of 84% would score 8 points, but a score of 86% would score 9 points. (Note: In an exception to that rounding rule for PI measures, CMS rounds up to 1 point rather than down to 0 points provided you have a numerator of at least 1.)

**Your performance rate is based on a numerator and a denominator.** For the e-Prescribing measure, for example, the denominator is the number of prescriptions written during the performance period for drugs that require prescriptions; the numerator is the number of those prescriptions that were generated and transmitted electronically using a certified EHR technology (CEHRT).

**You need a numerator of at least 1.** For any of PI's performance rate–based measures, you need a numerator of at least 1 to successfully report it.

**Run your PI reports ASAP.** Your EHR system should be able to run a report that calculates your performance rates for PI measures. If you haven't been running these reports throughout the year, you should do so as soon as possible to check your performance rates. If your numerator for a measure is 0, you will need time to work with your EHR vendor and your staff to determine how to attain the minimum numerator of 1.

## Provide Patients Electronic Access to Their Health Info

One area of underperformance involves the Provide Patients Electronic Access to Their Health Information measure. In some cases, practices had been providing patients with access to their medical information online but hadn't always been logging that, resulting in a discrepancy between their reported performance rate and their actual performance rate.

**Know your numerator and denominator.** The denominator for the Provide

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Patients Electronic Access measure is the number of unique patients seen by the clinician during the PI performance period. The numerator is the number of those patients (or their patient-authorized representatives) who 1) received timely access to "view online, download, and transmit his or her health information" and 2) are able to access that information using "any application of their choice that is configured to meet the technical specifications of the Application Programing Interface (API)" in the practice's CEHRT. CMS defines "timely" as within four business days of the information being available to the clinician.

**When a patient is provided with online access, how is that recorded in the EHR?** Contact your EHR vendor and confirm how the EHR system captures the action of providing timely access. Some systems may require confirmation in the medical record or by completing a function in the integrated practice management system.

**How do you ensure that the EHR is updated each time a patient is provided with online access?** Develop the workflow to successfully log that you provided this access after every patient encounter. Next, test the protocol and review your PI reports.

**What does your EHR vendor offer?** You may be able to automatically offer patient access via a patient portal, but this functionality may require individual system setup. Ask your vendor whether this option is available.

**What if some patients don't want to view their information online?** Even if a patient opts out of receiving online access to personal medical information, he or she must still be included in the denominator for this measure. CMS states that you can include this patient in the numerator, provided that he or she is "provided all of the necessary information to subsequently access their information, obtain access through a patient-authorized representative, or otherwise opt-back-in without further follow-up action required by the clinician."

**When patients opt out, are staff taking these two steps?** When patients opt out of accessing their information

online, be sure that staff are trained to update the EHR to indicate that the patient 1) opted out and 2) was instructed on how to access that online information if he or she later decides to opt in. Next, double-check that your EHR system is including such patients in the measure's denominator and, if applicable, in its numerator.

## Direct Messaging for the Referral Loop Measures

The two Referral Loops measures involve the sending and receiving of health care summaries. This can be done in a HIPAA-compliant way via Direct messaging, which was developed by the Direct Project and uses an encryption standard for exchanging health information over the internet. To use Direct messaging, both the sender and recipient must have Direct addresses, which look similar to email addresses. If your EHR is a CEHRT, the vendor must offer you access to a Direct messaging service.

**Do you have a Direct address?** Practices can obtain Direct addresses from a variety of sources, including CEHRT vendors, State Health Information Exchange entities, regional and local Health Information Exchange entities, and Health Information System Providers.

**The National Plan and Provider Enumerator System (NPPES) has started to include Direct addresses in the NPI Registry.** NPPES is *trying* to make it easier to find the Direct addresses of other clinicians. Go to the NPI Registry's search page at https://npiregistry.cms.hhs.gov. Once you find the clinician who you are looking for, click his or her record, and then scroll down to "Health Information Exchange." *If* he or she has added a Direct address into the NPI registry, it will be listed here with "Direct Messaging Address" in the "Endpoint Type" column. However, few clinicians have added this information yet.

**How to update the NPPES directory.** If you do not know your exact electronic end point or Direct address, contact your EHR vendor for this information. Next, go to the NPPES website (https://nppes.cms.hhs.gov/#/) and update your provider profile. You can add your Direct address under the "Health Information Exchange" section. CMS provided a step-by-step guide to doing this in its *Medicare Learning Network*

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## Alert: CMS Changes Quality Benchmarks

On June 10, CMS published corrections to its benchmarks for almost all quality measures. Then, on June 30, CMS announced that it was suppressing Measures 1 and 117 for claims-based reporters The June 10 change impacts everyone; the June 30 change impacts those who report via Medicare Part B claims, but not those who report via the IRIS Registry.

