MIPS Year 4 (2020) PI Objectives/Measures

OBJECTIVE: Protect Patient Health Information
Measure: 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), implement security updates as necessary, and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.

Reporting Requirements (YES/NO)
To meet this measure, MIPS eligible clinician must attest YES to conducting or reviewing a security risk analysis and implementing security updates as necessary and correcting identified security deficiencies.

Scoring
Failure to complete a security risk analysis will result in 0 points for the PI performance category.
Eligible clinician do not receive points for this measure towards their final PI category score.

How do I achieve this measure?

In order to qualify for this measure, the provider must have a security management process in place to "implement policies and procedures to prevent, detect, contain and correct security violations." The specifications require the practice to conduct an analysis of potential risks and vulnerabilities to the confidentiality, integrity, and availability of electronic health information.

Some examples of this may include, but are not limited to:
Perform Security Risk Analysis/ Assessment; Implement Security Policies, such as providing passwords to computers and installing anti-virus software, screensaver for auto-log off, changing options in Preferences > User Security in ChartMaker Clinical; Appoint a Security Official – Prepare and Implement Job Responsibilities; Implement Audit Control Policies& Procedures; Implement Automatic Log-off Processes; Install Virus Protection Software; Implement Firewall Technology; Review and Implement Computer Backup Policies and Procedures; Implement Facility Maintenance Log; Develop Facility Security and Contingency Plans; Create Computer Workstation Use Policies and Procedures; Obtain Signed Workforce Confidentiality Agreements form all Physicians and Staff; Create Workforce Termination Procedures; Implement Sanction Policy

As part of the process in creating such a manual, STI Managed Services can perform a basic Security Risk Analysis on network and hardware vulnerability for your office by request. The practice is responsible for maintaining HIPAA compliance; however STI will work with you to assure the Information Technology portion of the Security Risk Analysis is complete. Upon completion of your analysis, you will be informed of STI findings whether positive or negative. The analysis will include some, but not all, of the examples listed above.

This service is provided free of charge for Platinum level maintenance clients and for a fee for all other clients. Contact STI Managed Services (800-487-9135; option 2) for more information.

Please keep in mind that the analysis completed by STI or another IT vendor is only a subset of this measure. There are other requirements that must be completed by the practice itself. If your practice would like a more thorough analysis, we can recommend a vendor to do so.

Tools to complete the assessment: HIT Security Risk Assessment Tool (Downloadable Tool to Complete Assessment -** MUST BE COMPLETED DURING YOUR REPORTING PERIOD DATE RANGE**)

OBJECTIVE: E-Prescribing
Measure: E-Prescribe

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).

Definition of Terms
Permissible Prescriptions: All drugs meeting the current definition of a prescription as the authorization by a clinician to dispense a drug that would not be dispensed without such authorization and may include electronic prescriptions of controlled substances where creation of an electronic prescription for the medication is feasible using CEHRT and where allowable by state and local law.

Reporting Requirements (Numerator/Denominator or Exclusion)
Numerator: The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.
Denominator: The number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the performance period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the performance period.
Exclusion: Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.

Scoring Information
Maximum of 10 Points
Performance Rate (Numerator/Denominator %) x Total # of points (10) = Measure Score
Claiming Exclusion: Points will be redistributed to the following measures –
5 points added to Support Electronic Referral Loops by Sending Health Information
5 points added to Support Electronic Referral Loops by Receiving & Incorporating Health Information

Measure: Query of Prescription Drug Monitoring Program (PDMP)

For at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.

Reporting Requirements (Yes/No)

Scoring Information
5 Bonus Points - A numerator of at least one is required to fulfill this measure.
This measure is optional. No exclusion is available.

OBJECTIVE: Health Information Exchange

Measure: Support Electronic Referral Loops by Sending Health Information

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.

Reporting Requirements (Numerator/Denominator or Exclusion)
Numerator: The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.
Denominator: The number of transitions of care and referrals during the performance period for which the MIPS eligible clinician was the transferring or referring clinician.
Exclusion: Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.

Scoring Information
Maximum of 20 Points
Performance Rate (Numerator/Denominator %) x Total # of points (20) = Measure Score
Claiming Exclusion: Points will be redistributed to the following measure– Provide Patient Electronic Access to Their Health Information

Measure: Support Electronic Referral Loops by Receiving and Incorporating Health Information

For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, mediation allergy, and current problem list.

Reporting Requirements (Numerator/Denominator or Exclusion)
Numerator: The number of electronic summary of care records in the denominator for which clinical information reconciliation is completed using CEHRT 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; and
(3) Current Problem List – Review of the patient's current and active diagnoses.
Denominator: Number of electronic summary of care records received using CEHRT for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, and for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient.
Exclusions: (1) Any MIPS eligible clinician who is unable to implement the measure for a MIPS performance period in 2020 would be excluded from this measure.
(2) Any MIPS eligible clinician who receives fewer than 100 transitions of care or referrals or has fewer than 100 encounters with patients never before encountered during the performance period.

Scoring Information
Maximum of 20 Points
Performance Rate (Numerator/Denominator %) x Total # of points (20) = Measure Score
Claiming Exclusion: Points will be redistributed to the following measures –
20 points added to Support Electronic Referral Loops by Sending Health Information

OBJECTIVE: Provider to patient Exchange
Measure: Provide Patient Electronic Access to their Health Information

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 Programing Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).

