American Academy of Ophthalmology

How to Read a 2022 MIPS Promoting Interoperability (PI) Measure

Background: Under the Quality Payment Program, the promoting interoperability category takes the place of meaningful use. The purpose of this guide is to educate ophthalmologists on how to read a measure of the PI category of MIPS. PI constitutes 25% of your MIPS Final Score.

I. Use of Certified Electronic Health Record Technology (CEHRT)

- PI requires use of the 2015 edition or 2015 Cures Update edition of CEHRT.
- Only patient encounters captured by CEHRT can be reported for PI. This means that clinicians in your group that do not use CEHRT will not lower your group PI score.

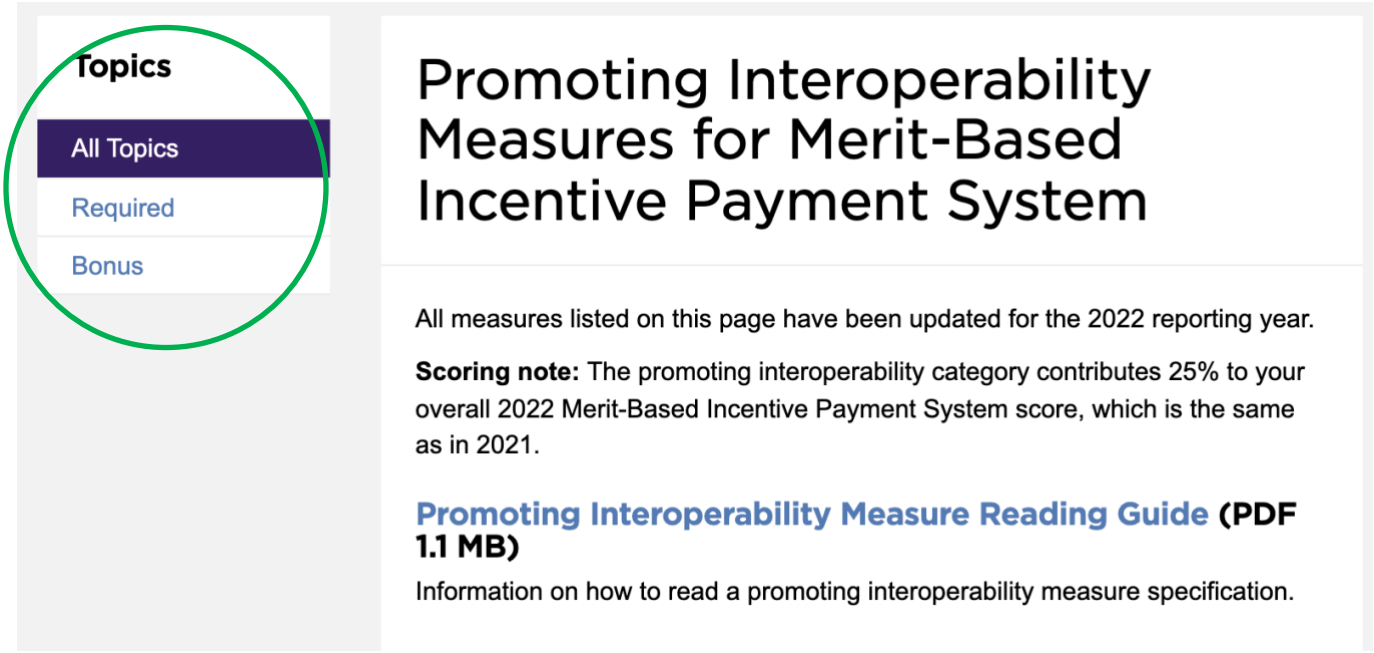
II. PI Scoring

- PI Category Score is Out of 100 Points
- PI Base Measures:
    - Must submit all 5 or 6 required measures to receive ANY PI credit
        - Measures require at least ONE patient in the Numerator
        - Each measure, except for the registry measures and the HIE bidirectional exchange measure, is scored on performance rate.
    - Exclusion for Support Electronic Referral Loops by Sending Health Information measure:
        - Clinicians who make <100 referrals/transitions of care in the performance period.
    - Exclusion for Support Electronic Referral Loops by Receiving and Incorporating Health Information measure:
        - Clinicians who receive <100 referrals/transitions of care in the performance period.

