

## Call for Promoting Interoperability Performance Category Measures Submission Form

### Submission Period February 1 through July 1, 2022 for 2024 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 2024. The submission deadline is July 1, 2022.

Proposals must be sent to [MIPS PI Call For Measures Submission@cms.hhs.gov](mailto:MIPS_PI_Call_For_Measures_Submission@cms.hhs.gov). Stakeholders will receive an email confirmation upon receipt of their submission.

The Centers for Medicare & Medicaid Services (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/administrative burden and
- (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 the 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:

- Highlights better beneficiary health outcomes and provides access to their health information
- Promotes interoperability and health information exchange
- Facilitates improvement in patient care practices, reduces reporting burden, or includes an emerging certified health IT functionality or capability
- Aligns with Improvement Activities and Quality performance categories of MIPS
- Aligns with the Promoting Interoperability Program for eligible hospitals and critical access hospitals (CAHs)
- 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
- Is able to be validated by the CMS

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

- Health IT measures that are performance-based rather than attestation-based
- Potential new Opioid User 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 for Promoting Interoperability performance category):

Description:

Program Relevance:

How does this measure build on the advanced use of CEHRT?:

How does this measure promote interoperability and health information exchange?:

Does this measure support the efforts of opioid prevention and treatment? If so, how?:

Does this measure align with or complement the MIPS improvement activities and/or quality performance categories?:

What is an indication of high performance for this measure?:

Can this measure be adapted for the hospital/inpatient setting?:

Is this measure applicable for physician or non-physician clinical staff? Or both?

**REPORTING REQUIREMENT** (Numerator/ Denominator or Yes/No Statement):

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

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):

OR

Yes/No Statement:

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

### **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, or 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: 01/31/2025). 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](mailto:qpp@cms.hhs.gov)