

Quality Payment PROGRAM

2018 MIPS Data Validation - Year 2 Promoting Interoperability Performance Category Criteria

2018 Promoting Interoperability (PI) Measure ID	2018 PI Measure	2018 PI Measure Description	2018 PI Measure	2018 PI Reporting Requirement	2018 PI Validation	2018 PI Suggested Documentation
PI_PPHI_1	Security Risk Analysis	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 requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.	Required	Yes/No Statement	Security risk analysis of the CEHRT was performed or reviewed prior to the date of attestation on an annual basis and for the CEHRT used during the reporting period. If you choose to submit for a 90-day MIPS performance period, it is acceptable for the security risk analysis to be conducted outside the performance period; however, it must be conducted within the calendar year of the MIPS performance period (January 1st – December 31st). An analysis must be done upon installation or upgrade to a new system and a review must be conducted covering each MIPS performance period	A report that documents the procedures performed during the analysis and the results. The report should be dated within the calendar year of the MIPS performance period and should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), CMS Certification Number (CCN), clinician name, practice name, etc.). Note: The measure requires clinicians to address encryption/security of data stored in CEHRT. At minimum, clinicians should be able to show a plan for correcting or mitigating deficiencies, and steps that are being taken to implement that plan.



PI_EP_1	E-prescribing	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified electronic health record technology (CEHRT).	Required	Numerator/ Denominator	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically via CEHRT.	Report or screenshot of patient prescription/record that indicates the number of times where electronic prescribing was performed in accordance with CMS standards for electronic prescribing (45 CFR 423.160(b)).
PI_LVPP_1	E-prescribing Exclusion	Measure exclusion for PI_EP_1	Required only if submitting an exclusion for the e-prescribing measure. Measure ID PI_EP_1.	Yes	The 2018 QPP final rule finalized an exclusion for the e-prescribing measure for any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period. In order to submit an exclusion for this measure, clinicians must select the exclusion for this measure. Any submission of a numerator or denominator for the e-prescribing measure will void out the exclusion.	Report from the CEHRT that shows the number of prescriptions written by the clinician during the performance period.
PI_PEA_1	Provide Patient Access	"For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized 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)."	Required	Numerator/ Denominator	Provide the information necessary to grant access to the patient or their authorized representative in order to view, download and transmit their health information using any application of the clinician's choice meeting the technical specifications of the application programming interface of the clinician's CEHRT.	Dated report, screenshot, or other information that documents the number of times a patient or patient authorized representative is given access to view, download, or transmit their health information. This could include instructions provided to the patient on how to access their health information including the website address they must visit, the patient's unique and registered username or password, and a record of the patient logging on to show that the patient can use any application of their choice to access the information and meet the API technical specifications.

PI_HIE_1	Send a Summary of Care	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- (1) creates a summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.	Required	Numerator/ Denominator	When a patient is transitioned or referred to another setting or health care provider, the summary of care document must be generated by the CEHRT in a C-CDA format. The summary of care may be transmitted using a wide range of electronic options including secure email, Health Information Service Provider (HISP), query-based exchange or use of third party HIE.	Dated report that indicates the number of summary of care documents that were created and exchanged electronically using CEHRT for transitions of care or referrals to another setting of care or health care provider during the performance period.
PI_LVOTC_1	Send a Summary of Care Exclusion	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.	Required only if submitting an exclusion for the Send a Summary of Care Measure	Yes	The 2018 QPP final rule finalized an exclusion for the Summary of Care measure for any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.	Dated report from the CEHRT that shows the number of times that the clinician transfers or refers patients to another setting of care or to another health care provider during the performance period.
PI_HIE_2	Request/ Accept Summary of Care	For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician receives or retrieves and incorporates into the patient's record an electronic summary of care document.	Required	Numerator/ Denominator	Receives or retrieves and incorporates an electronic summary care record into the CEHRT when a patient is transitioned or referred to the clinician.	Dated report or screenshot that shows the number of times the clinician electronically retrieved or received and incorporated a summary of care document into the CEHRT for a transition of care received, referral received, or patient encounter in which the clinician has never before encountered the patient during the performance period.
PI_LVITC_1	Request/ Accept Summary of Care Exclusion	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 during the performance period.	Required only if submitting an exclusion for the Request/Accept Summary of Care Measure,	Yes	The 2018 QPP final rule finalized an exclusion for the Request/Accept Summary of Care measure for clinicians for whom the total number of transitions or referrals received and patient encounters in	Dated report from the CEHRT that shows the number of times the clinician receives a transition of care or referral or has patient encounters in which the clinician has never before encountered the patient during the performance period.

