AdvancedMD
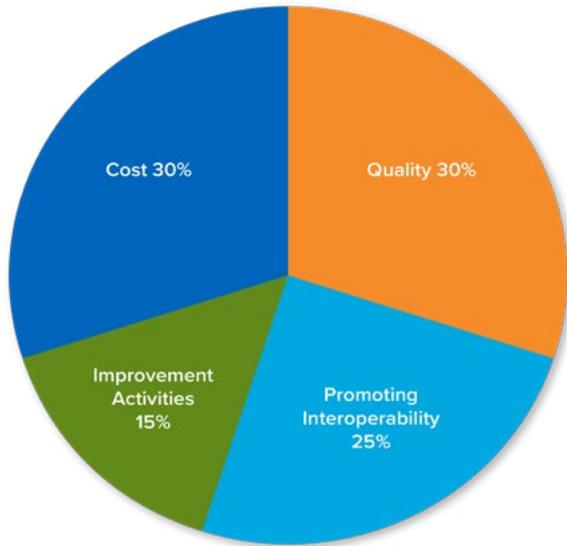
PROMOTING INTEROPERABILITY 2023 GUIDE

MIPS Performance
Categories for 2023

Use this step-by-step guide in conjunction with the AdvancedMD Help Files or the MIPS Promoting Interoperability video in the Video Training Library for complete details about how to accomplish the below PI Measures.

The MIPS eligible clinician must report (for the same 90 continuous days) all of the required measures (unless an exclusion is claimed) across all of the objectives in order to earn a score. Failure to report a required measure, unless an exclusion is claimed, will result in a PI score of 0. Starting in 2022, CMS will automatically reweigh the PI Category for MIPS Eligible Clinicians in Small Practices (15 or fewer). If data is submitted, the clinician will be scored like all other MIPS eligible clinicians. Automatic and application based exceptions for the PI category are available. See CMS QPP for more information.

In addition to submitting measures, during attestation you must provide the AdvancedMD 2015 CEHRT CHPL number and submit yes/no to 1. The ONC Direct Review Attestation 2. Completion of the Security Risk Analysis 3. Self Assessment of the High Priority Practices SAFER Guides 4. Attest to the Actions to limit or restrict compatibility or interoperability of CEHRT statement 5. Submit their complete numerator and denominator or Yes/No for all required measures 6. Submit their CMS certification identification number 7. Submit their level of active engagement for the Public Health and Clinical Data Exchange measures 8. Failure to report at least a "1" in all required measures with a numerator or reporting a "No" for a Yes/No response measure (expect for the SAFER Guides measure[2]) will result in a total score of 0 points for the Promoting Interoperability performance category.

Objectives	Required Measures	Bonus	Maximum Points
Protect Patient Health Information	Security Risk Analysis		0
	Safety Assurance Factors for EHR Resilience Guides (SAFER Guides)		0
ePrescribing	ePrescribing*		10
	Query of Prescription Drug Monitoring (PDMP)*		10
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information*		15
	Support Electronic Referral Loops by Receiving & Reconciling Health Information*		15
	Health Information Exchange (HIE) bi-directional exchange		30
	Participation in TEFCA		30
Provider to Patient Exchange	Provide Patient Access to Their Health Information		25
Public Health and Clinical Data Exchange	Report the following 2 measures:		
	Immunization Registry Reporting*		25
	Electronic Case Reporting*		
		Public Health Registry Reporting	
		Clinical Data Registry Reporting	5 points (bonus)
		Syndromic Surveillance Reporting	

* Exclusions Available

Measure: Security Risk Analysis

Objective: Protect Patient Health Information

Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified EHR technology in accordance with requirements in 45 CFR164.312(a)(2)(iv) and 45 CFR 164.306(d)(3) and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

Scoring Information - Required (0 points)

Solution: Complete a Risk Analysis and maintain in your office a signed and dated copy along with a copy.

Use these helpful links:
Small Practice Security Guide
Healthit.gov - Security Risk Assessment
Healthit.gov - Sample Seven-Step Approach for Implementing a Security Management Process
Management Process AHIMA - Information Security Overview (2014 Update)
Privacy and Security Guide

AdvancedMD Step by Step
Using information from the links above, complete and document a Risk Analysis for your office—sign, date and store it.

MIPS eligible clinician must submit a YES that they have completed the SRA measure during the calendar year in which the MIPS performance period occurred.

