

# What's new for 2021 in Promoting Interoperability?



February 23, 2021



South Carolina Office of  
Rural Health

# Housekeeping



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- The presentation slide deck is available through the link in chat.
- If you have questions during the presentation, please enter them in Chat
- Please let us know of others who would like to receive invitations to our future Quickinars
- We would appreciate you completing the WebEx survey after the presentation

# About Alliant Quality



**ALLIANT QPP SUPPORT NETWORK**  
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Georgia—Hi-Bridge Solutions  
Florida—Health Services Advisory Group

- Alliant Quality provides no cost technical assistance for MIPS
  - Florida, Georgia, South Carolina & North Carolina
  - Small practices with 15 and fewer clinicians
  - Funded by CMS since 2017 to provide MIPS technical assistance
- Contact us at - [qppsurs@allianthealth.org](mailto:qppsurs@allianthealth.org)

# MIPS Technical Assistance



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- Examples
  - How to apply for a HARP account or hardship exceptions
  - How to find resources and webinar opportunities
  - How to subscribe to the QPP listserv
  - How to understand and comment on the proposed 2021 rule
  - Any questions or concerns about MIPS
    - How to identify relevant quality measures & improvement activities
    - How to understand measure specifications
    - What documentation to retain in the event of an audit
    - How to report MIPS without an EHR

# Deadlines



The deadline for CMS to receive 2020 claims for the Quality Performance category is **March 1, 2021**.

The deadline to submit data for MIPS 2020 is **March 31, 2021**



# Mary Simpson



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## Healthcare Quality Specialist

**Prior to the COVID-19 pandemic Mary enjoyed singing in her church choir. She still enjoys reading in her spare time. She especially loves raising & showing Weimaraner dogs.**



Mary's career in healthcare began over 30 years ago when she worked at a mammography center providing education to women. She managed the billing for several hospital-owned entities, mammography centers, labs, and rehab facilities. She also managed two physician offices before working in information technology for over 19 years as an educator. During this time she also worked as an implementation specialist for multiple practice management and electronic health record installations. Working at Alliant allows her to combine all her areas of expertise to work with an organization for quality improvement.

[Mary.Simpson@allianthealth.org](mailto:Mary.Simpson@allianthealth.org)

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# Polling Question 1



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How well did your practice or physicians score in 2019 on Promoting Interoperability?

- A. 20 – 25 points
- B. 15 – 20 points
- C. Less than 15 points
- D. I don't know
- E. We took the PI Hardship Exception
- F. Not applicable

# Polling Question 2



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How well do you know the ONC 21<sup>st</sup> Century Cures Act Final Rule?

- A. Very Well
- B. I have some knowledge but would like more information
- C. I am not familiar and need help
- D. Not interested
- E. Not applicable



# Polling Question 3



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Do you or your practice participate in a bidirectional Health Information Exchange?

- A. Yes
- B. No
- C. Not sure
- D. NA

# Agenda



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## 2021 Promoting Interoperability

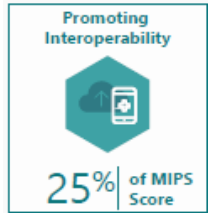
- What's the same for 2021
  - Scoring
  - Performance Period
  - 2015 CEHRT
  - 4 Objectives of Promoting Interoperability
  - Eligible Clinician Type Reweighting
- What's New for 2021
  - New Optional Measure for HIE
  - Updated Measure Name
  - Bonus Points for Query of PDMP
  - 21<sup>st</sup> Century Cures Act and combination of 21<sup>st</sup> Century Cures and 2015 CEHRT

# What's the Same for PI in 2021?



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- Promoting Interoperability is 25 points of the MIPS Final Score
- PI Performance period is a continuous 90 days minimum
- 2015 Edition CEHRT
- Eligible Clinician Type Reweighting applies
- The 4 Objectives of Promoting Interoperability remain the same : e-Prescribing, Health Information Exchange, Provider to Patient Exchange and Public Health and Clinical Data Exchange



# What's the Same for PI in 2021?



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If you are one of the following clinician types or have one of the following special statuses, you are automatically exempted from having to submit data for this performance category.



