



# The Quality Payment Program

## Promoting Interoperability Measures

*Previously known as Advancing Care Information for 2017 and Meaningful Use from 2011 - 2016*

### Participants:

In 2018, promoting interoperability measure reporting (PI) is optional for nurse practitioners, physician assistants, clinical nurse specialists, certified registered nurse anesthetists, hospital-based Merit-based Incentive Payment System (MIPS) clinicians and clinicians who lack face-to-face patient interaction. If PI measures are not reported for these clinicians, Centers for Medicare & Medicaid Services (CMS) will automatically re-weight the PI category to zero and increase the quality category weight to 75 percent. If PI measures are reported by any of these individuals, the measures will be scored.

### Reporting Options:

PI measures can be reported individually, as a group, based on tax identification number or as a virtual group.

### Reporting Period:

The minimum reporting period for PI measures is 90 consecutive days, but data can be submitted for any period between 90 days and the full calendar year.

### Submission Methods:

PI data can be submitted to CMS via attestation, qualified clinical registry (QCDR), qualified registry or electronic health record (EHR) vendor. Groups of 25 or more also have an option of reporting via the CMS web interface.

### Scoring:

- The PI category is worth 25 percent of the total MIPS score in 2018.
- The PI score = BASE score + PERFORMANCE score + BONUS points
- **A clinician/group has the potential to earn 165 points in the PI category, but the maximum number of points needed to earn full credit is 100 points. If 100 or more PI points are earned, the clinician/group will earn 25 percent toward the total MIPS score.**
- The BASE score is worth 50 points toward the PI score.
- The PERFORMANCE score is worth 90 points toward the PI score.
- Five **BONUS** points are awarded for reporting to a public health agencies or clinical data registry.
- 10 **BONUS** points are awarded for using 2015 certified electronic health record technology (CEHRT) to complete one of the 19 improvement activities designated for a PI bonus.
- 10 **BONUS** points are awarded for reporting exclusively from 2015 edition of CEHRT measure set.
- A clinician/group must meet ALL of the BASE measures (either 2018 transition base measures or PI base measures) to earn any points for the PI category.

### Measure Set Selection:

- Eligible clinicians/groups have a choice of which set of BASE and PERFORMANCE measures they want to report. Selection is guided by what edition CEHRT was used during the reporting period.
- Sometime during 2018, it is recommended all EHRs upgrade to 2015 Edition because the 2015 Edition is required for everyone in 2019.
- **OPTION 1: 2018 transition base and performance measures** can be reported if 2015 edition CEHRT, 2014 edition CEHRT, or a combination of 2014 and 2015 edition CEHRT was used during the reporting period. If an EHR is upgraded from 2014 edition to 2015 edition CEHRT during the reporting period, the data reported must be a combination from both the 2014 and 2015 editions. This requirement also applies if the EHR vendor is changed during the reporting period. The data reported must be a combination of data from both EHR vendors.
- **OPTION 2: PI base and performance measures** can be reported if 2015 edition CEHRT or a combination of 2014 and 2015 editions were used during the reporting period.



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## Base Measures: 2018 Transition Measures (Option One)

These four base measures can be reported if **2015 edition**, **2014 edition**, or **a combination of 2014 and 2015 editions** were used during the reporting period. 50 points are awarded toward the PI score if all four transition base measures are met. This equals 12.5 points toward the total MIPS score.

#	Measure	Description: 2018 Transition Base Measures	Requirement
1	<b>Security Risk Analysis</b>	Conduct or review a security risk analysis, implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.	Must answer YES
2	<b>E-Prescribing</b>	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT. For 2018 there is a new minimum 100 patient requirement to submit this measure, otherwise the provider is exempt from submitting this measure.	Numerator must be $\geq 1$
3	<b>Provide Patient Access</b>	At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download and transmit to a third party their health information (subject to the MIPS eligible clinician's clinical discretion to withhold certain information).	Numerator must be $\geq 1$
4	<b>Health Information Exchange (HIE)</b>	The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician: (1) uses CEHRT to create a summary of care record, and (2) electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral. For 2018, there is a new minimum 100 patient requirement to submit this measure, otherwise the provider is exempt from submitting this measure.	Numerator must be $\geq 1$

## Base Measures: PI Measures (Option Two)

These five base measures can be reported if **2015 edition CEHRT** or a **combination of 2014 and 2015 editions** was used during the reporting period. 50 points are awarded toward the PI score if all five PI base measures are met. This equals 12.5 points toward the total MIPS score.

