

## 2022 Promoting Interoperability Program Changes

While the Inpatient Prospective Payment System (IPPS) and Physician Fee Schedule (PFS) final rules govern different time periods, and at times different entities, both together help shape and structure the Centers for Medicare and Medicaid Services (CMS) promoting interoperability program. Below is a side-by-side comparison of the changes to both rules for 2022.

### FY22 Inpatient Prospective Payment System (IPPS) Final Rule

**Effective Date:** October 1, 2021

#### Key Changes Finalized:

*EHR Reporting Period in CY 2023 and CY 2024 for Eligible Hospitals and CAHs*

- CY2023: 90-Day EHR Reporting Period
- CY2024: Any continuous 180-Day Period

*Changes to the Query of Prescription Drug Monitoring Program Measure Under the Electronic Prescribing Objective*

- Query of PDMP measure to remain optional
- Bonus points increasing from 5 to 10 points for CY2022
- Maximum total points for Electronic Prescribing Objective will increase to 20 points for CY2022

*Changes to the Provide Patients Electronic Access to Their Health Information Measure Under the Provider to Patient Exchange Objective*

- Did not finalize the requirement for providers to provide patient data through an API indefinitely

### CY22 Physician Fee Schedule (PFS) Final Rule

**Effective Date:** January 1, 2022

#### Key Changes Finalized:

*Promoting Interoperability Performance Category Performance Period*

- CY2024: Any continuous 90-day period within CY2022 up to and including full CY2022

*Changes to the Query of Prescription Drug Monitoring Program Measure under the Electronic Prescribing Objective*

- Query of PDMP to remain as optional worth 10 bonus points for CY2022 performance period/2024 MIPs payment year
- Maximum total points available for Electronic Prescribing Objective will remain 20 points for CY2022

*Changes to the Provide Patients Electronic Access to Their Health Information Measure Under the Provider to Patient Exchange Objective*

- Did not finalize requirement for provider to provide patient data through an API indefinitely

*Health Information Exchange Objective: Engagement in Bi-Directional Exchange Through Health Information Exchange (HIE)*

- Added Bi-Directional Exchange Measure to Promoting interoperability for optional 40 points and is an alternate to the two existing Support Electronic Referral Loops measures. The measure will be reported by attesting:
  - Participating in an HIE in order to enable secure, bi-directional exchange of information to occur for all unique patients admitted to or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23), and all unique patient records stored or maintained in the EHR for these departments, during the EHR reporting period in accordance with applicable law and policy.
  - Participating in an HIE that is capable of exchanging information across a broad network of unaffiliated exchange partners including those using disparate EHRs, and not engaging in exclusionary behavior when determining exchange partners.
  - Using the functions of CEHRT to support bi-directional exchange with an HIE.

*Modifications to the Public Health and Clinical Data Exchange Objective*

- Beginning CY2022 four measures associated with Public Health and Clinical Data Exchange are required:
  - Syndromic Surveillance Reporting
    - Setting from which data must be submitted changed from urgent care to emergency department
  - Immunization Registry Reporting
  - Electronic Case Reporting
  - Electronic Reportable Laboratory Result Reporting

*Modifications to the Public Health and Clinical Data Exchange Objective*

- Beginning CY2022 performance period/CY2024 MIPS payment year two measures associated with Public Health and Clinical Data Exchange Objectives will be required:
  - Immunization Registry Reporting
  - Electronic Case Reporting
    - Established a one-year exclusion for MIPS eligible clinicians that have CEHRT that is not certified to the electronic case reporting criteria prior to the start of the performance period they select in CY2022

### Scoring of the Public Health and Clinical Data Exchange Objective

- Beginning CY2022 eligible hospitals or CAHs would receive 10 points for the Public Health and Clinical Data Exchange objective for reporting “Yes” on required measures:
  - Syndromic Surveillance Reporting
  - Immunization Registry Reporting
  - Electronic Case Reporting
  - Electronic Reportability Laboratory Result Reporting
- Any eligible hospital or CAH able to claim an exclusion for three or fewer of the above will receive 10 points if they report “Yes” on at least one measure
- An eligible hospital or CAH that can’t claim an exception and reports “No” for one or more measures will receive zero points for the objective and zero total points for the Promoting Interoperability performance category
- An eligible hospital or CAH that can claim four exclusions will have the points redistributed to the Provider to Patient Exchange Objective

### SAFER Guides

- Beginning CY2022 eligible hospitals or CAHs must attest to having conducted an annual self-assessment of all nine SAFER guides by attesting “Yes” or “No” to completing all nine assessments
  - Eligible hospitals and CAHs do not need to demonstrate they have implemented the SAFER Guide recommendations
  - SAFER Guides: [Available Here](#)

### Scoring of the Public Health and Clinical Data Exchange Objective

- Beginning CY2022 performance period/CY2024 MIPS payment year a MIPS eligible clinician will receive 10 points for reporting “Yes” on the required measures:
  - Immunization Registry Reporting
  - Electronic Case Reporting
- Any MIPS eligible clinician that fails to report on any one of the two required measures or reports “No” for one or more of the measures, will receive zero points for the objective and zero for the Promoting Interoperability performance category
- An eligible clinician that claims applicable exclusions for both required measures will have the points associated with the objective redistributed to the Provider to Patient Exchange Objective
- The Public Health Registry Reporting, Clinical Data Registry Reporting and Syndromic Surveillance Reporting measures will be optional and a MIPS eligible clinician may earn 5 bonus points if they report a “Yes” response for either of the three measures
  - The three exclusions established in CY2019 PFS final rule for Public Health Registry Reporting, Clinical Data Registry Reporting and Syndromic Surveillance have been removed.