Note: This Measure will not appear on AdvancedMD reports—this will be a Yes/No question on attestation.

Measure: High Priority Practices Guide of the Safety Assurance Factors for EHR Resilience (SAFER) Guides

Objective: Protect Patient Health Information

Conduct an annual assessment of the High Priority Practices Guide SAFER Guides.

Scoring Information - Required (0 points)

The SAFER Guide measure is not scored and does not contribute any points to the MIPS eligible clinician's total score.

The MIPS eligible clinician does not have to confirm that it has implemented "fully in all areas" each practice described in the SAFER guide, nor will the MIPS eligible clinician be scored on how many of the practices are fully implemented.

To complete the High Priority Practices Guide self-assessment, MIPS eligible clinicians are expected to fill out the checklist and practice worksheet at the beginning of the guide.

To download the High Priority Practices SAFER Guide go to: https://www.healthit.gov/topic/safety/safer-guides

Failure to report to either "Yes" or "No" for the SAFER Guide will result in no score for the Promoting Interoperability performance category, regardless of whether other measures in this category are reported.

Measure: e-Prescribing

Objective: e-Prescribing 5

At least one permissible prescription written by the MIPS eligible clinician is transmitted electronically using CEHRT.

Scoring Information - Maximum Points - 10 points based on performance rate

Exclusion: Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period. If an exclusion is claimed, the 10 points for the e-Prescribing measure will be redistributed equally among the HIE measures.

Solution: Using AdvancedMD e-Prescribing.

The calculation for this Measure looks at prescriptions sent electronically during the performance period.

AdvancedMD Step by Step

Using one of the e-Prescribing chart tools

Enter details for prescription and click Sign

Opens the Confirm Prescriptions screen – click Sign

Click eSend

Additional Tips:

- When entering medications into a patient's chart that were not prescribed by your provider, be sure to choose Other Provider and adjust the dates, if applicable, so these won't appear to have been entered but not eSent.

- For additional details about Prescriptions – check out the Prescriptions section of the EHR Help Files.
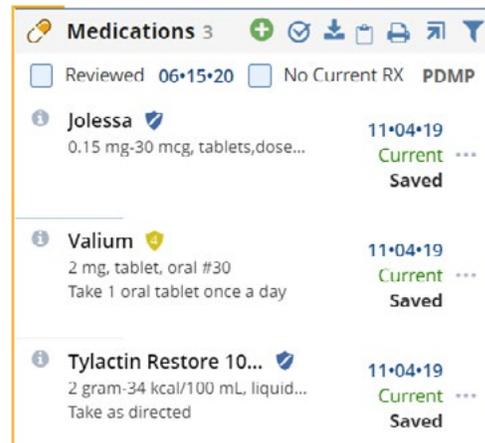
Note: Any printed prescription will place the patient into the denominator and not the numerator. Examples of where this may appear is when prescribing compound medications, DME prescriptions or printed controlled substance.

Measure: Query of Prescription Drug Monitoring Program (PDMP)

Objective: e-Prescribing

For at least one Schedule II opioid or Schedule III or IV drug electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.

Scoring Information - 10 points

Exclusion: Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the PDMP measure if the MIPS eligible clinician;

1. Is unable to electronically prescribe Schedule II opioids and Schedule III and IV drugs in accordance with applicable law during the performance period.
2. Writes fewer than 100 permissible prescriptions during the performance period.
3. Querying a PDMP would impose an excessive workflow or cost burden prior to the start of the performance period they select in CY 2023.

Solution: PDMP integration is available for AdvancedMD clients. Contact your sales team to learn more about the integration that offers a seamless check of the state database.

Note: This Measure will not appear on AdvancedMD reports—this will be a Yes/No question on attestation.
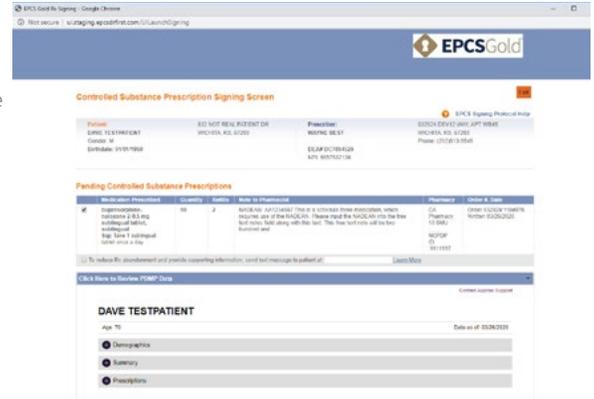
Measure: Provide Patients Electronic Access to Their Health Information

Objective: Provider to Patient Exchange

For at least one unique patient seen by the MIPS eligible clinician: (1) The patient 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 to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).