#	Measure	Description: PI Base Measures	Requirement
1	<b>Security Risk Analysis</b>	Conduct or review a security risk analysis, implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.	Must answer YES
2	<b>E-Prescribing</b>	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT. Excludes any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.	Numerator must be $\geq 1$
3	<b>Provide Patient Access</b>	For at least one unique patient seen by the MIPS eligible clinician: (1) the patient or authorized representative is provided timely access to view online, download, and transmit his or her health information, and (2) the MIPS eligible clinician ensures the patient's health information is available for the patient or authorized representative to access using any application of their choice that is configured to meet the technical specifications of the application programming interface (API) in the CEHRT (this measure does not require that the patient take any action).	Numerator must be $\geq 1$
4	<b>Send a Summary of Care</b>	For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician: (1) creates a summary of care record using CEHRT, and (2) electronically exchanges the summary of care record. For 2018 there is a new minimum 100 patient requirement to submit this measure, otherwise the provider is exempt from submitting this measure.	Numerator must be $\geq 1$
5	<b>Request/Accept a Summary of Care</b>	For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician receives or retrieves and incorporates into the patient's record an electronic summary of care document.	Numerator must be $\geq 1$



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## Performance Measures: 2018 Transition Measures (Option One)

- The maximum number of points for performance measures is 90 points.
- These seven measures can be reported if **2015 edition**, **2014 edition**, or a **combination of 2014 and 2015 CEHRT** is used during the reporting period.
- Each measure is worth up to 10 or 20 points based on the actual performance rate and the measure, except the immunization registry reporting measure, which is worth either zero points or 10 points based on whether immunization reporting is performed.

#	Measure	Description: 2018 Transition Performance Measures	Requirement
1	<b>Provide Patient Access</b>	At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download and transmit to a third party their health information subject to the MIPS eligible clinician's clinical discretion to withhold certain information.	1-10% = 2 points 11-20% = 4 points 21-30% = 6 points 31-40%= 8 points 41-50% = 10 points 51-60% = 12 points 61-70% = 14 points 71-80% = 16 points 81-90% = 18 points 91-100% = 20 points
2	<b>Health Information Exchange</b>	The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician: (1) uses CEHRT to create a summary of care record, and (2) electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral.	1-10% = 2 points 11-20% = 4 points 21-30% = 6 points 31-40%= 8 points 41-50% = 10 points 51-60% = 12 points 61-70% = 14 points 71-80% = 16 points 81-90% = 18 points 91-100% = 20 points
3	<b>View, Download and Transmit</b>	At least one patient or authorized representative seen by the MIPS eligible clinician during the performance period views, downloads or transmits their health information to a third party during the performance period.	1-10% = 1 point 11-20% = 2 points 21-30% = 3 points 31-40%= 4 points 41-50% = 5 points 51-60% = 6 points 61-70% = 7 points 71-80% = 8 points 81-90% = 9 points 91-100% = 10 points
4	<b>Patient Education</b>	The MIPS eligible clinician must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide access to those materials to at least one unique patient seen by the MIPS eligible clinician.	1-10% = 1 point 11-20% = 2 points 21-30% = 3 points 31-40%= 4 points 41-50% = 5 points 51-60% = 6 points 61-70% = 7 points 71-80% = 8 points 81-90% = 9 points 91-100% = 10 points



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#	Measure	Description: 2018 Transition Performance Measures	Requirement
5	<b>Secure Messaging</b>	For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of CEHRT to the patient or authorized representative, or in response to a secure message sent by the patient or authorized representative during the performance period.	1-10% = 1 point 11-20% = 2 points 21-30% = 3 points 31-40%= 4 points 41-50% = 5 points 51-60% = 6 points 61-70% = 7 points 71-80% = 8 points 81-90% = 9 points 91-100% = 10 points
6	<b>Medication Reconciliation</b>	The MIPS eligible clinician performs medication reconciliation for at least one transition of care in which the patient is transitioned into the care of the MIPS eligible clinician.	1-10% = 1 point 11-20% = 2 points 21-30% = 3 points 31-40%= 4 points 41-50% = 5 points 51-60% = 6 points 61-70% = 7 points 71-80% = 8 points 81-90% = 9 points 91-100% = 10 points
7	<b>Immunization Registry Reporting</b>	The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data.	Reporting = 10 points Not Reporting = 0 points