### SAFER Guides

- Beginning CY2022/CY2024 MIPS payment year MIPS eligible clinicians must attest to having conducted an annual self-assessment using the High Priority Practices Guide at any point during the calendar year with a “Yes” or “No” attestation
  - The measure will be required, but not scored
  - High Priority Practices Guide: [Available Here](#)

### *Actions To Limit or Restrict the Compatibility or Interoperability of CEHRT*

- Finalizing proposal to remove information blocking attestation statements 2 and 3.

### *Proposed Changes to the Scoring Methodology for the EHR Reporting Period in CY 2022*

- Finalized that for CY22 and subsequent years, minimum scoring threshold is increasing from 50 to 60 points.

### *Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT*

- Finalizing Proposal to remove attestations statements B and C
- Modifying the definition of “meaningful EHR user for MIPS” to specify that the clinical does not knowingly take action to limit or restrict the compatibility or interoperability of CEHRT.

### *Reweighting the Promoting Interoperability Performance Category for MIPS Eligible Clinicians in Small Practices*

- Beginning CY2022 performance period/CY2024 MIPS payment year, CMS will no longer require an application for clinicians and small practices seeking to qualify for the small practice hardship exception and reweighting
  - CMS will assign a weight of zero percent to the Promoting Interoperability performance category and will be redistributed to another category or categories in the event no data is submitted for any Promoting Interoperability performance categories on behalf of a MIPS eligible clinician in a small practice.

### *Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists*

- For CY2022 performance period/CY2024 MIPS payment year, the same Promoting Interoperability reweighting policy adopted previously for NPs, PAs, CNSs, CRNAs and other types of MIPS eligible clinicians will be adopted for clinical social workers
  - CMS will assign a weight of zero only in the event that a clinical social worker does not submit data for any of the specific measures for the Promoting Interoperability performance category

**IPPS Promoting Interop. Scoring Table**

**Table IX.F.-04: Performance-Based Scoring Methodology**

**EHR Reporting Period in CY 2022**

<b>Objective</b>	<b>Measure</b>	<b>Maximum Points</b>
Electronic Prescribing	e-Prescribing	10 points
	<i>Bonus:</i> Query of PDMP	10 points ( <i>bonus</i> )*
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20 points
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	20 points
	-OR-	
	Health Information Exchange Bi-Directional Exchange*	40 points*
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points
Public Health and Clinical Data Exchange	Report the following 4 measures:* <ul style="list-style-type: none"> <li>• Syndromic Surveillance Reporting</li> <li>• Immunization Registry Reporting</li> <li>• Electronic Case Reporting</li> <li>• Electronic Reportable Laboratory Result Reporting</li> </ul>	10 points
	Report one of the following measures: <ul style="list-style-type: none"> <li>• Public Health Registry Reporting</li> <li>• Clinical Data Registry Reporting</li> </ul>	5 points ( <i>bonus</i> )*

Notes: The Security Risk Analysis measure, SAFER Guides measure, and attestations required by section 106(b)(2)(B) of MACRA are required, but will not be scored. eCQM measures are required, but will not be scored.

\*Signifies a final policy adopted in this FY 2022 IPPS/LTCH final rule.

**PFS Promoting Interop. Scoring Table**

**TABLE 58: Scoring Methodology for the Performance Period in CY 2022**

<b>Objective</b>	<b>Measure</b>	<b>Maximum Points</b>
Electronic Prescribing	e-Prescribing	10 points
	<i>Bonus:</i> Query of PDMP	10 points ( <i>bonus</i> )*
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	20 points
	Support Electronic Referral Loops by Receiving and Reconciling Health Information	20 points
-OR-		
Health Information Exchange (alternative)	Health Information Exchange Bi-Directional Exchange	40 points
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	40 points
Public Health and Clinical Data Exchange	Report the following 2 measures:* <ul style="list-style-type: none"> <li>• Immunization Registry Reporting</li> <li>• Electronic Case Reporting</li> </ul>	10 Points
	Report on any one of the following measures: <ul style="list-style-type: none"> <li>• Public Health Registry Reporting OR</li> <li>• Clinical Data Registry Reporting OR</li> <li>• Syndromic Surveillance Reporting</li> </ul>	5 points ( <i>bonus</i> )*

Notes: The Security Risk Analysis measure and the SAFER Guides measure are required, but will not be scored.

\* Signifies a proposal finalized in this CY 2022 PFS final rule.