Scoring Information - Maximum Points - 25 points

Exclusions: None

Solution: Using the AdvancedMD Patient Portal, your patients have access to their health information 24/7 in real-time on demand and have the ability to view, download and transmit their information to a third party using the Chart Summary tool.

AdvancedMD Step by Step

Setup the Patient Portal for your office: PM | Utilities | Portal Act Maintenance | Patient Portal Designer.

Enter the patient's email into the Patient Demographics screen.

Create Patient Portal accounts and send portal invites in the Patient Portal screen.

Encourage your patients to check their email, find the invitation and click on the link to access the portal. View the *Configuring Patient Portal* training video in the Video Training Library for more details.

Go to PM | Reports > Patient Listings > Patient Portal Status to see Patient account status.

Additional Tips:
In System Defaults (PM | Utilities | System Defaults | Patient Portal | View EHR Chart Items) you can control if your patients can see Notes, Lab Results, Images and Growth Charts in the Patient Portal.

Some offices help their patients access the portal using the patient's smartphone while still in the office. These offices then know that some patients have accessed their patient portal and it shows patients how easy using the portal can be.
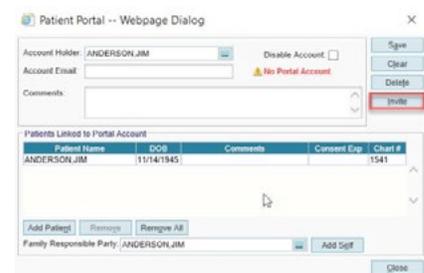
It is suggested that you setup a test patient with an account and test all parts of this process with that test patient before going live with this feature.

If you wish to add a link to the patient portal for your office key to your office's website – replace the xxxxxx in this address with your office key's 6 digits: https://patientportal.advancedmd.com/Account/LogOn?lk=xxxxxx

For additional details about setting up the Patient Portal – refer to that section of the PM Help Files.

Measure: Support Electronic Referral Loops by Sending Health Information

Objective: Health Information Exchange

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 provider — (1) creates a summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.

Scoring Information - Maximum Points - 15 points based on performance rate

Exclusion: Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period. When claimed, the 15 points will be redistributed to the Provide Patient Electronic Access Measure.

Solution: Use the Print/Send Summary/Referral command from a signed note or the Outbound CIE Tool to generate a Referral/Transition of Care record and electronically transmit to another provider of care via Direct Messaging. Import the Outbound CIE template to capture the latest data elements for exchange.

AdvancedMD Step by Step

When referring a patient, from the signed note, click on the Print/Send Summary/Referral | Referral/Transition of Care.
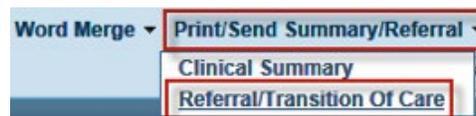
This opens the Outbound Clinical Document screen with that patient chosen.

Search for and choose the clinician to whom you wish to send the CIE document.

Select Referral/Transition of Care from the CDA Type drop-down.

Enter the date range and reason for Referral/Visit.

The Edit pane opens – click on a heading to open the drop-down for that section to choose which data to include/exclude, if applicable.

Once editing is complete, click Finish and the Clinical Document preview opens.

Review the information and click Send – the CIE is electronically sent to the clinician. Outbound CIE documents are saved to the patient's chart – labeled Outbound CIE.
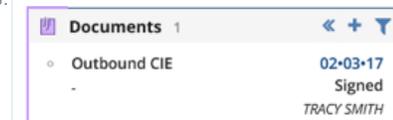
Go to Reports > eSend Status > CIE Outbound to check the status of the transmission.

Only successfully accepted transmissions will count in the numerator.

Warning: Printing will cause a lower performance score for this measure.

Additional Tips:

Clinicians must have a Direct Messaging address in order to send or receive CIE documents – contact support if you need to be setup with a Direct Messaging address.

AdvancedMD is contracted with SureScripts as its Health Information Service Provider (HISPS).

