

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

<b><u>Objective:</u></b>	<b>Patient Electronic Access</b>
<b><u>Measure:</u></b>	<p><b>Provide Patient Access</b></p> <p>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 discretion to withhold certain information.</p>
<b><u>Measure ID:</u></b>	<b>PI_TRANS_PEA_1</b>

### 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.

**Diagnostic Test Results** – All data needed to diagnose and treat disease. Examples include, but are not limited to, blood tests, microbiology, urinalysis, pathology tests, radiology, cardiac imaging, nuclear medicine tests, and pulmonary function tests.

**Timely Access** – We define “timely” as within 4 business days of the information being available to the MIPS eligible clinician.

## Reporting Requirements

### NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of patients in the denominator (or patient authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party.
- **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: **Yes**
- Percentage of Performance Score: **Up to 20%**
- Eligible for Bonus Score: **No**

**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

- In 2018, MIPS eligible clinicians can alternatively report the 2018 Promoting Interoperability transition objectives and measures if they have technology certified to the 2015 Edition, or technology certified to the 2014 Edition, or a combination of technologies certified to the 2014 and 2015 Editions.
- This measure contributes to the 50% base score for the Promoting Interoperability performance category. MIPS eligible clinicians must submit a “yes” for the security risk analysis measure, and at least a 1 in the numerator for the numerator/denominator of the remaining measures. The measure is also worth up to 20 percentage points towards the performance category score. More information about Promoting Interoperability scoring is available on the [QPP website](#).
- MIPS eligible clinicians should also be aware that while the measure is limited to the capabilities of certified electronic health record technology (CEHRT) to provide online access, there may be patients who cannot access their EHRs electronically because of a disability. MIPS eligible clinicians who are covered by civil rights laws must provide individuals with



disabilities equal access to information and appropriate auxiliary aids and services as provided in the applicable statutes and regulations.

- A patient who has multiple encounters during the MIPS performance period, or even in subsequent MIPS performance periods in future years, needs to be provided access for each encounter where they are seen by the MIPS eligible clinician. The patient cannot be counted in the numerator if the MIPS eligible clinician does not continue to update the information accessible to the patient each time new information is available.
- If a patient elects to "opt out" of participation, that patient must still be included in the denominator.
- If a patient elects to "opt out" of participation, the MIPS eligible clinician may count that patient in the numerator if the patient is provided all of the necessary information to subsequently access their information, obtain access through a patient authorized representative, or otherwise opt-back-in without further follow up action required by the clinician.
- Actions included in the numerator must occur within the performance period. 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 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 77230](#).
- In order to meet this objective and measure, MIPS eligible clinicians must use the capabilities and standards of CEHRT at 45 CFR 170.314 (e)(1).

## 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\*

### § 170.314(e)(1) View, download, and transmit to third party

(i) EHR technology must provide patients (and their authorized representatives) with an online means to view, download, and transmit to a 3<sup>rd</sup> 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) View. Electronically view in accordance with the standard adopted at § 170.204(a), at a minimum, the following data:

(1) The Common MU Data Set\*\* (which should be in their English (i.e., non-coded) representation if they associate with a vocabulary/code set).

(2) Ambulatory setting only. Provider's name and office contact information.

(3) Inpatient setting only. Admission and discharge dates and locations; discharge instructions; and reason(s) for hospitalization.

(B) Download.

(1) Electronically download an ambulatory summary or inpatient summary (as applicable to the EHR technology setting for which certification is requested) in human readable format or formatted according to the standard adopted at § 170.205(a)(3) that includes, at a minimum, the following data (which, for the human readable version, should be in their English representation if they associate with a vocabulary/code set):

(i) Ambulatory setting only. All of the data specified in paragraph (e)(1)(i)(A)(1) and (e)(1)(i)(A)(2) of this section.

(ii) Inpatient setting only. All of the data specified in paragraphs (e)(1)(i)(A)(1) and (e)(1)(i)(A)(3) of this section.

(2) Inpatient setting only. Electronically download transition of care/referral summaries that were created as a result of a transition of care (pursuant to the capability expressed in the certification criterion adopted at paragraph (b)(2) of this section).

(C) Transmit to third party.

(1) Electronically transmit the ambulatory summary or inpatient summary (as applicable to the EHR technology setting for which

certification is requested) created in paragraph (e)(1)(i)(B)(1) of this section in accordance with the standard specified in § 170.202(a).

(2) Inpatient setting only. Electronically transmit transition of care/referral summaries (as a result of a transition of care/referral) selected by the patient (or their authorized representative) in accordance with the standard specified in § 170.202(a).

(ii) Activity history log.

(A) When electronic health information is viewed, downloaded, or transmitted to a third-party using the capabilities included in paragraphs (e)(1)(i)(A) through (C) of this section, the following information must be recorded and made accessible to the patient:

- (1) The action(s) (i.e., view, download, transmission) that occurred;
- (2) The date and time each action occurred in accordance with the standard specified at § 170.210(g); and
- (3) The user who took the action.

(B) EHR technology presented for certification may demonstrate compliance with paragraph (e)(1)(ii)(A) of this section if it is also certified to the certification criterion adopted at § 170.314(d)(2) and the information required to be recorded in paragraph (e)(1)(ii)(A) is accessible by the patient.

*\*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)	Applicability Statement for Secure Health Transport.
§ 170.210(g)	The data and time recorded utilize a system clock that has been synchronized following (RFC 1305) Network Time Protocol, or (RFC 5905) Network Time Protocol Version 4.

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