The Medicare Promoting Interoperability Program vs. MIPS Promoting Interoperability Performance Category

In 2011, CMS established the Medicare and Medicaid EHR Incentive Programs to encourage eligible clinicians, eligible hospitals, and critical access hospitals (CAHs) to adopt, implement, upgrade, and demonstrate meaningful use of certified EHR technology (CEHRT).

After the Medicare Access and CHIP Reauthorization Act of 2015 was signed into law, CMS introduced a separate Quality Payment Program (QPP) just for Medicare eligible clinicians. These eligible clinicians who had previously participated in the EHR Incentive Programs (currently renamed the Promoting Interoperability Programs), now participate in the Merit-based Incentive Payment System (MIPS), which is one of two ways to participate in QPP.

Only eligible hospitals and CAHs can participate in the Medicare Promoting Interoperability Program while Medicare eligible clinicians participate in QPP.

The chart below highlights the similarities and differences between the 2021 requirements for the **Medicare Promoting Interoperability Program** and the **MIPS Promoting Interoperability Performance Category**.

CRITERIA FOR MEDICARE PROMOTING INTEROPERABILITY PROGRAM	CRITERIA FOR BOTH PROGRAMS	CRITERIA FOR MIPS PROMOTING INTEROPERABILITY PERFORMANCE CATEGORY

• 100 points total with a required minimum of 50 points
 	
• Query of Prescription Drug Monitoring Program (PDMP) measure is worth 5 bonus points
 	
• Electronically report on an additional 4 of 9 clinical quality measures (CQMs)
 	
• Attest through the CMS Hospital Quality Reporting System (also referred to as the QualityNet Secure Portal)
 	
• Hardship exception applications are available after the data submission period has ended
	• Minimum of a continuous 90-day required reporting period
	
	• Required use of (1) existing 2015 Edition certification criteria, (2) the 2015 Edition Cures Update Criteria, or (3) a combination of the two
	  - CEHRT functionality must be in place by the first day of the EHR Reporting period
	  - EHR must be certified by ONC by the last day of the EHR reporting period
	  - Must use CEHRT functionality for the full EHR reporting period
	• Report on 4 objectives
	• Must submit a "Yes" to:
	  - The Prevention of Information Blocking Attestation
	  - The ONC Direct Review Attestation
	  - The Security Risk Analysis measure
		• One of 4 performance categories
		
		• 25% of total MIPS Score
		
		• Query of PDMP measure is worth 10 bonus points
		
		• Optional Health Information Exchange (HIE) Bi-Directional Exchange measure as an alternative reporting option to the two existing HIE measures
		
		• Submit data through any of the following ways:
		  - Manually submit (attest) through qpp.cms.gov
		  - Upload a file with your data to qpp.cms.gov
		  - Use a third party to submit your data
		
		• Hardship exception applications are available prior to the data submission period

Where Can You Go for Help?

Eligible hospitals and CAHs participating in the Medicare Promoting Interoperability Program may contact the QualityNet help desk for assistance at **qnetsupport@hcqis.org** or 1-866-288-8912.

Eligible clinicians participating in the Quality Payment Program may contact the Quality Payment Program help desk at 1-866-288-8292, Monday through Friday, 8 AM-8 PM ET or by e-mail at: **QPP@cms.hhs.gov**.

Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

To learn more about the 2015 Edition Cures Update, please review ONC's 21st Century Cures Act final rule here. To check whether a health IT product has been certified to the 2015 Edition Cures Update criteria, visit the Certified Health IT Product List (CHPL) here. For information on the CY PFS final rule where the timeline and execution plan for the 2015 Edition Cures Update was finalized for the Medicare Promoting Interoperability Program objectives and measures, please go here.

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