# What's New for 2021 in PI?



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- A measure name change for the Support Electronic Referral Loops by Receiving and Incorporating Health Information
- A new optional measure in the Health Information Exchange Objective
- Doubling Bonus Points for the Query to Prescription Drug Monitoring Program measure
- Updated CEHRT requirements due to the 21<sup>st</sup> Century Cures ACT Final Rule



# Measure Name Change

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The measure, Supporting Referral Loops by Receiving and Incorporating Health Information, has changed to “Supporting Referral Loops by Receiving and *Reconciling* Health Information”.



# New Optional Measure in Health Information Exchange

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<b><u>Objective:</u></b>	Health Information Exchange
<b><u>Measure:</u></b>	Health Information Exchange (HIE) Bi-Directional Exchange The MIPS eligible clinician or group must attest that they engage in bi-directional exchange with an HIE to support transitions of care.
<b><u>Measure ID:</u></b>	PI_HIE_5

## Reporting Requirements

### YES/NO

The MIPS eligible clinician must attest YES or TRUE to the following:

- ++ I participate in an HIE in order to enable secure, bi-directional exchange to occur for every patient encounter, transition or referral, and record stored or maintained in the EHR during the performance period in accordance with applicable law and policy.
- ++ The HIE that I participate in is capable of exchanging information across a broad network of unaffiliated exchange partners including those using disparate EHRs, and does not engage in exclusionary behavior when determining exchange partners.
- ++ I use the functions of CEHRT to support bi-directional exchange with an HIE.

### Scoring Information

- Required for Promoting Interoperability Performance Category Score: Yes, if submitting as an alternative to the Support Electronic Referral Loops by Sending Health Information and the Support Electronic Referral Loops by Receiving and Reconciling measures (HIE\_1 and HIE\_4)
- Measure Score: 40 points
- Eligible for Bonus Score: No



# Query of Prescription Drug Monitoring Program



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- This bonus measure is now worth 10 points
- Attest “Yes” to conducting a query of a PDMP for at least one Schedule II opioid electronically prescribed using CEHRT to earn the bonus points.

## Scoring Information

- Required for Promoting Interoperability Performance Category Score: No
- Measure Score: N/A
- Eligible for Bonus Score: Yes, 10 points





# CEHRT Requirements for Promoting Interoperability

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- MIPS eligible clinicians may use:
  - Technology certified to the existing 2015 Edition certification criteria,
  - Technology certified to the 2015 Edition Cures Update certification criteria, or
  - A combination of both to collect and report their Promoting Interoperability data and eCQMs for the Quality performance category



These CEHRT requirements are valid for Calendar Years  
2020, 2021 and 2022

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## New Certification Criteria



Two new privacy and security certification criteria adopted as part of the 2015 Edition Cures Update require transparency attestations from developers of certified health IT as part of the privacy and security certification framework.

- § 170.315(d)(12) Encrypt Authentication Credentials
- § 170.315(d)(13) Multi-factor Authentication

The 2015 Edition Cures Update introduced two new technical certification criteria that were necessary to implement the 21<sup>st</sup> Century Cures Act. These two new certification criteria will advance interoperability between certified health IT systems and make it easier for patients to access their own electronic health information on their smartphones.

- **§ 170.315(b)(10) Electronic Health Information (EHI) Export** Focuses on the ability to export the electronic health information stored in and by certified health IT to support patient EHI access requests as well as to support a health care provider interests in exporting an entire patient population to transition to another health IT system.
- **§ 170.315(g)(10) Standardized API for Patient and Population Services** Requires the use of the HL7<sup>®</sup> Fast Healthcare Interoperability Resources (FHIR<sup>®</sup>) Release 4 standard and several implementation specifications. Two types of API-enabled services are required —(1) services for which a single patient's data is the focus, and (2) services for which multiple patients' data are the focus.

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## Revised Certification Criteria



The 2015 Edition Cures Update revised the standards referenced by several existing 2015 Edition certification criteria.

