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

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| **Objective:** | **Patient Electronic Access** |
| **Measure:** | **Patient-Specific Education**<br>The MIPS eligible clinician must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to at least one unique patient seen by the MIPS eligible clinician. |

## Reporting Requirements

NUMERATOR/DENOMINATOR

- NUMERATOR: The number of patients in the denominator who were provided electronic access to patient-specific educational resources using clinically relevant information identified from CEHRT 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 (50%): **No**
- Percentage of Performance Score (up to 90%): **Up to 10%**
- Eligible for bonus score: **No**

**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 77228.
- In order to meet this objective and measure, MIPS eligible clinician must use the capabilities and standards of CEHRT at 45 CFR 170.315 (a)(13) and (g)(8) and (9).

# 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*** | |
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| **§170.315(a)(13) Patient Specific Education Resources** | (i) Identify patient-specific education resources based on data included in the patient's problem list and medication list in accordance with at least one of the following standards and implementation specifications:<br><br>(A) The standard and implementation specifications specified in §170.204(b)(3).<br>(B) The standard and implementation specifications specified in §170.204(b)(4).<br><br>(ii) Optional. Request that patient-specific education resources be identified in accordance with the standard in §170.207(g)(2). |
| **170.315(g)(8) Design Performance** | (8) Application Access. Data category request. The following technical outcome and conditions must be met through the demonstration of an application programming interface.<br><br>(i) Functional requirements. (A) Respond to requests for patient data (based on an ID or other token) for each of the individual data |

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| | categories specified in the Common Clinical Data Set and return the full set of data for that data category (according to the specified standards, where applicable) in a computable format.<br><br>(B) Respond to requests for patient data associated with a specific date as well as requests for patient data within a specified date range.<br><br>(ii) Documentation—(A) The API must include accompanying documentation that contains, at a minimum:<br><br>(1) API syntax, function names, required and optional parameters and their data types, return variables and their types/structures, exceptions and exception handling methods and their returns.<br><br>(2) The software components and configurations that would be necessary for an application to implement in order to be able to successfully interact with the API and process its response(s).<br><br>(3) Terms of use. The terms of use for the API must be provided, including, at a minimum, any associated developer policies and required developer agreements.<br><br>(B) The documentation used to meet paragraph (g)(8)(ii)(A) of this section must be available via a publicly accessible hyperlink. |
| **170.315(g)(9) Design Performance** | (9) All data request. The following technical outcome and conditions must be met through the demonstration of an application programming interface.<br><br>(i) Functional requirements. (A) Respond to requests for patient data (based on an ID or other token) for all of the data categories specified in the Common Clinical Data Set at one time and return such data (according to the specified standards, where applicable) in a summary record formatted according to the standard specified in §170.205(a)(4) following the CCD document template.<br><br>(B) Respond to requests for patient data associated with a specific date as well as requests for patient data within a specified date range. |

(ii) Documentation—(A) The API must include accompanying documentation that contains, at a minimum:

(1) API syntax, function names, required and optional parameters and their data types, return variables and their types/structures, exceptions and exception handling methods and their returns.

(2) The software components and configurations that would be necessary for an application to implement in order to be able to successfully interact with the API and process its response(s).

(3) Terms of use. The terms of use for the API must be provided, including, at a minimum, any associated developer policies and required developer agreements.

(B) The documentation used to meet paragraph (g)(9)(ii)(A) of this section must be available via a publicly accessible hyperlink.

(h) Transport methods and other protocols—(1) Direct Project—(i) Applicability Statement for Secure Health Transport. Able to send and receive health information in accordance with the standard specified in §170.202(a)(2), including formatted only as a “wrapped” message.

(ii) Delivery Notification in Direct. Able to send and receive health information in accordance with the standard specified in §170.202(e)(1).

(2) Direct Project, Edge Protocol, and XDR/XDM—(i) Able to send and receive health information in accordance with:

(A) The standard specified in §170.202(a)(2), including formatted only as a “wrapped” message;

(B) The standard specified in §170.202(b), including support for both limited and full XDS metadata profiles; and

(C) Both edge protocol methods specified by the standard in §170.202(d).

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| | (ii) Delivery Notification in Direct. Able to send and receive health information in accordance with the standard specified in §170.202(e)(1). |

**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 | |
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| **§ 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 criteria may apply. Review the ONC 2015 Edition Final Rule for more information.*