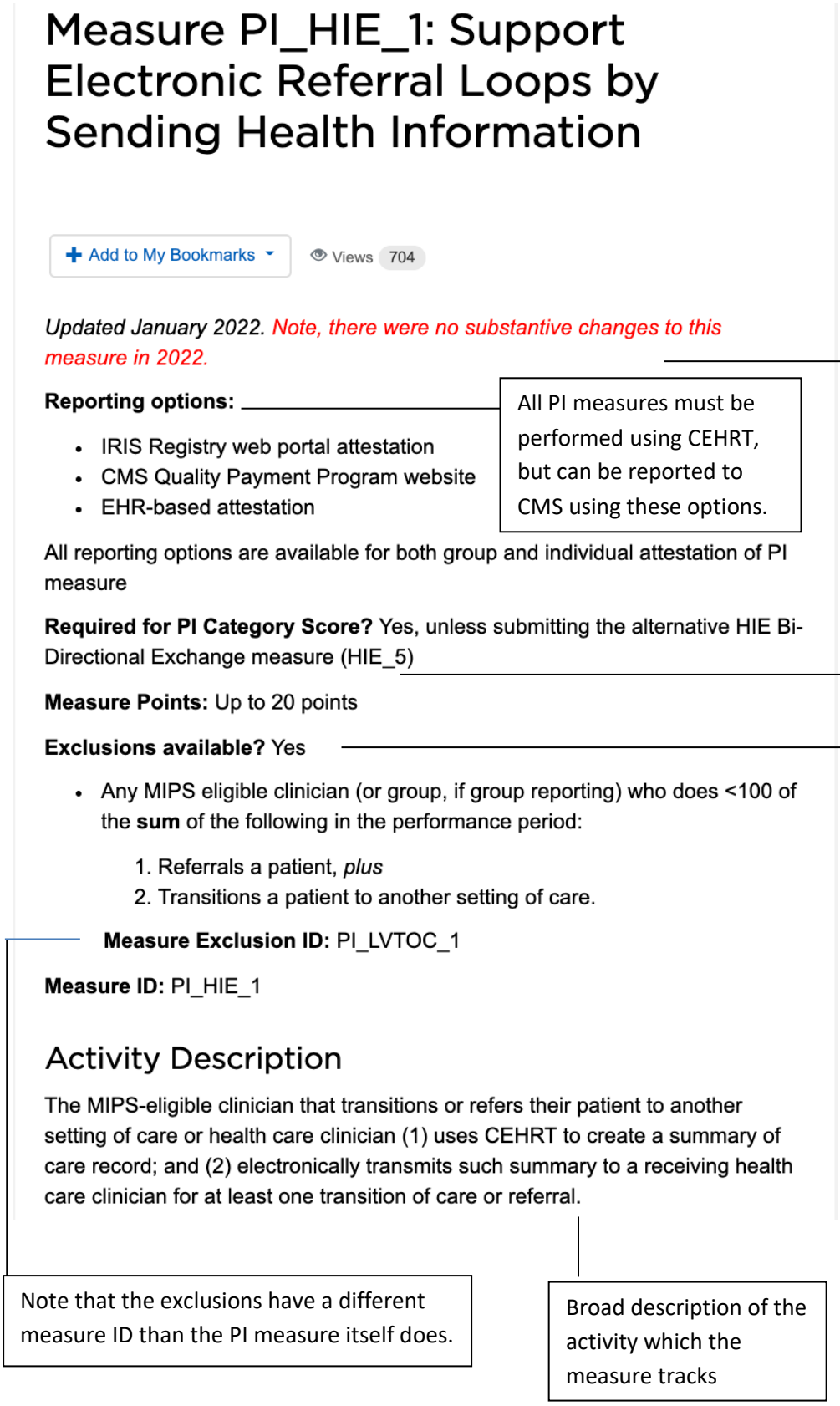
II. How to Find PI Measures

A. Visit the MIPS Promoting Interoperability page on the Academy website.

B. Measures can be filtered by PI scoring category (Required or Bonus).



III. How to Read a Measure Once You Find It



Measure PI_HIE_1: Support Electronic Referral Loops by Sending Health Information

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Updated January 2022. Note, there were no substantive changes to this measure in 2022.

Reporting options:

- IRIS Registry web portal attestation
- CMS Quality Payment Program website
- EHR-based attestation

All reporting options are available for both group and individual attestation of PI measure

Required for PI Category Score? Yes, unless submitting the alternative HIE Bi-Directional Exchange measure (HIE_5)

Measure Points: Up to 20 points

Exclusions available? Yes

- Any MIPS eligible clinician (or group, if group reporting) who does <100 of the **sum** of the following in the performance period:
  1. Referrals a patient, *plus*
  2. Transitions a patient to another setting of care.

Measure Exclusion ID: PI_LVTOC_1

Measure ID: PI_HIE_1

Activity Description

The MIPS-eligible clinician that transitions or refers their patient to another setting of care or health care clinician (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral.

Measure Title

This is the date of the last update to this page. We update these pages annually and if changes are published by CMS.

All PI measures must be performed using CEHRT, but can be reported to CMS using these options.

"Yes" or "No" answer, stating only whether measure is required.

Exclusions are available for 5 of the 6 required measures. If exclusions are available, it will be indicated and described here.

Note that the exclusions have a different measure ID than the PI measure itself does.

Broad description of the activity which the measure tracks

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 (or group, if group reporting).

Referral – Cases where one provider refers a patient to another, but the referring provider maintains his or her care of the patient as well.