## Performance Measures: PI Measures (Option Two)

- These nine measures can be reported if **2015 edition** or **a combination of 2014 and 2015 editions** is used during the reporting period.
- All measures are worth up to 10 points based on the actual performance rate, except the immunization registry reporting measure, which is worth either zero points or 10 points based on whether immunization reporting is performed.

#	Measure	Description: PI Performance Measures	Measure Rates and PI Points Earned
1	<b>Provide Patient Access</b>	For at least one unique patient seen by the MIPS eligible clinician: (1) the patient or authorized representative is provided timely access to view online, download, and transmit his or her health information, and (2) the MIPS eligible clinician ensures the patient's health information is available for the patient or authorized representative to access using any application of their choice that is configured to meet the technical specifications of the application programming interface (API) in the CEHRT (this measure does not require that the patient take any action).	1-10% = 1 point 11-20% = 2 points 21-30% = 3 points 31-40%= 4 points 41-50% = 5 points 51-60% = 6 points 61-70% = 7 points 71-80% = 8 points 81-90% = 9 points 91-100% = 10 points
2	<b>View, Download and Transmit</b>	During the performance period, at least one unique patient or authorized representative seen by the MIPS eligible clinician actively engages with the EHR made accessible by the MIPS eligible clinician. A MIPS eligible clinician may meet the measure by either: (1) view, download or transmit to a third party their health information, or (2) access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the CEHRT, or (3) a combination of both (1) and (2).	1-10% = 1 point 11-20% = 2 points 21-30% = 3 points 31-40%= 4 points 41-50% = 5 points 51-60% = 6 points 61-70% = 7 points 71-80% = 8 points 81-90% = 9 points 91-100% = 10 points



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#	Measure	Description: PI Performance Measures	Measure Rates and PI Points Earned
3	<b>Patient Education</b>	The MIPS eligible clinician must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to at least one unique patient seen by the MIPS eligible clinician.	1-10% = 1 point 11-20% = 2 points 21-30% = 3 points 31-40%= 4 points 41-50% = 5 points 51-60% = 6 points 61-70% = 7 points 71-80% = 8 points 81-90% = 9 points 91-100% = 10 points
4	<b>Secure Messaging</b>	For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of CEHRT to the patient or authorized representative, or in response to a secure message received by the patient or authorized representative.	1-10% = 1 point 11-20% = 2 points 21-30% = 3 points 31-40%= 4 points 41-50% = 5 points 51-60% = 6 points 61-70% = 7 points 71-80% = 8 points 81-90% = 9 points 91-100% = 10 points
5	<b>Patient-Generated Health Data</b>	Patient-generated health data or data from a non-clinical setting is incorporated into the CEHRT for at least one unique patient seen by the MIPS eligible clinician during the performance period.	1-10% = 1 point 11-20% = 2 points 21-30% = 3 points 31-40%= 4 points 41-50% = 5 points 51-60% = 6 points 61-70% = 7 points 71-80% = 8 points 81-90% = 9 points 91-100% = 10 points
6	<b>Send a Summary of Care</b>	For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician: (1) creates a summary of care record using CEHRT, and (2) electronically exchanges the summary of care record.	1-10% = 1 point 11-20% = 2 points 21-30% = 3 points 31-40%= 4 points 41-50% = 5 points 51-60% = 6 points 61-70% = 7 points 71-80% = 8 points 81-90% = 9 points 91-100% = 10 points
7	<b>Request/Accept a Summary of Care</b>	For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician receives or retrieves and incorporates into the patient's record an electronic summary of care document.	1-10% = 1 point 11-20% = 2 points 21-30% = 3 points 31-40%= 4 points 41-50% = 5 points 51-60% = 6 points 61-70% = 7 points 71-80% = 8 points 81-90% = 9 points 91-100% = 10 points