			Measure ID PI_HIE_2		which the clinician has never before encountered the patient, is fewer than 100 during the performance period.	
PI_PEA_2	Patient-Specific Education	The MIPS eligible clinician must use clinically relevant information from certified electronic health record technology (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.	Not Required	Numerator/ Denominator	Use of CEHRT to identify and provide patient-specific education resources, if appropriate per certification criteria 45 CFR 170.314(a)(15) and standards criteria 170.204(b)(1) or (2).	Dated report or screenshot that shows the number of times that appropriate patient-specific educational resources were electronically identified and provided to the clinician's patient during the performance period.
PI_CCTPE_1	View, Download, or Transmit (VDT)	During the performance period, at least one unique patient (or patient-authorized representatives) seen by the MIPS eligible clinician actively engages with the EHR made accessible by the MIPS eligible clinician. A MIPS eligible clinician may meet the measure by either-(1) viewing, downloading or transmitting to a third party their health information; or (2) accessing their health information through the use of an Application Programming Interface (API) that can be used by applications chosen by the patient and configured to the API in the MIPS eligible clinician's certified electronic health record (CEHRT) technology; or (3) a combination of (1) and (2).	Not Required	Numerator/ Denominator	Use of CEHRT by a patient or patient-authorized representative to view, download, or transmit to a third party their health information, or accessing their health information through the use of an API.	Dated report or screenshot that shows the number of times a unique patient or patient-authorized representative viewed, downloaded, or transmitted to a third party their health information, or accessed their health information through the use of an API or both during the performance period.
PI_CCTPE_2	Secure Messaging	For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of certified electronic health record (CEHRT) technology to the patient (or the patient-authorized representative),	Not Required	Numerator/ Denominator	Use of secure electronic messaging to communicate with patients on relevant health information.	Dated report or screenshot that documents the number of times that a secure message was sent, or sent in response to a secure message sent by a unique patient or patient-authorized representative, using the electronic messaging function of the CEHRT during the performance period.

		or in response to a secure message sent by the patient (or the patient-authorized representative).				
PI_CCTPE_3	Patient-Generated Health Data	Patient-generated health data or data from a non-clinical setting is incorporated into the certified electronic health record technology (CEHRT) for at least one unique patient seen by the MIPS eligible clinician during the performance period.	Not Required	Numerator/Denominator	Incorporation of patient-generated health data into the CEHRT.	Dated report or screenshot that documents the number of times that patient generated health data including a copy of the data, e.g., social service data, advance directives, or home health tracking device information, has been captured into the CEHRT during the performance period.
PI_HIE_3	Clinical Information Reconciliation	For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician performs clinical information reconciliation. The MIPS eligible clinician must implement clinical information reconciliation for the following three clinical information sets: (1) Medication. Review of the patient's medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy. Review of the patient's known medication allergies. (3) Current Problem list. Review of the patient's current and active diagnoses.	Not Required	Numerator/Denominator	Performs review of medication(s), medication allergies, and current problem list and reconciliation for at least one transition of care or referral received, or patient encounter in which the clinician has not before encountered the patient.	Dated report or screenshot that documents the number of times that the clinician performed clinical reconciliation for 1) medication, including the name, dosage, frequency, and route of each medication, 2) medication allergies, and 3) current problem list for a transition of care or referral received, or patient the clinician has never before encountered during the performance period.
PI_PHCDRR_1	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).	Not Required	Yes/No Statement	Active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the registry/immunization information system.	• Dated screenshots that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • A dated record of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that clinician

						(e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.) Or • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_2	Syndromic Surveillance Reporting	The MIPS eligible clinician is in active engagement with a public health agency (PHA) to submit syndromic surveillance data from an urgent care setting.	Not Required	Yes/No Statement	Active engagement with a public health agency or one or more clinical data registries to submit syndromic surveillance data from an urgent care setting where the jurisdiction accepts syndromic data from such settings and the standards are clearly defined.	• Dated screenshots from CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • A dated record of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.) Or • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_3	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.	Not Required	Yes/No Statement	Active engagement with a public health agency or one or more clinical data registries to electronically submit case reporting of reportable conditions.	• Dated screenshots from CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.) Or • A dated record of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that clinician (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.) Or • Letter or email from registry or public health

						agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_4	Public Health Registry Reporting	The MIPS eligible clinician is in active engagement with a public health agency (PHA) to submit data to public health registries.	Not Required	Yes/No Statement	Active engagement with a public health agency or one or more clinical data registries to electronically submit data to public health registries.	• Dated screenshots from CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • A dated record of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that provider (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the submission and name of sending and receiving parties.
PI_PHCDRR_5	Clinical Data Registry (CDR) Reporting	The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.	Not Required	Yes/No Statement	Active engagement with one or more clinical data registries to electronically submit clinical data.	• Dated screenshots from the CEHRT that document successful registration or submission to the registry or public health agency. Should include evidence to support that it was generated for that clinician's system (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • A dated record of successful electronic transmission (e.g., screenshot from another system, etc.). Should include evidence to support that it was generated for that provider (e.g., identified by National Provider Identifier (NPI), clinician name, practice name, etc.). Or • Letter or email from registry or public health agency confirming registration or receipt of submitted data, including the date of the



						submission and name of sending and receiving parties.
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