

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

<u>Objective:</u>	Coordination of Care through Patient Engagement
<u>Measure:</u>	Secure Messaging 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 certified electronic health record technology (CEHRT) to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative).
<u>Measure ID:</u>	PI_CCTPE_2

Definition of Terms

Secure Message – Any electronic communication between a provider and patient that ensures only those parties can access the communication. This electronic message could be email or the electronic messaging function of a PHR, an online patient portal, or any other electronic means.

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 for whom a secure electronic message is sent to the patient (or patient-authorized representative) or in response to a secure message sent by the patient (or patient-authorized representative), 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 for the CY 2018 performance period.
- 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](#).
- The measure includes MIPS eligible clinician-initiated communications (when a MIPS eligible clinician sends a message to a patient or the patient's authorized representatives), and clinician-to-clinician communications if the patient is included. A MIPS eligible clinician can only count messages in the numerator when the MIPS eligible clinician participates in

the communication (e.g., any patient-initiated communication only if the MIPS eligible clinician responds to the patient. Note: MIPS eligible clinicians are not required to respond to every message received if no response is necessary.

- 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 as defined at § at 45 CFR 170.315(e)(2).

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.

Certification Criteria*	
§ 170.315(e)(2) Patient Engagement	(2) Secure messaging. Enable a user to send messages to, and receive messages from, a patient in a secure manner.

** 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, (incorporated by reference in §170.299). 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.