Quality Payment PROGRAM

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

Objective:	**Patient Electronic Access**
Measure:	**Patient-Specific Education** The MIPS eligible clinician must use clinically relevant information from certified electronic health record technology (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.
Measure ID:	**PI_PEA_2**

Definition of Terms

Provide Access – When a patient possesses all of the necessary information needed to view, download, or transmit their information. This could include providing patients with instructions on how to access their health information, the website address they must visit for online access, a unique and registered username or password, instructions on how to create a login, or any other instructions, tools, or materials that patients need in order to view, download, or transmit their information.

Unique Patient – If a patient is seen by a MIPS eligible clinician more than once during the MIPS performance period, then for purposes of measurement, that patient is only counted once in the denominator for the measure. All the measures relying on the term ‘‘unique patient’’ relate to what is contained in the patient’s medical record. Not all of this information will need to be updated or even be needed by the provider at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same provider multiple times in the same MIPS performance period.

Reporting Requirements

NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT during the performance period.

- **DENOMINATOR:** The number of unique patients seen by the MIPS eligible clinician during the performance period.

Scoring Information

BASE SCORE/PERFORMANCE SCORE/BONUS SCORE

- Required for Base Score: **No**
- Percentage of Performance Score: **Up to 10%**
- Eligible for Bonus 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 a base score in order 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

- MIPS eligible clinicians can report the Promoting Interoperability objectives and measures if they have technology certified to the 2015 Edition, or a combination of technologies from the 2014 and 2015 Editions that support these measures.
- Actions included in the numerator must occur within the performance period.
- This measure is worth up to 10 percentage points towards the Promoting Interoperability performance category score. More information about Promoting Interoperability scoring is available on the QPP website.
- Paper-based actions are not allowed or required to be counted for calculations. MIPS eligible clinicians may still provide paper based educational materials for their patients, but are not allowed to be included in measure calculations.
- 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 77228.
- In order to meet this objective and measure, MIPS eligible clinicians must use the capabilities and standards of CEHRT at 45 CFR 170.315 (a)(13) and (g)(8) and (9).

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(a)(13) Patient-Specific Education Resources	(i) EHR technology must provide patients (and their authorized representatives) with an online means to view, download, and transmit to a 3rd party the data specified below. Access to these capabilities must be through a secure channel that ensures all content is encrypted and integrity-protected in accordance with the standard for encryption and hashing algorithms specified at § 170.210(f). (A) The standard and implementation specifications specified in §170.204(b)(3). (B) The standard and implementation specifications specified in §170.204(b)(4). (ii) Optional. Request that patient-specific education resources be identified in accordance with the standard in §170.207(g)(2).

170.315(g)(8) Design Performance	(8) Application Access. Data category request. The following technical outcome and conditions must be met through the demonstration of an application programming interface. (i) Functional requirements. (A) Respond to requests for patient data (based on an ID or other token) for each of the individual data categories specified in the Common Clinical Data Set and return the full set of data for that data category (according to the specified standards, where applicable) in a computable format. (B) Respond to requests for patient data associated with a specific date as well as requests for patient data within a specified date range. (ii) Documentation—(A) The API must include accompanying documentation that contains, at a minimum: (1) API syntax, function names, required and optional parameters and their data types, return variables and their types/structures, exceptions and exception handling methods and their returns. (2) The software components and configurations that would be necessary for an application to implement in order to be able to successfully interact with the API and process its response(s). (3) Terms of use. The terms of use for the API must be provided, including, at a minimum, any associated developer policies and required developer agreements. (B) The documentation used to meet paragraph (g)(8)(ii)(A) of this section must be available via a publicly accessible hyperlink.
170.315(g)(9) Design Performance	(9) All data request. The following technical outcome and conditions must be met through the demonstration of an application programming interface. (i) Functional requirements. (A) Respond to requests for patient data (based on an ID or other token) for all of the data categories specified in the Common Clinical Data Set at one time and return such data (according to the specified standards, where applicable) in a summary record formatted according to the standard specified in §170.205(a)(4) following the CCD document template. (B) Respond to requests for patient data associated with a specific date as well as requests for patient data within a specified date range. (ii) Documentation—(A) The API must include accompanying documentation that contains, at a minimum:

	(1) API syntax, function names, required and optional parameters and their data types, return variables and their types/structures, exceptions and exception handling methods and their returns. (2) The software components and configurations that would be necessary for an application to implement in order to be able to successfully interact with the API and process its response(s). (3) Terms of use. The terms of use for the API must be provided, including, at a minimum, any associated developer policies and required developer agreements. (B) The documentation used to meet paragraph (g)(9)(ii)(A) of this section must be available via a publicly accessible hyperlink. (h) Transport methods and other protocols—(1) Direct Project—(i) Applicability Statement for Secure Health Transport. Able to send and receive health information in accordance with the standard specified in §170.202(a)(2), including formatted only as a "wrapped" message. (ii) Delivery Notification in Direct. Able to send and receive health information in accordance with the standard specified in §170.202(e)(1). (2) Direct Project, Edge Protocol, and XDR/XDM—(i) Able to send and receive health information in accordance with: (A) The standard specified in §170.202(a)(2), including formatted only as a "wrapped" message; (B) The standard specified in §170.202(b), including support for both limited and full XDS metadata profiles; and (C) Both edge protocol methods specified by the standard in §170.202(d). (ii) Delivery Notification in Direct. Able to send and receive health information in accordance with the standard specified in §170.202(e)(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	
§ 170.204(a)	Web Content Accessibility Guidelines (WCAG) 2.0, Level A Conformance (incorporated by reference in § 170.299).
§ 170.210(f)	Any encryption and hashing algorithm identified by the National Institute of Standards and Technology (NIST) as an approved security function in Annex A of the FIPS Publication 140-2 (incorporated by reference in § 170.299).
§ 170.205(a)(3)	HL7 Implementation Guide for CDA Release 2: IHE Health Story Consolidation. The use of the “unstructured document” document-level template is prohibited.
§ 170.202(a)	ONC Applicability Statement for Secure Health Transport, Version 1.0 (incorporated by reference in §170.299).
§ 170.210(g)	The date and time recorded utilize a system clock that has been synchronized following (RFC 1305) Network Time Protocol, (incorporated by reference in §170.299) or (RFC 5905) Network Time Protocol Version 4, (incorporated by reference in §170.299).

Additional certification and standards criteria may apply. Review the ONC 2015 Edition Final Rule for more information.