### Standards Revision

- § 170.315(b)(3) ePrescribing
- § 170.315(b)(7) Security Tags – Summary of Care (send) (formerly, DS4P – Send)
- § 170.315(b)(8) Security Tags – Summary of Care (receive) (formerly, DS4P – Receive)
- § 170.315(c)(3) CQMs – Report
- § 170.315(d)(2) Adjustable Events and Tamper-Resistance
- § 170.315(d)(3) Audit Report(s)
- § 170.315(d)(10) Auditing Actions on Health Information

### USCDI Updates

In order to advance interoperability, the 2015 Edition Cures Update also established that the data required by the United States Core Data for Interoperability (USCDI) standard be met instead of the Common Clinical Data Set. The USCDI standard establishes a set of data classes and constituent data elements required to be exchanged in support of interoperability nationwide.

- § 170.315(b)(1) Transitions of Care
- § 170.315(b)(2) Clinical Information Reconciliation and Incorporation
- § 170.315(e)(1) View, Download, and Transmit to a 3rd Party
- § 170.315(f)(5) Transmission to Public Health Agencies – Electronic Case Reporting
- § 170.315(g)(6) Consolidated CDA Creation Performance
- § 170.315(g)(9) Application Access – All Data Request
- § 170.315(g)(10) Standardized API for Patient and Population Services (new certification criterion that also refers to the USCDI)

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## Removed and Time-Limited Certification Criteria



Throughout the years, ONC has worked to improve the ONC Health IT Certification Program with a focus on ways to reduce burden, offer flexibility to both developers and providers, and support innovation.

To that end, as part of the 2015 Edition Cures Update, several 2015 Edition certification criteria have been removed or time-limited because they will no longer support specific measures within the CMS Medicare and Medicaid Promoting Interoperability programs. Some of these certification criteria will be removed immediately, some as they are replaced by new criteria, and still others will be permitted for certification up until the Medicaid Promoting Interoperability program sunsets at the end of 2021. We continue to believe the functionalities expressed by these criteria are essential to clinical care and will not be removed from health IT systems just because there is no longer ONC certification for them.

Criteria	Removal Date
§ 170.315(a)(6) Problem List	At effective date
§ 170.315(a)(7) Medication List	At effective date
§ 170.315(a)(8) Medication Allergy List	At effective date
§ 170.315(a)(10) Drug-formulary & Preferred Drug List	January 1, 2022 (sunset of Medicaid PI program)
§ 170.315(a)(11) Smoking Status	At effective date
§ 170.315(a)(13) Patient-specific Education Resource	January 1, 2022 (sunset of Medicaid PI program)
§ 170.315(b)(4) CCDS - Create	At effective date
§ 170.315(b)(5) CCDS – Receive	At effective date
§ 170.315(b)(6) – Data Export	36 months from publication date
§ 170.315(e)(2) Secure Messaging	January 1, 2022 (sunset of Medicaid PI program)
§ 170.315(g)(8) Application Access – Data Category Request	24 months from publication date

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## Information Blocking

### What is information blocking?

In general, information blocking is a practice by a health IT developer of certified health IT, health information network, health information exchange, or health care provider that, except as required by law or specified by the Secretary of Health and Human Services (HHS) as a reasonable and necessary activity, is likely to interfere with access, exchange, or use of electronic health information (EHI).



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## What are examples of practices that could constitute information blocking?

- Practices that restrict authorized access, exchange, or use under applicable state or federal law of such information for treatment and other permitted purposes under such applicable law, including transitions between certified health information technologies (health IT);
- Implementing health IT in nonstandard ways that are likely to substantially increase the complexity or burden of accessing, exchanging, or using EHI;
- Implementing health IT in ways that are likely to—
  - Restrict the access, exchange, or use of EHI with respect to exporting complete information sets or in transitioning between health IT systems; or
  - Lead to fraud, waste, or abuse, or impede innovations and advancements in health information access, exchange, and use, including care delivery enabled by health IT.



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## What are the information blocking exceptions?

In the final rule, we have identified [eight categories of reasonable and necessary activities \(PDF - 555 KB\)](#) that do not constitute information blocking, provided certain conditions are met (referred to as “exceptions”). The exceptions support seamless and secure access, exchange, and use of EHI and offer [actors \(PDF - 243 KB\)](#)—health care providers, health IT developers, health information exchanges (HIEs) or networks (HINs))—certainty that practices that meet the conditions of an exception will not be considered information blocking.