If clinicians you work with do not have Direct Messaging addresses yet – encourage them to contact their EHR vendor and get signed up for this service.

Download from the EHR Template Library the Outbound CIE template that includes the USCDIv1 data elements fields.

Set up Field Properties for Health Information Exchange

To see field names and information on where in the patient chart the information is stored see the Help Files Set Up Field Properties for HIE.

Set up Field Properties for Health Information Exchange

Ensure the **Codeset** fields in **Template Control Properties** have been correctly coded to the appropriate LOINC or SNOMED code. Use the table and example below for reference.

> **Important Note:** Outbound CIE data is pulled from various areas of EHR as well as from templates that have been set up with the correct LOINC and SNOMED codes. We recommend using the **2021 Outbound CIE** template to ensure fields have been set up for Outbound CIE documents, or use the table below to set up your own template.

Field Name	Information on Field	Vocabulary	Code	Required Text in Optional Description
Allergies	Data is pulled from the Allergy Card. If NKDA is selected, no other allergies populate in the CDA.	RxNorm SNOMED (Reactions)		N/A
Medications	Data is pulled from the Medications Card. Imported medications and record-only medications need to be signed in order to display on the CDA.	RxNorm		N/A
Problem List	Data is pulled from the Problems Card. The CDA only pulls SNOMED codes and does not display Problems listed with an ICD code.	SNOMED		N/A
Encounters	Data is pulled from a PM or EHR signed charge slip to include appointment type, provider, ICD code, appointment date/time and location.	ICD		N/A
Procedure List	Data is pulled from a PM or EHR signed charge slip. The following CPT® codes WILL NOT be included on the CIE outbound: Surgical codes BETWEEN '10021' AND '69990', Radiology codes BETWEEN '70010' AND '79999', Lab codes BETWEEN '80047' AND '89356', Medicine codes BETWEEN '89398' AND '99607'.	CPT		N/A
Procedure Note	Data is pulled from text within a field in a note template coded for	LOINC	28570-0	Procedure Note:

Measure: Support Electronic Referral Loops by Receiving & Reconciling Health Information

Objective: Health Information Exchange

For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.

Scoring Information - Maximum Points - 15 points based on performance rate

Exclusion: Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times. If an exclusion is claimed, the 15 points will be redistributed to the other HIE Sending measure.

AdvancedMD Step by Step

To align with CMS requirements, clinicians will need to receive and reconcile an inbound Summary of Care/Transition of Care within the Inbound CIE tool in EHR.

Setup Transition of Care Appointment Type: PM > Master Files > Appointments > Appointment Types. Check the Transition of Care checkbox for any applicable appointment types. The Transition of Care check box can also be checked at the time of making the appointment.
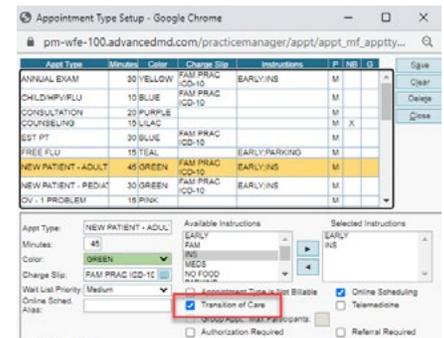
Transition of Care Appointment and Requested Summary of Care: 1. In PM or EHR Scheduler, when a Transition of Care or referred patient's Summary of Care Inbound CIE is received, select the upcoming appointment for the patient. 2. Click the Transition of Care icon. 3. Select the Requested Summary of Care Available radio button that indicates an electronic summary of care document for the patient is available. This action places the patient into the denominator of the measure. Note: To remove a Transition of Care patient from the denominator and to note that the requested Summary of Care was not received, select Unavailable for Requested Summary of Care. If a patient was referred more than once or was referred to more than one provider, each referral will be counted.

Reconcile Summary of Care using the Inbound CIE Tool: The Inbound CIE feature allows you to import Continuity of Care Document (CCD)-compliant files containing patient data from another practice's EHR. **Important Note: At least one provider in the license key must be signed up for a Direct messaging address or no inbound CIE documents can be received.** Contact Client Support Services to set up a Direct messaging address.