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#	Measure	Description: PI Performance Measures	Measure Rates and PI Points Earned
8	<b>Clinical Information Reconciliation</b>	For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician performs clinical information reconciliation for the following three clinical information sets: (1) medication review of the name, dosage, frequency and route of each medication, (2) medication allergy review of the patient's known medication allergies, and (3) current problem list review of the patient's current and active diagnoses.	1-10% = 1 point 11-20% = 2 points 21-30% = 3 points 31-40% = 4 points 41-50% = 5 points 51-60% = 6 points 61-70% = 7 points 71-80% = 8 points 81-90% = 9 points 91-100% = 10 points

## Bonus Points

*Bonus points can only be earned if all of the BASE measures are met.*

**5 Bonus Points** are awarded for reporting one of the following public health or clinical data registry reporting measures:

- Syndromic surveillance reporting
- Specialized registry reporting
- Electronic case reporting
- Public health registry reporting
- Clinical data registry reporting
- Immunization registry reporting

**10 Bonus Points** are awarded for using CEHRT to complete one of the 19 following Improvement Activities:

### 19 IMPROVEMENT ACTIVITIES that award 10 bonus points for the PI category\*\*

Activity	Achieving Health Equity	Weight
IA_AHE_2	Participation in a QCDR, demonstrating performance of activities for use of standardized processes for screening for social determinants of health such as food security, employment and housing. Use of supporting tools that can be incorporated into the certified EHR technology is also suggested.	Medium
Activity	Beneficiary Engagement	Weight
IA_BE_1	In support of improving patient access, performing additional activities that enable capture of patient reported outcomes (e.g., home blood pressure, blood glucose logs, food diaries, and at-risk health factors such as tobacco or alcohol use) or patient activation measures through use of certified EHR technology, containing these data in a separate queue for clinician recognition and review.	Medium
IA_BE_4	Access to an enhanced patient portal that provides up-to-date information related to relevant chronic disease health or blood pressure control and includes interactive features allowing patients to enter health information and/or enables bidirectional communication about medication changes and adherence.	Medium
IA_BE_15	Engage patients, family and caregivers in developing a plan of care and prioritizing their goals for action, documented in the certified EHR technology.	Medium
IA_BE_21	Provide self-management materials at an appropriate literacy level and in an appropriate language.	Medium



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Activity	Behavioral and Mental Health	Weight
IA_BMH_7	<p>Offer integrated behavioral health services to support patients with behavioral health needs who also have conditions such as dementia or other poorly controlled chronic illnesses. The services could include one or more of the following:</p> <ul style="list-style-type: none"> <li>• Use evidence-based treatment protocols and treatment to goal where appropriate</li> <li>• Use evidence-based screening and case finding strategies to identify individuals at risk and in need of services</li> <li>• Ensure regular communication and coordinated workflows between MIPS eligible clinicians in primary care and behavioral health</li> <li>• Conduct regular case reviews for at-risk or unstable patients and those who are not responding to treatment</li> <li>• Use of a registry or health information technology functionality to support active care management and outreach to patients in treatment</li> <li>• Integrate behavioral health and medical care plans and facilitate integration through co- location of services when feasible; and/or</li> <li>• Participate in the National Partnership to Improve Dementia Care Initiative, which promotes a multidimensional approach that includes public reporting, state-based coalitions, research, training, and revised surveyor guidance</li> </ul>	High
IA_BMH_8	Enhancements to an electronic health record to capture additional data on behavioral health populations and use those data for additional decision-making purposes (e.g., capture of additional behavioral data results in additional depression screening for at-risk patient not previously identified).	Medium
Activity	Care Coordination	Weight
IA_CC_1	Performance of regular practices that include providing specialist reports back to the referring MIPS eligible clinician or group to close the referral loop or where the referring MIPS eligible clinician or group initiates regular inquiries to specialist for specialist reports, which could be documented or noted in certified electronic health record technology.	Medium
IA_CC_8	Implementation of practices/processes that document care coordination activities (e.g., a documented care coordination encounter that tracks all clinical staff involved and communications from date patient is scheduled for outpatient procedure through day of procedure).	Medium
IA_CC_9	Implementation of practices/processes, including a discussion on care, to develop regularly updated individual care plans for at-risk patients that are shared with the beneficiary or caregiver(s). Individual care plans should include consideration of a patient's goals and priorities, as well as desired outcomes of care.	Medium
IA_CC_13	<p>Ensure that there is bilateral exchange of necessary patient information to guide patient care, such as Open Notes, that could include one or more of the following:</p> <ul style="list-style-type: none"> <li>• Participate in a Health Information Exchange if available; and/or</li> <li>• Use structured referral notes</li> </ul>	Medium



