

# Merit-Based Incentive Payment System (MIPS) Advancing Care Information Performance Category Measure

### Objective:

**Public Health and Clinical Data Registry Reporting**

### Measure:

#### **Electronic Case Reporting**

The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.

## Reporting Requirements

YES/NO

The MIPS eligible clinician must attest YES to being in active engagement with a public health agency to electronically submit case reporting of reportable conditions.

## Scoring Information

BASE SCORE/PERFORMANCE SCORE/BONUS SCORE

- Required for Base Score (50%): **No**
- Eligible for bonus score: **Yes, 5%**

**Note:** Eligible clinicians must earn the full base score in order to earn any score in the Advancing Care Information performance category. In addition to the base score, eligible clinicians have the opportunity to earn additional credit through a performance score and the bonus score.

## Regulatory References

- For further discussion, please see the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule: [81 FR 77229](#).
- In order to meet this objective and measure, an EP must use the capabilities and standards of CEHRT at 45 CFR 170.315 (f)(1), (f)(2), (f)(4), (f)(5), (f)(6) and (f)(7).

## 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(f)(5) Transmission to public health agencies— electronic case reporting**

- (i) Consume and maintain a table of trigger codes to determine which encounters may be reportable.
- (ii) Match a patient visit or encounter to the trigger code based on the parameters of the trigger code table.
- (iii) Case report creation. Create a case report for electronic transmission:
  - (A) Based on a matched trigger from paragraph (f)(5)(ii).
  - (B) That includes, at a minimum:
    - (1) The Common Clinical Data Set.
    - (2) Encounter diagnoses. Formatted according to at least one of the following standards:
      - (i) The standard specified in §170.207(i).
      - (ii) At a minimum, the version of the standard specified in §170.207(a)(4).
    - (3) The provider's name, office contact information, and reason for visit.
    - (4) An identifier representing the row and version of the trigger table that triggered the case report.

<p><b>§ 170.315(f)(6)</b>  <b>Transmission to public health agencies—antimicrobial use and resistance reporting.</b></p>	<p>Create antimicrobial use and resistance reporting information for electronic transmission in accordance with the standard specified in §170.205(r)(1).</p>
<p><b>§ 170.315(f)(7)</b>  <b>Transmission to public health agencies—health care surveys</b></p>	<p>Create health care survey information for electronic transmission in accordance with the standard specified in §170.205(s)(1).</p>

<p><b>Standards Criteria</b></p>	
<p><b>§ 170.205(d)(2)</b>  <b>Electronic submission to public health agencies for surveillance or reporting</b></p>	<p>HL7 2.5.1 (incorporated by reference in §170.299).</p>
<p><b>§ 170.205(d)(3)</b>  <b>Electronic submission to public health agencies for surveillance or reporting</b></p>	<p>Standard. 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 (incorporated by reference in §170.299).</p>
<p><b>§ 170.205(d)(4)</b>  <b>Electronic submission to public health agencies for surveillance or reporting</b></p>	<p>Standard. HL7 2.5.1 (incorporated by reference in §170.299). Implementation specifications. PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings, Release 2.0, April 21, 2015 (incorporated by reference in §170.299) and Erratum to the CDC PHIN 2.0 Implementation Guide, August 2015; Erratum to the CDC PHIN 2.0 Messaging Guide, April 2015 Release for Syndromic Surveillance: Emergency Department, Urgent Care, Inpatient and Ambulatory Care Settings (incorporated by reference in §170.299).</p>

<p><b>§ 170.207(a)(3)(4)</b></p>	<p>HTSDO 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).</p> <p>IHTSDO SNOMED CT®, U.S. Edition, September 2015 Release (incorporated by reference in §170.299).</p>
<p><b>§ 170.207(c)(2)(3)</b></p>	<p>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).</p> <p>Logical Observation Identifiers Names and Codes (LOINC®) Database version 2.52, a universal code system for identifying laboratory and clinical observations produced by the Regenstrief Institute, Inc. (incorporated by reference in §170.299).</p>

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