2020 MEDICARE MIPS ELIGIBLE CLINICIAN

Promoting Interoperability Performance Measures and RPMS Logic for APCM v2

Indian Health Service (IHS) Resource and Patient Management System (RPMS) Electronic Health Record (EHR) Sites

Promoting Interoperability Objectives
Protect Patient Health Information
e-Prescribing (eRx)
Query of Prescription Drug Monitoring Program
Health Information Exchange: Support Electronic Referral Loops by Sending Health Information
Health Information Exchange: Support Electronic Referral Loops by Receiving and Incorporating Health Information
Provider to Patient Exchange
Public Health and Clinical Data Exchange
Immunization Registry Reporting
Electronic Case Reporting
Public Health Registry Reporting
Clinical Data Registry Reporting
Syndromic Surveillance Reporting

GROUP REPORTS: With the exception of Provider to Patient Exchange (where the denominator is unique patients for the group), the measure data from CEHRT (numerators and denominators) are aggregated for all MIPS eligible clinicians in the group.

Medicare Eligible Clinician and Group PI Objective and Performance Measure	ELIGIBLE CLINICIAN RPMS Logic for Numerator and Denominator	CMS Exclusion
Protect Patient Health Information: Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified electronic health record technology (CEHRT) in accordance with the requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.	**Attestation Requirements**: Yes/No To meet this measure, MIPS eligible clinicians must attest YES to conducting or reviewing a security risk analysis and implementing security updates as necessary and correcting identified security deficiencies.	N/A

Medicare Eligible Clinician and Group PI Objective and Performance Measure	ELIGIBLE CLINICIAN RPMS Logic for Numerator and Denominator	CMS Exclusion
Electronic Prescribing: e-Prescribing (eRx) At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.	**Denominator Exclusions:** 1. Any medications added within the outside medication component. 2. Any prescription that has a remark that contains "Administered in Clinic." 3. Any prescription that is a Discharge Medication. **Denominator (Includes Controlled and Uncontrolled Substances):** Number of prescriptions electronically entered by the Eligible Clinician where the issue date is during the EHR reporting period. **Numerator:** Number of prescriptions in the denominator that meet following criteria: 1. The "Nature of Order" does NOT equal "Written" 2. The prescription is NOT printed to a Hard Copy	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
Electronic Prescribing: Query of Prescription Drug Monitoring Program (Bonus Measure)	**Attestation Requirements**: Yes/No **Measure:** For at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.	N/A
Health Information Exchange: Support Electronic Referral Loops by Sending Health Information: For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider creates a summary of care record using certified electronic health record technology (CEHRT) and	**Sending Health Information** **Denominator:** The number of referrals that meet the following criteria: 1. The Requesting Provider entry is equal to the Eligible Clinician for whom the report is being generated. 2. The Date Initiated is within the reporting period. 3. The Date Approved is within the reporting period. 4. The Referral Type is not equal In-House. 5. The CPT Service Category does not equal Diagnostic Imaging, Pathology and Laboratory, Transportation, or Durable Medical Equipment. 6. The Requesting Facility is associated with the Tax Identification Number (TIN).	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the

Medicare Eligible Clinician and Group PI Objective and Performance Measure	ELIGIBLE CLINICIAN RPMS Logic for Numerator and Denominator	CMS Exclusion
electronically exchanges the summary of care record.	**Numerator:** The number of referrals in the denominator which meet the following criteria: 1. The CCDA is transmitted electronically within the reporting period. 2. The Date and Time acknowledged is within the reporting period.	performance period.
Health Information Exchange: Support Electronic Referral Loops by Receiving and Incorporating Health Information: For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.	**Receive/Incorporate** **Denominator:** The **_number of images_** where 1. The image type is CCD-Summary 2. The date image saved is during the performance period 3. The acquisition site (division) is the TIN for which the report is requested. 4. The Eligible Clinician is listed as the author/dictator. **_for patients that had a visit_** at the applicable TIN with the Eligible Clinician during the EHR reporting period and for which the visit meets the following criteria: 1. The Eligible Clinician was the primary provider 2. The visit Service Category is A, S, O, or M 3. The clinic code is NOT equal to one of the following: 09, 12, 33, 36, 39, 40, 41, 42, 43, 45, 51,52, 53, 54, 55, 60, 61, 66, 68, 71, 76, 77, 78, 82, 86, 91, 93, 94, 95 or A3, A8, A9, B2, B4,D1, D2, D3, D4. 4. The patient is new (E&M code range 99201-99205: new outpatient office visit or 99381-99387: preventive visit new patients) **_OR_** transitioned/referred (visit note title contains "Outside Provider Referral/Transfer") **Numerator**: The number of images in the denominator with Allergies **_and_** Problem List **_and_** Medications reconciled **_using the CIR tool_** within the performance/reporting period. (All three items must be reconciled.)	Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times.
Provider to Patient Exchange: Provide Patients Electronic Access to Their Health Information For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized	**Exclusions:** Case Management (clinic code 77), Laboratory Services (clinic code 76), Radiology (clinic code 63), and Pharmacy (clinic code 39). **Denominator:** The number of unique patients during the EHR reporting period meeting the following criteria: 1. One or more face-to-face visits with the Eligible Clinician as primary provider	N/A