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Activity	Expanded Practice Access	Weight
IA_EPA_1	<p>Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (e.g., MIPS eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record) that could include one or more of the following:</p> <ul style="list-style-type: none"> <li>Expanded hours in evenings and weekends with access to the patient medical record (e.g., coordinate with small practices to provide alternate hour office visits and urgent care)</li> <li>Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits, group visits, home visits and alternate locations (e.g., senior centers and assisted living centers); and/or</li> <li>Provision of same-day or next-day access to a consistent MIPS eligible clinician, group or care team when needed for urgent care or transition management</li> </ul>	High
Activity	Patient Safety and Practice Assessment	Weight
IA_PSPA_16	Use decision support and standardized treatment protocols to manage workflow in the team to meet patient needs.	Medium
Activity	Population Management	Weight
IA_PM_2	<p>Individual MIPS eligible clinicians and groups who prescribe oral Vitamin K antagonist therapy (warfarin) must attest that, for 60 percent of practice patients in the transition year and 75 percent of practice patients in Quality Payment Program Year 2 and future years, their ambulatory care patients receiving warfarin are being managed by one or more of the following improvement activities:</p> <ul style="list-style-type: none"> <li>Patients are being managed by an anticoagulant management service, that involves systematic and coordinated care, incorporating comprehensive patient education, systematic prothrombin time (PT-INR) testing, tracking, follow-up, and patient communication of results and dosing decisions</li> <li>Patients are being managed according to validated electronic decision support and clinical management tools that involve systematic and coordinated care, incorporating comprehensive patient education, systematic PT-INR testing, tracking, follow-up, and patient communication of results and dosing decisions</li> <li>For rural or remote patients, patients are managed using remote monitoring or telehealth options that involve systematic and coordinated care, incorporating comprehensive patient education, systematic PT-INR testing, tracking, follow-up, and patient communication of results and dosing decisions; and/or</li> </ul> <p>For patients who demonstrate motivation, competency, and adherence, patients are managed using either a patient self-testing (PST) or patient self-management (PSM) program</p>	High
IA_PM_4	<p>For outpatient Medicare beneficiaries with diabetes and who are prescribed antidiabetic agents (e.g., insulin, sulfonylureas), MIPS eligible clinicians and groups must attest to having: For the first performance year, at least 60 percent of medical records with documentation of an individualized glycemic treatment goal that:</p> <p>a) Takes into account patient-specific factors, including, at least 1) age, 2) comorbidities, and 3) risk for hypoglycemia, and</p> <p>b) Is reassessed at least annually</p> <p>The performance threshold will increase to 75 percent for the second performance year and onward. Clinician would attest that, 60 percent for first year, or 75 percent for the second year, of their medical records that document individualized glycemic treatment represent patients who are being treated for at least 90 days during the performance period.</p>	High





