

Promoting Interoperability Performance Category

Call for Promoting Interoperability Performance Category Measures Submission Form

Submission Period February 4 through June 30, 2020 for 2022 Measures

Stakeholders must use this form to propose new measures under the Promoting Interoperability performance category for the Merit-based Incentive Payment System (MIPS) in 2022. The submission deadline is June 30, 2020.

Proposals must be sent to CMSCallforPIMeasures@gdit.com. Stakeholders will receive an email confirmation upon receipt of their submission.

CMS priorities for Promoting Interoperability performance category measures include those that: (1) build on the advanced use of certified EHR technology (CEHRT) using 2015 Edition Certification Standards and Criteria, (2) promote interoperability and health information exchange, (3) improve program efficiency, effectiveness, and flexibility, (4) provide patients access to their health information, (5) reduce clinician burden, (6) align with the improvement activities and quality performance categories of MIPS, and (7) align with the Promoting Interoperability Program for eligible hospitals and critical access hospitals (CAHs)

SECTION 1: STAKEHOLDER INFORMATION

Provide the following information for the individual, group, or association proposing a new measure for the Promoting Interoperability performance category under MIPS. All required fields are indicated with an asterisk (*). This information will be used to contact stakeholder(s) if necessary, and apprise them of determinations made for their proposed measure(s).

| | | | |
|--|----------------|----------------------|----------------------------|
| Submitter First Name* | Middle Initial | Submitter Last Name* | Credentials (MD, DO, etc.) |
| Name of Organization (if applicable)* | | | |
| Address Line 1 (Street Name and Number – <u>Not</u> a Post Office Box or Practice Name)* | | | |
| Address Line 2 (Suite, Room, etc.) | | | |

| | | |
|---|---------------------------|----------------------|
| City/Town* | State (2 character code)* | Zip Code (5 digits)* |
| Email Address* (This is how we will communicate with you) | | |
| Business Telephone Number (include Area Code) | | Extension |

SECTION 2: CONSIDERATIONS WHEN PROPOSING MEASURES

When preparing proposals, please consider whether the new measure:

- Is patient-focused and promotes patients access to their health information;
- Promotes interoperability and health information exchange;
- Reduces clinician burden;
- Aligns with Improvement Activities and Quality performance categories of MIPS;
- Builds on the advanced use of CEHRT using 2015 Edition Certification Standards and Criteria;
- Does not duplicate existing objectives and measures;
- Is feasible to implement; and
- Is able to be validated by the Centers for Medicare & Medicaid Services (CMS).

All comments are welcome, but CMS is seeking submissions specifically on:

- Health IT activities that may be attested to in lieu of traditional reporting
- Potential new opioid use disorder prevention and treatment related measures

SECTION 3: REQUIRED INFORMATION FOR MEASURE PROPOSALS

Submissions that do not provide information for every field/section will not be evaluated for consideration. Any information/field not applicable to the measure proposal must state “N/A” , or “not applicable,” or the proposal will not be considered, as the application will be judged incomplete.

MEASURE DESCRIPTION (Provide a description of the measure to be considered and relevance to the Promoting Interoperability performance category):

Description:



Program Relevance:

MEASURE TYPE (Please indicate which category your measure description fits):

- Patient Outcome Measure
- Process Measure
- Patient Safety Measure
- Other (please indicate the type of measure):

REPORTING REQUIREMENT (Yes/No statement or Numerator and Denominator description):

Indicate whether the measure should include as a reporting requirement: 1) a yes/no statement and exclusion criteria (if applicable) or 2) the numerator and denominator, threshold (if applicable), and exclusion criteria (if applicable).

Yes/No Statement:

Exclusion Criteria (If applicable, and rationale for exclusion proposal, otherwise use N/A):

OR

Denominator Language:

Numerator Language:

Measurable Criteria for the Numerator Action (The clinical action must be tied to the numerator proposed language. For example: e-Prescribing Measure: At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.):

- At least one (e.g., patient or clinical action)
- Recommended percentage (please state – for example: 5 percent):

Rationale (Include a rationale for recommendation):

CEHRT FUNCTIONALITIES REQUIRED FOR PROPOSED MEASURE:

Describe CEHRT functionalities that are needed to attest successfully to this proposed measure, if applicable. If you do not believe certain functionalities are required (such as an application programming interface (API)), please use N/A.

Functionality type (e.g., API):

OPTIONAL:

Additional information, suggestions, and/or comments related to the Call for Promoting Interoperability performance category measures.



PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1314 (Expiration date: XX/XX/XXXX). The time required to complete this information collection is estimated to average 0.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact QPP at qpp@cms.hhs.gov.