Medicare Eligible Clinician and Group PI Objective and Performance Measure	ELIGIBLE CLINICIAN RPMS Logic for Numerator and Denominator	CMS Exclusion
representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).	2. The Service Category is A, S, O or M 3. The location of encounter is associated with the TIN. **Numerator:** The number of patients in the denominator where CCDA receipt confirmation from the HIE is logged within 4 business days of the visit (original document) _**for each visit**_ within the performance period. **Group Denominator:** The number of unique patients with one or more face-to-face visits with a Group Provider (defined in report set-up) during the EHR reporting period, where the visit has a Service Category of A, S, O, M. **Group Numerator:** The number of patients in the denominator for which each visit for each provider in the group has a CCDA receipt confirmation logged within 4 business days _**for each visit**_ with group providers within the performance period.	

Medicare Eligible Clinician PI Objective and Performance Measure	Public Health Measures
Public Health and Clinical Data Exchange **Immunization Registry Reporting:** The MIPS eligible clinician is in active engagement with a public health agency (PHA) to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).	**Attestation Requirements:** YES/NO The MIPS eligible clinician must attest YES to being in active engagement** with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS). For multiple registry engagement, report as YES if there is active engagement with more than one immunization registry. **Exclusion:** Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Immunization Registry Reporting measure if the MIPS eligible clinician: 1. Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or IIS during the performance period. OR 2. Operates in a jurisdiction for which no immunization registry or IIS is capable of accepting the specific standards required to meet the CEHRT definition at the start of the performance period. OR 3. Operates in a jurisdiction where no immunization registry or IIS has declared readiness to receive immunization data as of six months prior to the start of the performance period.
Public Health and Clinical Data Exchange **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.	**Attestation Requirements:** YES/NO The MIPS eligible clinician must attest YES to being in active engagement** with a PHA to electronically submit case reporting of reportable conditions. For multiple registry engagement, report as YES if there is active engagement with more than one Electronic Case reporting registry. **Exclusion:** Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Electronic Case Reporting measure if the MIPS eligible clinician: 1. Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period. OR 2. Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the performance period. OR 3. Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of six months prior to the start of the performance reporting period.

Public Health and Clinical Data Exchange **Public Health Registry Reporting**	***Certification Criteria available online: https://qpp.cms.gov/mips/explore-measures?tab=advancingCareInformation&py=2020#measures** §170.315(f)(4) Transmission to Cancer Regishttps://qpp.cms.gov/mips/explore-measures?tab=advancingCareInformation&py=2020#measurestries §170.315(f)(7) Transmission to Public Health Agencies—Health Care Surveys
Public Health and Clinical Data Exchange **Clinical Data Registry Reporting**: The MIPS eligible clinician is an active engagement to submit data to a clinical data registry	**Attestation Requirements**: YES/NO The MIPS eligible clinician is in active engagement to submit data to a clinical data registry. For multiple registry engagement, report as YES if actively engaged with more than one Clinical Data Registry. **Exclusion:** Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Clinical Data Registry Reporting measure if the MIPS eligible clinician: 1. Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the performance period. OR 2. Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period. OR 1. Operates in a jurisdiction where no clinical data registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance **No 2015 Edition Health IT Certification** criteria available online: https://qpp.cms.gov/docs/pi_specifications/Measure%20Specifications/2020MIPSPIMeasuresClinicalDataRegistryReporting.pdf

| Public Health and Clinical Data Exchange

Syndromic Surveillance Data Reporting: The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting | **Attestation Requirements**: YES/NO
The MIPS eligible clinician must attest YES to being in active engagement** with a PHA to submit syndromic surveillance data from an urgent care setting.
For multiple registry engagement, report as YES if there is active engagement** with more than one syndromic surveillance registry

Exclusion:
Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Syndromic Surveillance Reporting measure if the MIPS eligible clinician:
1. Is not in a category of health care providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system. OR
2. Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required to meet the CEHRT definition at the start of the performance period. OR
3. Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from MIPS eligible clinicians as of 6 months prior to the start of the performance period. |

*NOTE: RPMS 2015 CEHRT functionality for transmissions to Cancer Registries, Public Health Agencies for Antimicrobial Use and Health Care Surveys are not currently available.

**Active Engagement – The MIPS eligible Clinician is in the process of moving towards sending "production data" to a PHA or clinical data registry (CDR), or is sending production data to a PHA or 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 the MIPS eligible clinician 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 an 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.