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Activity	Population Management (continued)	Weight
IA_PM_13	<p>Proactively manage chronic and preventive care for empaneled patients that could include one or more of the following:</p> <ul style="list-style-type: none"> <li>• Provide patients annually with an opportunity for development and/or adjustment of an individualized plan of care as appropriate to age and health status, including health risk appraisal; gender, age and condition-specific preventive care services; and plan of care for chronic conditions</li> <li>• Use condition-specific pathways for care of chronic conditions (e.g., hypertension, diabetes, depression, asthma and heart failure) with evidence-based protocols to guide treatment to target; such as a CDC-recognized diabetes prevention program</li> <li>• Use pre-visit planning to optimize preventive care and team management of patients with chronic conditions</li> <li>• Use panel support tools (registry functionality) to identify services due;</li> <li>• Use predictive analytical models to predict risk, onset and progression of chronic diseases; or</li> <li>• Use reminders and outreach (e.g., phone calls, emails, postcards, patient portals and community health workers where available) to alert and educate patients about services due; and/or routine medication reconciliation.</li> </ul>	Medium
IA_PM_14	<p>Provide longitudinal care management to patients at high risk for adverse health outcome or harm that could include one or more of the following:</p> <ul style="list-style-type: none"> <li>• Use a consistent method to assign and adjust global risk status for all empaneled patients to allow risk stratification into actionable risk cohorts. Monitor the risk-stratification method and refine as necessary to improve accuracy of risk status identification</li> <li>• Use a personalized plan of care for patients at high risk for adverse health outcome or harm, integrating patient goals, values and priorities; and/or</li> <li>• Use on-site practice-based or shared care managers to proactively monitor and coordinate care for the highest risk cohort of patients</li> </ul>	Medium
IA_PM_15	<p>Provide episodic care management, including management across transitions and referrals that could include one or more of the following:</p> <ul style="list-style-type: none"> <li>• Routine and timely follow-up to hospitalizations, ED visits and stays in other institutional settings, including symptom and disease management, and medication reconciliation and management; and/or</li> <li>• Managing care intensively through new diagnoses, injuries and exacerbations of illness</li> </ul>	Medium
IA_PM_16	<p>Manage medications to maximize efficiency, effectiveness and safety that could include one or more of the following:</p> <ul style="list-style-type: none"> <li>• Reconcile and coordinate medications and provide medication management across transitions of care settings and eligible clinicians or groups</li> <li>• Integrate a pharmacist into the care team; and/or</li> <li>• Conduct periodic, structured medication reviews</li> </ul>	Medium

\*\*Per CMS website as of 5/3/2018 [MIPS Improvement Activities](#)

### CMS Fact Sheet:

<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Advancing-Care-information-Fact-Sheet.pdf>



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## PI and MIPS Scores

PI score = base score (50 points) + performance score (90 points) + bonus points (15 points)

The maximum points available for the PI score is 155 points.

The number of points needed to earn full credit is 100 points. If 100 or more PI points are earned, the clinician/group will earn 25 points toward the total MIPS score.

**Example 1:** In the example below, 100 PI points are earned, so full credit is awarded for the PI category. This equates to 25 points toward the total MIPS score.

		PI Points
<b>Base Measures (2018 Transition) – worth 50 points</b>	All four measures met	50
<b>Performance Measures (2018 Transition) – worth 90 points</b>		
Provide Patient Access	56.4% measure rate	12
HIE	22.6% measure rate	6
View/Download/Transmit	18.9% measure rate	2
Patient Education	98.2% measure rate	10
Secure Messaging	7.4% measure rate	1
Medication Reconciliation	87.4% measure rate	9
Immunization Registry Reporting	not reporting	0
<b>Bonus Points – worth 15 points</b>		
Public Health/Clinical Data Reporting	not reporting	0
Use CEHRT to Complete Improvement Activity	yes	10
<b>Total PI points</b>		<b>100</b>

**Example 2:** In the example below, 83 PI points are earned. The PI category is worth 25 percent of the total MIPS score, so 83 PI points X .25 = 20.75 points toward the total MIPS score.

		PI Points
<b>Base Measures (2018 Transition) – worth 50 points</b>	All four measures met	50
<b>Performance Measures (2018 Transition) – worth 90 points</b>		
Provide Patient Access	51.1% measure rate	12
HIE	3.1% measure rate	2
View/Download/Transmit	2.4% measure rate	1
Patient Education	78.2% measure rate	8
Secure Messaging	1.4% measure rate	1
Medication Reconciliation	90.4% measure rate	9
Immunization Registry Reporting	not reporting	0
<b>Bonus Points – worth 15 points</b>		
Public Health/Clinical Data Reporting	not reporting	0
Use CEHRT to Complete Improvement Activity	no	10
<b>Total PI points</b>		<b>83</b>

For answers to specific questions, please email us: [gpp@healthinsight.org](mailto:gpp@healthinsight.org)

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