1. Go to EHR > Tools > CIE Inbound or click on the Inbound CIE donut to access the incoming messages.

2. Select the CIE message from the list and double-click to open, or click Open.

3. If the Patient was not automatically selected, search for and select the patient.

4. Select an appointment from the Link to Appt drop-down. Note: To be included in the numerator, the patient transition of care appointment and clinical information reconciliation must both occur during the selected 90-day performance period.
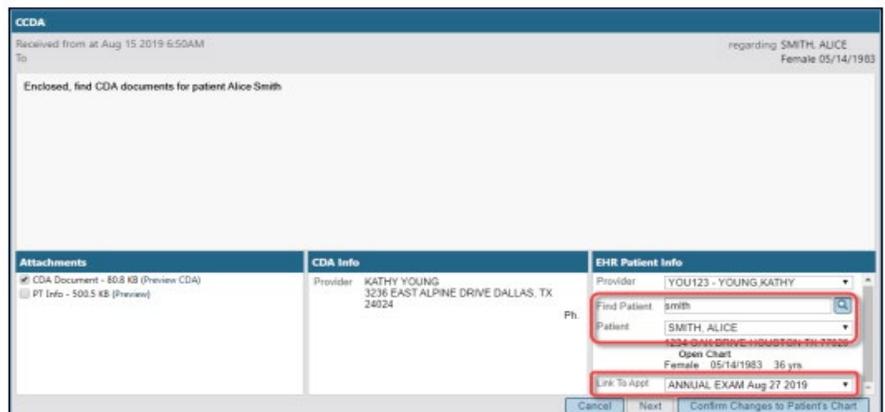
5. Click Next and review the incoming data and decide which data is to be reconciled into the patient chart. Unselected items are dismissed and not incorporated into the patients chart.

6. Click Confirm Changes to Patient's Chart to save all incoming items. Once changes are confirmed, the Inbound CIE is saved to the Documents card and the Medications, Allergies and Problems are defaulted to Reviewed.

Measure: Health Information Exchange (HIE) Bi-Directional Exchange

Objective: Health Informational Exchange

The MIPS eligible clinician or group must establish the technical capacity and workflows to engage in bi-directional exchange via an HIE for all patients seen by the eligible clinician and for any patient record stored or maintained in their EHR. The MIPS eligible clinician or group must attest that they engage in bi-directional exchange with an HIE to support transitions of care.

Scoring Information - 30 points

Measure ID - PI_HIE_5

If submitting as an alternate to the HIE Sending/HIE Receiving Measures, the MIPS eligible clinician must attest Yes 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 functions of CEHRT to support bi-directional exchange with an HIE.

In AdvancedMD:

Use the Record Locator and Exchange Service. You can use the Record Locator and Exchange (RLE) service to automatically pull in any available Community Cloud records from other practices when a patient is checked in. Records are available if the patient has consented with the originating practice to share them. Community Cloud documents display on the Documents patient card for five days after they are created.

The Record Locator and Exchange (RLE) service automatically generates clinical summary documents and sends updates to a national Health Information Exchange (HIE) database of patient records. This allows other practices to easily request and access patient data.

Consent must be obtained and recorded for the patient before sharing their clinical summary information with Surescripts. If patient consent has not been recorded, the patient's clinical summary will not be shared with Surescripts.

Setup: The Surescripts® Record Locator and Exchange global setting must be set to Send and Receive Documents from Surescripts or Receive Documents Only in Global Settings to share data with Surescripts.

Note: The RLE service pulls available patient records if the service is enabled for your office key. Contact Client Support Services if additional support is needed.

Measure: Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA)

Objective: Health Informational Exchange

The MIPS eligible clinician or group must attest to the following:

- Participating as a signatory to a Framework Agreement (as that term is defined by the Common Agreement for Nationwide Health Information Interoperability as published in the Federal Register and on ONC's website)in good standing (that is, not suspended) and enabling secure, bi-directional exchange of information to occur, in production, 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.

- Using the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement.

Scoring Information - 30 points

Measure ID - PI_HIE_6

AdvancedMD currently doesn't participate in TEFCA

Measure: Electronic Case Reporting

Objective: Public Health and Clinical Data Exchange

The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.

Scoring Information - Maximum Points - 25 points

The MIPS eligible clinician will receive the full 25 points for reporting two "yes" responses, or for submitting a "yes" for one measure and claiming an exclusion for another. If there are no "yes" responses and two exclusions are claimed, the 25 points will be redistributed to the Provide Patients Electronic Access to Their Health Information measure.

Starting in 2022, clinicians are required to report on Immunization Registry Reporting and Electronic Case Reporting.