**Check that you're referencing the updated benchmarks.** It is important to check that you are using the most current versions of the *EyeNet* MIPS manual (aao.org/eyenet/mips-manual-2021) and *IRIS Registry Preparation Kit and User Guide* (aao.org/iris-registry/user-guide/getting-started).

**Watch for future alerts.** Check your email for *Washington Report Express* (Thursdays) and *Medicare Physician Payment Update* (first Saturday of the month). AAOE members also get *Practice Management Express* (Sundays).

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### MORE RESOURCES

**Bookmark these resources.** To learn more about PI—including who can be excluded from it—visit aao.org/medicare/promoting-interoperability and aao.org/eyenet/mips-manual-2021.

**Use the *IRIS Registry Preparation Kit.*** Download it at aao.org/iris-registry/user-guide/getting-started.

**Share tips online.** AAOE members also can use the new listserv, AAOE-Talk (see page 62), to crowdsource MIPS solutions.

*Matters* bulletin.[1] If you already added this information, it is still worth visiting the directory to double-check that your practice's details are up to date. By making sure that the directory has your practice's correct Direct address(es) and electronic end point information, you can help your practice's clinicians succeed with PI's two Referral Loop measures.

**Contact your top referral sources.** Make sure referral sources are ready to meet the requirements of the Referral Loop measures. If, like most clinicians, their Direct addresses aren't yet listed in the NPPES NPI Registry, see if you can obtain that information directly from the practice.

### What About PI's New HIE Measure?

This year, PI's Health Information Exchange (HIE) objective gives you a choice of two measures. Either you can report (or claim exclusions for) the two Referral Loop measures or you can report the new HIE Bi-Directional Exchange measure. To earn all 40 points for the new measure, you must attest "yes" to these three statements:

•   "I participate in an HIE in order to enable secure, bi-directional exchange to occur for every patient encounter, transition or referral, and record stored or maintained in the EHR during the performance period in accordance with applicable law and policy."

•   "The HIE that I participate in is capable of exchanging information across a broad network of unaffiliated exchange partners including those using disparate EHRs, and does not engage in exclusionary behavior when determining exchange partners."

•   "I use the functions of CEHRT to support bi-directional exchange with an HIE."

If you report "no" for one or more of these measures, you earn 0 points for the measure.

1 www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMatters Articles/Downloads/MM11003.pdf. Accessed June 18, 2021.

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## MORE AT AAO 2021

**AAO 2021**

Visit aao.org/programsearch to explore this year's annual meeting and Subspecialty Day content.

**Get a MIPS update at this year's Medicare Forum.** Learn what's ahead with MIPS, as well as other coding and reimbursement changes that will impact your practice in 2022. **When:** Sunday, Nov. 14, 3:45-5:00 p.m. **Where:** New Orleans Theater AB.

**Learn more about EHRs.** EHR-related events include the following:

•   **21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program Final Rule (253).** *Senior instructor; Jeffery Daigrepont.* **When:** Saturday, Nov. 13, 2:00-3:15 p.m. **Where:** Room 203.

•   **What Every Ophthalmologist Must Know About Information Technology in 2021 (Sym11).** *Chairs: Aaron Y. Lee, MD, and Thomas Hwang, MD.* **When:** Saturday, Nov. 13, 2:00-3:15 p.m. **Where:** New Orleans Theater C.

•   **Use and Misuse of Electronic Medical Records (460).** *Senior instructor: Kirk Mack, COE, COMT, CPC.* **When:** Sunday, Nov. 14, 3:45-5:00 p.m. **Where:** Room 215.

•   **Artificial Intelligence: Demystification and Applications (246).** *Senior instructor: Sally Liu Baxter, MD.* **When:** Sunday, Nov. 14, 3:45-5:00 p.m. **Where:** Room 240.

•   **What to Do (and Not Do) When Migrating Your PM or EHR (616).** *Senior instructor: Randall Marsden, BBA.* **When:** Monday, Nov. 15, 9:45-11:00 a.m. **Where:** Room 211.

•   **The Ophthalmic Office for the Virtual World (Sym47V).** *Chairs: Louis R. Pasquale, MD, and James C. Tsai, MD, MBA.* **When:** On demand. **Where:** Virtual.

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