Quality Payment PROGRAM

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

2022 Performance Period

Objective:	**Public Health and Clinical Data Exchange**
Bonus Measure:	**Syndromic Surveillance Reporting** The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.
Measure ID:	**PI_PHCDRR_2**

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 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 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 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 to being in active engagement with a PHA to submit syndromic surveillance data from an urgent care setting.

Scoring Information

- Required for Promoting Interoperability Performance Category Score: **No**
- Measure Score: **N/A**
- Eligible for Bonus Score: **Yes, 5 points**

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

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

- Complete the activities required by the Security Risk Analysis and High Priority Practices SAFER Guide[1], submit their complete numerator and denominator or Yes/No data for all required measures, and attest to the Actions to limit or restrict compatibility or interoperability of CEHRT statement.
- Failure to report at least a "1" in all required measures with a numerator or reporting a "No" for a Yes/No response measure (except for the SAFER Guides measure[2]) will result in a total score of 0 points for the Promoting Interoperability performance category.

[1] The SAFER, or Safety Assurance Factors for EHR Resilience, Guides measure was added in the CY 2022 Physician Fee Schedule Final Rule but will not affect Promoting Interoperability performance category participants' scores in 2022.
[2] In 2022, eligible clinicians will be required to submit one "yes/no" attestation statement for completing an annual self-assessment of the High Priority Practices SAFER Guide, but the "yes" or "no" attestation response will not affect the Promoting Interoperability performance category score.

Additional Information

- In 2022, MIPS eligible clinicians may use certified technology meeting the existing 2015 Edition certification criteria, updated to the 2015 Edition Cures Update, or a combination of the two, to meet the CEHRT definition. (85 FR 84472)
- To learn more about the 2015 Edition Cures Update and the changes to 2015 Edition certification criteria finalized in the 21st Century Cures Act final rule (85 FR 25642), we encourage MIPS eligible clinicians to visit https://www.healthit.gov/curesrule/final-rule-policy/2015-edition-cures-update.
- To check whether a health IT product has been certified to criteria updated for the 2015 Edition Cures Update, visit the Certified Health IT Product List (CHPL) at https://chpl.healthit.gov/.
- 2015 Edition or 2015 Edition Cures Update functionality must be used as needed for a measure action to count in the numerator during a performance period. However, in some situations the product may be deployed during the performance period, but pending certification. In such cases, the product must be certified to the 2015 Edition or the 2015 Edition Cures Update by the last day of the performance period.
- 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 for the two required measures, 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.
- Reporting on more than one of the three optional measures for this objective will not result in more than 5 bonus points.
- 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.
- MIPS eligible clinicians who have previously registered, tested, or begun ongoing submission of data to a registry do not need to “restart” the process.
- 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.
- In order to meet this measure, the MIPS eligible clinician must use technology certified to the criterion at 45 CFR 170.315(f)(2).

Certification Criteria

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

Certification Criteria
§170.315(f)(2) Transmission to Public Health Agencies — Syndromic Surveillance Urgent Care Setting Only