Exclusion: Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Electronic Case Reporting measure if the MIPS eligible clinician;

1. Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period. OR

2. Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the performance period. OR

3. Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the performance period.

Active engagement – The MIPS eligible clinician is in the process of moving towards sending "production data" to a public health agency or clinical data registry, or is sending production data to a public health agency (PHA) or clinical data registry (CDR).

Active engagement may be demonstrated in one of the following ways:

- **Option 1 – Pre-Production and Validation:** The MIPS eligible clinician must first register to submit data with the PHA or, where applicable, the clinical data registry (CDR) to which the information is being submitted. Registration must be completed within 60 days after the start of the performance period, while awaiting an invitation from the PHA or CDR to begin testing and validation. MIPS eligible clinicians that have registered in previous years do not need to submit an additional registration for subsequent performance periods. Upon completion of the initial registration, the MIPS eligible clinician must begin the process of testing and validation of the electronic submission of data. The MIPS eligible clinician must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within a performance period would result in the MIPS eligible clinician not meeting the measure.

- **Option 2 – Validated Data Production:** The MIPS eligible clinician has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR.

Production data – Refers to data generated through clinical processes involving patient care, and it is used to distinguish between data and "test data" which may be submitted for the purposes of enrolling in and testing electronic data transfers.

The measures under the Public Health and Clinical Data Exchange objective are reported using "yes or no" responses.

For 2023, AdvancedMD is actively developing eCR and will release the new feature as soon as possible.

Measure: Immunization Registry Reporting

Objective: Public Health and Clinical Data Exchange

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system.

Scoring Information - Maximum Points - 25 points

The MIPS eligible clinician will receive the full 25 points for reporting two "yes" responses, or for submitting a "yes" for one measure and claiming an exclusion for another. If there are no "yes" responses and two exclusions are claimed, the 25 points will be redistributed to the Provide Patients Electronic Access to Their Health Information measure.

Exclusion: Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Immunization Registry Reporting measure if the MIPS eligible clinician:

1. Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the performance period.

2. Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the performance period.

3. Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the performance period.

Solution: Utilize the Immunization Module. To facilitate electronic transmission to registries
1) Contact your state registries to declare your intent and to determine their readiness, 2) Contact AdvancedMD to setup registry connection.

AdvancedMD Step by Step

Contact the public health agency/agencies with which you submit immunization.

Declare your intent to setup a connection.

Contact AdvancedMD to setup registry connection.

Setup the immunizations that you administer in your office –
PM | Master Files | Transaction Codes | Charge Codes
Enter the appropriate CVX codes into the immunization CPT codes

EHR | Admin | System Setup | Immunizations
Enter Charge Codes, CVX Codes, MVX Codes, dosing, schedule for immunizations you administer
Record Immunizations administered in your office

EHR | Patient's Chart – use Immunization Chart tool or
Immunization Card

Additional Tips:

For additional details about setting up and using the Immunization chart tool – refer to that section of the EHR Help Files.

The measures under the Public Health and Clinical Data Exchange objective are reported using "yes or no" responses.

Promoting Interoperability (PI/MIPS) Reports

We suggest running PI reports on a regular basis to check your performance.

PM Report Center > PI/Quality > Promoting Interoperability Summary or Detail (PI/MIPS)

PI measures are based off at least 90 consecutive days.

Promoting Interoperability (PI/MIPS)

Saved Report Settings

| Save Setting | | Run Report |

Stage Selection

Stage: 2020-2023 Promoting Interoperability

- 2020-2023 Promoting Interoperability
- 2019 Promoting Interoperability
- Promoting Interoperability (ACI Transition)

Date Filter

Date Range:

Select a Low Date:

Select a High Date:

2020-2023 Promoting Interoperability (PI/MIPS)

NEIGHBORHOOD PHYSICIANS PRACTICE

Date Range 1/1/2023 to 1/6/2023

All Provider Profiles, Group Federal ID: , 11889966666666, 888000777, 888000880, 888000887, 888000889

Measure	Denominator	Numerator	Value
Electronic Prescribing	0	0	0%
Health Information Exchange (Sending)	0	0	0%
Patient Electronic Access			
Timely Access	0	0	0%
Health Information Exchange (Receiving/Reconciling)	0	0	0%

The Detail Report shows the specific patients who meet the criteria to be included in the Measure. These reports can help you identify necessary workflow adjustments to capture more accurate data, and show which patients have missing information within the reporting period.

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