Definition of Terms

API or Application programming Interface – A set of programming protocols established for multiple purposes. APIs may be enabled by a health care provider or provider organization to provide the patient with access to their health information through a third-party application with more flexibility than is often found in many current "patient portals."

Provide Access – When a patient possesses all of the necessary information needed to view, download, or transmit their information. This could include providing patients with instructions on how to access their health information, the website address they must visit for online access, a unique and registered username or password, instructions on how to create a login, or any other instructions, tools, or materials that patients need in order to view, download, or transmit their information.

Timely Access – We define "timely" as within 4 business days of the information being available to the MIPS eligible clinician.

Reporting Requirements (Numerator/Denominator)

Numerator: The number of patients in the denominator (or patient authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured meet the technical specifications of the API in the MIPS eligible clinician's CEHRT.

Denominator: The number of unique patients seen by the MIPS eligible clinician during the performance period.

Exclusion: N/A

Scoring

Maximum of 40 Points

Performance Rate (Numerator/Denominator %) x Total # of points (40) = Measure Score

OBJECTIVE: Public Health and Clinical Data Exchange
Measure: Immunization Registry Reporting

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

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, or Exclusion)

The MIPS eligible clinician must attest YES to being in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

Exclusions: Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Immunization Registry Reporting measure if the MIPS eligible clinician:

1. Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the performance period.
2. Operates in a jurisdiction for which no immunization registry or immunization information system can accept the specific standards required to meet the CEHRT definition at the start of the performance period.
3. Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the performance period.

Scoring

- MIPS eligible clinicians will earn 10 points for satisfying ***two different*** measures associated with the Public Health & Clinical Data Exchange objective.
- Eligible clinician would receive the full credit for reporting two "Yes" responses, or for submitting a "Yes" for one measure and claiming an exclusion for another measure under the objective.

Claiming Exclusions on two different measures under the Public Health & Clinical Data Exchange objective:
Points will be redistributed to the following measure -
10 points added to Provided Patient Electronic Access to Their Health Information

Measure: 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.

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, or Exclusion)

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

Exclusion: Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Electronic Case Reporting measure if the MIPS eligible clinician:

1. Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period.
2. Operates in a jurisdiction for which no public health agency can receive electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the performance period.
3. Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the performance period.

Scoring

- MIPS eligible clinicians will earn 10 points for satisfying two different measures associated with the Public Health & Clinical Data Exchange objective.
- Eligible clinician would receive the full credit for reporting two "Yes" responses, or for submitting a "Yes" for one measure and claiming an exclusion for another measure under the objective.

Claiming Exclusions on two different measures under the Public Health & Clinical Data Exchange objective: Points will be redistributed to the following measure -

10 points added to Provided Patient Electronic Access to Their Health Information

Measure: 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.

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, or Exclusion)

The MIPS eligible clinician must attest YES to being in active engagement with a PHA to submit data to public health registries.

Exclusion: Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Public Health Reporting measure if the MIPS eligible clinician;

1. Does not diagnose or directly treat any disease or condition associated with a public health registry in the MIPS eligible clinician's jurisdiction during the performance period.
2. Operates in a jurisdiction for which no public health agency can accept electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period.
3. Operates in a jurisdiction where no public health 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.

Scoring

- MIPS eligible clinicians will earn 10 points for satisfying two different measures associated with the Public Health & Clinical Data Exchange objective.
- Eligible clinician would receive the full credit for reporting two "Yes" responses, or

for submitting a "Yes" for one measure and claiming an exclusion for another measure under the objective.

Claiming Exclusions on two different measures under the Public Health & Clinical Data Exchange objective: Points will be redistributed to the following measure -

10 points added to Provided Patient Electronic Access to Their Health Information

Measure: Clinical Data Registry Reporting

The MIPS eligible clinician is in active engagement to submit data to a clinical data registry

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, or Exclusion)

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

Exclusion: 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.
2. Operates in a jurisdiction for which no clinical data registry can accept electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period.
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.

Scoring

- MIPS eligible clinicians will earn 10 points for satisfying two different measures associated with the Public Health & Clinical Data Exchange objective.
- Eligible clinician would receive the full credit for reporting two "Yes" responses, or

for submitting a "Yes" for one measure and claiming an exclusion for another measure under the objective.

Claiming Exclusions on two different measures under the Public Health & Clinical Data Exchange objective:
Points will be redistributed to the following measure -
10 points added to Provided Patient Electronic Access to Their Health Information

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.

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, or Exclusion)

The MIPS eligible clinician must attest YES to being in active engagement with a public health agency to submit syndromic surveillance data from an urgent care setting.

Exclusion: Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Syndromic Surveillance Reporting measure if the MIPS eligible clinician:

1. Is not in a category of health care providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.
2. Operates in a jurisdiction for which no public health agency can receive electronic syndromic surveillance data in the specific standards required to meet the CEHRT definition at the start of the performance period.
3. Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from MIPS eligible clinicians as of 6 months prior to the start of the performance period.

Scoring

- MIPS eligible clinicians will earn 10 points for satisfying two different measures associated with the Public Health & Clinical Data Exchange objective.
- Eligible clinician would receive the full credit for reporting two "Yes" responses, or for submitting a "Yes" for one measure and claiming an exclusion for another measure under the objective.

Claiming Exclusions on two different measures under the Public Health & Clinical Data Exchange objective: Points will be redistributed to the following measure -

10 points added to Provided Patient Electronic Access to Their Health Information