

Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Measure 2020 Performance Period

<u>Objective:</u>	Public Health and Clinical Data Exchange
<u>Measure:</u>	Clinical Data Registry Reporting The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.
<u>Measure ID:</u>	PI_PHCDRR_5
<u>Multiple Registry Engagement:</u>	Report as YES or TRUE if actively engaged with more than one Clinical Data Registry in accordance with PI_PHCDRR_5.
<u>Multiple Registry Engagement Measure ID:</u>	PI_PHCDRR_5_MULTI
<u>Exclusions:</u>	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 3. 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 period.
<u>Measure Exclusion IDs:</u>	1. PI_PHCDRR_5_EX_1 2. PI_PHCDRR_5_EX_2 3. PI_PHCDRR_5_EX_3





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 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 a 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.

Reporting Requirements

YES/NO

The MIPS eligible clinician must attest YES or TRUE to being in active engagement to submit data to a clinical data registry.

For multiple registry engagement, report as YES or TRUE if there is active engagement with more than one clinical data registry.

Scoring Information

- Required for Promoting Interoperability Performance Category Score: **Yes, must select at least two of the five Public Health and Clinical Data Exchange measures**
- Measure Score: **10 points**

- Eligible for Bonus Score: **No**

Note: The following measures are included in the Public Health and Clinical Data Exchange objective: Immunization Registry Reporting, Electronic Case Reporting, Public Health Registry Reporting, Clinical Data Registry Reporting, and Syndromic Surveillance Reporting.

In order to earn a score greater than zero for the Promoting Interoperability performance category, MIPS eligible clinicians must:

- Submit a “yes” to the Prevention of Information Blocking Attestations; and
- Submit a “yes” to the ONC Direct Review Attestation, if applicable; and
- Submit a “yes” that they have completed the Security Risk Analysis measure during the calendar year in which the MIPS performance period occurs; and
- Report the required measures from each of the four objectives.

Additional Information

- MIPS eligible clinicians must use 2015 Edition CEHRT. The 2015 Edition functionality must be in place by the first day of the performance period and the product must be certified to the 2015 Edition criteria by the last day of the performance period. The MIPS eligible clinicians must be using the 2015 Edition functionality for the full performance period. In many situations, the product may be deployed, but pending certification.
- MIPS eligible clinicians are required to report certain measures from each of the four objectives, with performance-based scoring occurring at the individual measure-level. Each measure is scored based on the MIPS eligible clinician’s performance for that measure, based on the submission of a numerator/denominator, or “yes or no” statement.
- The measures under the Public Health and Clinical Data Exchange objective are reported using “yes or no” responses. The MIPS eligible clinician will receive the full 10 points for reporting two “yes” responses, or for submitting a “yes” for one measure and claiming an exclusion for another. If there are no “yes” responses and two exclusions are claimed, the 10 points will be redistributed to the Provide Patients Electronic Access to Their Health Information measure.
- If reporting active engagement with multiple registry measure (PI_PHCDRR_5_MULTI) then the objective has been met and no additional measures in this objective need to be reported.
- Reporting more than two measures for this objective will not earn the MIPS eligible clinician any additional points, but they will meet the requirements for the objective.
- More information about Promoting Interoperability performance category scoring is available on the [QPP website](#).
- The definition of jurisdiction is general, and the scope may be local, state, regional or at the national level. The definition will be dependent on the type of registry to which the provider is



reporting. A registry that is “borderless” would be considered a registry at the national level and would be included for purposes of this measure.

- If the CDR does not use a specified standard, it must use another standard specified in 170.205 to meet the measure. For example, the transmission could be in the form of a Consolidated Clinical Document Architecture (C-CDA) per 170.205(a)(4), or Quality Reporting Document Architecture (QRDA) per 170.205(h)(2). If a MIPS eligible clinician practices in a jurisdiction where no CDR for which they are eligible to submit data has declared readiness to receive electronic registry transactions in accordance with the 2015 Edition CEHRT standards as of six months prior to the start of the performance period, they may take an exclusion from the measure, as appropriate.
- MIPS eligible clinicians who have previously registered, tested, or begun ongoing submission of data to a registry do not need to “restart” the process.
- MIPS eligible clinicians may claim the exclusions if they are reporting as a group. However, the group must meet the requirements of the exclusion as a group.
- If registries have not declared six months before the start of the performance period whether the registry they are offering will be ready on January 1 of the upcoming year for use by providers seeking to meet performance periods in that upcoming year, MIPS eligible clinicians can claim an exclusion (83 FR 59815).
- 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 through an approved Promoting Interoperability hardship exception, hospital or ASC-based status, or in a specialty which is not required to report data to the Promoting Interoperability performance category.

Regulatory References

- For further discussion, please see the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule: [81 FR 77229](#).
- For additional discussion, please see the 2018 Physician Fee Schedule final rule – Quality Payment Program final rule: [83 FR 59790](#).

Certification Criteria and Standards

Below are the corresponding certification criteria and standards for electronic health record technology that support this measure.



Certification Criteria

No 2015 Edition health IT certification criteria at this time.

Certification Standards

Standards for 2015 Edition CEHRT can be found at the ONC's 2015 Standards Hub:
<https://www.healthit.gov/topic/certification/2015-standards-hub>

Version History

Date	Comments
03/10/2020	Updated Registry Reporting choices
12/24/2019	Original version