

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

<b>Objective:</b>	<b>Public Health Reporting</b>
<b>Measure:</b>	<b>Syndromic Surveillance Reporting</b> The MIPS eligible clinician is in active engagement with a public health agency (PHA) to submit syndromic surveillance data.
<b>Measure ID:</b>	<b>PI_TRANS_PHCDRR_2</b>

### 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 who 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 performance period would result in the 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.

## Reporting Requirements

### YES/NO

To meet this measure, MIPS eligible clinicians must attest YES to being in active engagement with a public health agency to submit syndromic surveillance data.

## Scoring Information

### BASE SCORE/PERFORMANCE SCORE/BONUS SCORE

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

**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 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.
- More information about Promoting Interoperability scoring is available on the [QPP website](#).
- MIPS eligible clinicians will receive 10 percentage points in the performance score for reporting to a single registry under the Public Health 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. Therefore, 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.

- 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 certified electronic health record technology (CEHRT) at 45 CFR 170.314 (f)(3).

## 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	
<b>§ 170.314(f)(3) Transmission to public health agencies- syndromic surveillance</b>	<p>EHR technology must be able to electronically create syndrome-based public health surveillance information for electronic transmission in accordance with:</p> <p>(i) Ambulatory setting only.</p> <p style="padding-left: 40px;">a. The standard specified in § 170.205(d)(2).</p> <p style="padding-left: 40px;">b. Optional: The standard (and applicable implementation specifications) specified in § 170.205(d)(3).</p> <p>(ii) Inpatient setting only. The standard (and applicable implementation specifications) specified in § 170.205(d)(3).</p>

*\*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

<b>§ 170.205(e)(3)</b>	HL7 2.5.1 (incorporated by reference in § 170.299). Implementation specifications. HL7 2.5.1 Implementation Guide for Immunization Messaging, Release 1.4, (incorporated by reference in § 170.299).
<b>§ 170.207(e)(2) Immunizations</b>	HL7 Standard Code Set CVX – Vaccines Administered, updates through July 11, 2012 (incorporated by reference in § 170.299).
<b>§ 170.205(d)(2)</b>	HL7 2.5.1
<b>§ 170.205(d)(3)</b>	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.
<b>§ 170.207(a)(3)</b>	IHTSDO 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).
<b>§ 170.207(c)(2)</b>	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).

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