A practice that does not meet the conditions of an exception would not automatically constitute information blocking. Such practices would not have *guaranteed* protection from civil monetary penalties or appropriate disincentives and would be evaluated on a case-by-case basis to determine whether information blocking has occurred.

The exceptions are divided into two classes:

- Exceptions that involve not fulfilling requests to access, exchange, or use EHI; and
- Exceptions that involve procedures for fulfilling requests to access, exchange, or use EHI.

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## Exceptions that involve not fulfilling requests to access, exchange, or use EHI

**Preventing Harm Exception:** It will not be information blocking for an actor to engage in practices that are reasonable and necessary to prevent harm to a patient or another person, provided certain conditions are met.

**Privacy Exception:** It will not be information blocking if an actor does not fulfill a request to access, exchange, or use EHI in order to protect an individual's privacy, provided certain conditions are met.

**Security Exception:** It will not be information blocking for an actor to interfere with the access, exchange, or use of EHI in order to protect the security of EHI, provided certain conditions are met.

**Infeasibility Exception:** It will not be information blocking if an actor does not fulfill a request to access, exchange, or use EHI due to the infeasibility of the request, provided certain conditions are met.

**Health IT Performance Exception:** It will not be information blocking for an actor to take reasonable and necessary measures to make health IT temporarily unavailable or to degrade the health IT's performance for the benefit of the overall performance of the health IT, provided certain conditions are met.



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## Exceptions that involve procedures for fulfilling requests to access, exchange, or use EHI

**Content and Manner Exception:** It will not be information blocking for an actor to limit the content of its response to a request to access, exchange, or use EHI or the manner in which it fulfills a request to access, exchange, or use EHI, provided certain conditions are met.

**Fees Exception:** It will not be information blocking for an actor to charge fees, including fees that result in a reasonable profit margin, for accessing, exchanging, or using EHI, provided certain conditions are met.

**Licensing Exception:** It will not be information blocking for an actor to license interoperability elements for EHI to be accessed, exchanged, or used, provided certain conditions are met.



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## Patient's Ease of Access to Their Chart

The core goal of the health IT portion of the Cures Act is to provide patients with control of their health care and their medical record through smartphones and modern software apps. While considerations of privacy are very important, these choices should be made by the patient, not taken away by a doctor, hospital, or health IT developer under the narrative of “protecting patient privacy.”



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## Protecting Patient Privacy and Security



Privacy and security are real concerns throughout modern computing environments. When implemented with appropriate security standards, application programming interfaces (APIs) are rarely the source of security issues. The final rule outlines that a patient should be able to select an application to use for accessing their health data, and using a highly secure protocol called OAuth 2 (the same protocol used on your travel and banking apps), the application should be able to access information securely from the patient's medical records. ONC's Cures Act Final Rule allows certified health IT developers to require apps to clearly state their consent and use of data policies.

As a practical matter, just like consumers select reputable banks, we expect patients to use a similar level of judgment with their medical records and choose respected brand name providers or apps that have garnered a level of trust before sharing sensitive data.

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## Providing the Ability to Shop for Care and Manage Costs

The current health care system offers little transparency for patients regarding medical care, its quality, and its cost. Mobile applications have helped transparency in many industries such as online shopping, travel, and banking. We must apply this level of access and ease to the health care industry. While it will take time to be built, it is critical to support patient-centric innovation and not hide behind privacy protections to limit transparency. It is possible to improve information sharing while also protecting patient health information. Information access will provide patients with the ability to shop around for the best possible health care by giving them insight into the real costs of that care.



# Resources



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- 2021 Promoting Interoperability Quick Start Guide – <https://app-cm-prod-content.s3.amazonaws.com/uploads/1297/2021%20MIPS%20Promoting%20Interoperability%20Quick%20Start%20Guide.pdf>
- 2021 Final Rule — <https://public-inspection.federalregister.gov/2020-26815.pdf>
- ONC 21<sup>st</sup> Century Final Rule - <https://www.healthit.gov/curesrule/final-rule-policy/2015-edition-cures-update>

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## Quality Payment Program



<https://www.alliantquality.org/topic/quality-payment-program/>



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# Questions?



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# Thank you for spending time with us today!

Please Join us Again

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12pm ET/ 1pm CT



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