

Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Measure 2018 Performance Period

<u>Objective:</u>	Public Health and Clinical Data Registry Reporting
<u>Measure:</u>	Electronic Case Reporting The MIPS eligible clinician is in active engagement with a public health agency (PHA) to electronically submit case reporting of reportable conditions.
<u>Measure ID:</u>	PI_PHCDRR_3

Definition of Terms

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 – Completed Registration to Submit Data:** The MIPS eligible clinician registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the MIPS performance period; and the MIPS eligible clinician is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows MIPS eligible clinicians to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. MIPS eligible clinicians that have registered in previous years do not need to submit an additional registration to meet this requirement for each MIPS performance period.
- **Option 2 – Testing and Validation:** The MIPS eligible clinician is in the process of testing and validation of the electronic submission of data. MIPS eligible clinicians must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice



within a MIPS performance period would result in that MIPS eligible clinician not meeting the measure.

- **Option 3 – 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.

Reporting Requirements

YES/NO

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

Scoring Information

BASE SCORE/PERFORMANCE SCORE/BONUS SCORE

- Required for Base Score: **No**
- Percentage of Performance Score: **10% for reporting to a single registry**
Eligible for Bonus Score: **Yes, 5% as long as credit is not received under the performance score**

One-time bonus of 10% for MIPS eligible clinicians and groups who report using 2015 Edition CEHRT exclusively for the 2018 performance period and submit only Promoting Interoperability measures.

Note: MIPS eligible clinicians must fulfill the requirements of base score measures to earn any score in the Promoting Interoperability performance category. In addition to the base score, MIPS eligible clinicians have the opportunity to earn additional credit through the submission of performance measures and a bonus measure and/or activity.

Additional Information

- More information about Promoting Interoperability scoring is available on the [QPP website](#).
- MIPS eligible clinicians can report the Promoting Interoperability objectives and measures if they have technology certified to the 2015 Edition, or combination of technologies from the 2014 and 2015 Editions that support these measures.

- MIPS eligible clinicians will receive 10 percentage points in the performance score for reporting to a single registry under the Public Health and Clinical Data Registry Reporting objective, however, the performance score will be limited to 10 percentage points no matter how many registries they report to.
- Active engagement with a public health or clinical data registry or registries that is/are different from the agency or registry that a MIPS eligible clinician identified to earn a performance score will earn the MIPS eligible clinician a bonus of 5 percentage points. However, a MIPS eligible clinician cannot receive credit under both the performance score and bonus score for reporting to the same public health agency or registry.
- MIPS eligible clinicians who have previously registered, tested, or begun ongoing submission of data to registry do not need to “restart” the process.
- When MIPS eligible clinicians choose to report as a group, data should be aggregated for all MIPS eligible clinicians under one Taxpayer Identification Number (TIN). This includes those MIPS eligible clinicians who may qualify for reweighting such as a significant hardship exception, hospital or ASC-based status, or in a specialty which is not required to report data to the Promoting Interoperability performance category. If these MIPS eligible clinicians choose to report as a part of a group practice, they will be scored on the Promoting Interoperability performance category like all other MIPS eligible clinicians.

Regulatory References

- For further discussion, please see the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule: [81 FR 77229](#).
- In order to meet this objective and measure, a MIPS eligible clinician must use the capabilities and standards of CEHRT at 45 CFR 170.315 (f)(5), (f)(6) and (f)(7).

Certification and Standards Criteria

Below is the corresponding certification and standards criteria for electronic health record technology that supports achieving the meaningful use of this measure.

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Certification Criteria*

§ 170.315(f)(5) Transmission to public health agencies— electronic case reporting

- (i) Consume and maintain a table of trigger codes to determine which encounters may be reportable.
- (ii) Match a patient visit or encounter to the trigger code based on the parameters of the trigger code table.
- (iii) Case report creation. Create a case report for electronic transmission:
 - (A) Based on a matched trigger from paragraph (f)(5)(ii).
 - (B) That includes, at a minimum:
 - (1) The Common Clinical Data Set.
 - (2) Encounter diagnoses. Formatted according to at least one of the following standards:
 - (i) The standard specified in §170.207(i).
 - (ii) At a minimum, the version of the standard specified in §170.207(a)(4).
 - (3) The provider's name, office contact information, and reason for visit.
 - (4) An identifier representing the row and version of the trigger table that triggered the case report.

§ 170.315(f)(6) Transmission to public health agencies— antimicrobial use and resistance reporting

- Create antimicrobial use and resistance reporting information for electronic transmission in accordance with the standard specified in §170.205(r)(1).

**§ 170.315(f)(7)
Transmission to
public health
agencies—health
care surveys**

Create health care survey information for electronic transmission in accordance with the standard specified in §170.205(s)(1).

**Depending on the type of certification issued to the EHR technology, it will also have been certified to the certification criterion adopted at 45 CFR 170.314 (g)(1), (g)(2), or both, in order to assist in the calculation of this meaningful use measure.*

Standards Criteria	
§ 170.205(d)(2) Electronic submission to public health agencies for surveillance or reporting	HL7 2.5.1 (incorporated by reference in §170.299).
§ 170.205(d)(3) Electronic submission to public health agencies for surveillance or reporting	Standard. HL7 2.5.1 (incorporated by reference in §170.299). Implementation specifications. PHIN Messaging Guide for Syndromic Surveillance (incorporated by reference in §170.299) and Conformance Clarification for EHR Certification of Electronic Syndromic Surveillance, Addendum to PHIN Messaging Guide for Syndromic Surveillance (incorporated by reference in §170.299).
§ 170.205(d)(4) Electronic submission to public health agencies for surveillance or reporting	Standard. HL7 2.5.1 (incorporated by reference in §170.299). Implementation specifications. PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0, April 21, 2015 (incorporated by reference in §170.299) and Erratum to the CDC PHIN 2.0 Implementation Guide, August 2015; Erratum to the CDC PHIN 2.0 Messaging Guide, April 2015 Release for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings (incorporated by reference in §170.299).

§ 170.207(a)(3)(4)

HTSDO SNOMED CT® International Release July 2012 (incorporated by reference in §170.299) and US Extension to SNOMED CT® March 2012 Release (incorporated by reference in §170.299).

IHTSDO SNOMED CT®, U.S. Edition, September 2015 Release (incorporated by reference in §170.299).

§ 170.207(c)(2)(3)

Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.40, a universal code system for identifying laboratory and clinical observations produced by the Regenstrief Institute, Inc. (incorporated by reference in §170.299).

Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.52, a universal code system for identifying laboratory and clinical observations produced by the Regenstrief Institute, Inc. (incorporated by reference in §170.299).

Additional certification and standards criteria may apply. Review the [ONC 2015 Edition Final Rule](#) for more information.