Summary of Care Record – All summary of care documents used to meet this objective must include the following information if the clinician knows it:

- Patient name
- Referring or transitioning clinician's name and office contact information
- Procedures
- Unique device identifier(s) for a patient's implantable device(s)
- Encounter diagnosis
- Immunizations
- Laboratory test(s)
- Laboratory value(s)/result(s)
- Vital signs (height, weight, blood pressure, BMI)
- Smoking status
- Functional status, including activities of daily living, cognitive and disability status
- Demographic information (preferred language, sex, race, ethnicity, date of birth)
- Care plan, including goals, health concerns, and assessment and plan of treatment
- Care team member(s) including the primary care provider of record and any additional known care team members beyond the referring or transitioning clinician and the receiving clinician
- Reason for referral
- Current problem list (Clinician may also include historical problems at their discretion) *
- Current medication list *
- Current medication allergy list *

* Note: A clinician must verify that the fields for current problem list, current medication list, and current medication allergy list are not blank and include the most recent information known by the clinician as of the time of generating the summary of care document or include a notation of no current problem, medication and/or medication allergies.

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.

Care Plan – The structure used to define the management actions for the various conditions, problems, or issues. A care plan must include, at a minimum, the following components: problem (the focus of the care plan), goal (the target outcome), and any instructions that the clinician has given to the patient. A goal is a defined target or measure to be achieved in the process of patient care (an expected outcome).

The Definition of Terms Section provides further information on key concepts specific to the measure.
This annotated example shows the importance of this section.

The Summary of Care Record definition details exactly what information should be included in a patient's care record in order for it to be accepted.

Those items marked with an asterisk are absolutely required components of the care record. All others should be included if available.

Some items from the previous list are defined in more detail underneath.

Attestation Requirements

Denominator: Number of transitions of care and referrals during the performance period for which the MIPS eligible clinician was the transferring or referring clinician.

- For the measure, only patients whose records are maintained using CEHRT must be included in the denominator for transitions of care.

Denominator: describes the patient population evaluated by the measure.

Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically* (C-CDA format).

- The initiating MIPS eligible clinician must send a C–CDA document that the receiving clinician would be capable of electronically incorporating as a C–CDA on the receiving end. In other words, if a MIPS eligible clinician sends a C–CDA and the receiving clinician converts the C– CDA into a pdf or a fax or some other format, the sending provider *may still count t*he transition or referral in the numerator.
- If the sending clinician converts the file to a format the receiving clinician could not electronically receive and incorporate as a C–CDA, the initiating clinician *may not count* the transition in their numerator.

Numerator: describes the action counted as meeting the measure

*Note: electronic faxing does *not* satisfy this measure.

Suggested Documentation

Advice for obtaining documentation to confirm the information established in the report

Dated report or screenshot that documents the number of times that CEHRT was used to create a summary of care record for a patient that is being transitioned or referred to another setting of care and the summary of care record is electronically transmitted to a receiving provider of care or referral. Much like under Meaningful Use, this report should be available from your EHR vendor.

How CMS Scores Your Performance

Requirement in Order to Receive *Any* PI Score: Numerator of 1

Performance Points: This measure will be scored by multiplying the performance rate (calculated from the numerator and denominator you submit) by the available points for the measure.

For this measure, the score is the product of multiplying the performance rate by 20 points. The resulting number will then be rounded to the nearest whole number. For example, if you have a performance rate of 43%, you would receive 9 points for this measure.

Exception: If the MIPS eligible clinician receives a performance rate or measure score of less than 0.5, as long as the MIPS eligible clinician reported on at least one patient for a given measure, a score of 1 would be awarded for that measure.

Performance Rates for Each Measure Worth Up to 20 Points	
Performance Rate 1 patient – 7.49% = 1 point	Performance Rate 52.5 – 57.49% = 11 points
Performance Rate 7.5 – 12.49% = 2 points	Performance Rate 57.5 – 62.49% = 12 points
Performance Rate 12.5 – 17.49% = 3 points	Performance Rate 62.5 – 67.49% = 13 points
Performance Rate 17.5 – 22.49% = 4 points	Performance Rate 67.5 – 72.49% = 14 points
Performance Rate 22.5 – 27.49% = 5 points	Performance Rate 72.5 – 77.49% = 15 points
Performance Rate 27.5 – 32.49% = 6 points	Performance Rate 77.5 – 82.49% = 16 points
Performance Rate 32.5 – 37.49% = 7 points	Performance Rate 82.5 – 87.49% = 17 points
Performance Rate 37.5 – 42.49% = 8 points	Performance Rate 87.5 – 92.49% = 18 points
Performance Rate 42.5 – 47.49% = 9 points	Performance Rate 92.5 – 97.49% = 19 points
Performance Rate 47.5 – 52.49% = 10 points	Performance Rate 97.5 – 100% = 20 points

This table will help you figure out exactly how many points to expect based on your performance.