Merit-Based Incentive Payment System (MIPS) 2017 Advancing Care Information Performance Category Provide Patient Access Transition Measure

Objective:	**Patient Electronic Access**
Measure:	**Provide Patient Access** At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician's discretion to withhold certain information.

Definition of Terms

Provide Access – When a patient possesses all of the tools and information they need to gain access to their health information including, but not limited to, any necessary instructions, user identification information, or the steps required to access their information if they have previously elected to "opt out" of electronic access.

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.

- 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 the Base Score: **Yes**
- Percentage of Performance Score: **Up to 20%**
- Eligible for bonus score: **No**

Note: MIPS 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, MIPS eligible clinicians have the opportunity to earn additional credit through a performance score and the bonus score.

Additional Information

- In 2017, MIPS eligible clinicians can report the 2017 Advancing Care Information Transition Measures if they have technology certified to the 2014 Edition, or technology certified to the 2015 Edition, or a combination of technologies certified to the 2014 and 2015 Editions.
- This measure contributes to the base score for the Advancing Care Information performance category. MIPS eligible clinicians must submit at least a 1 in the numerator for the numerator/denominator to receive credit for the base score. The measure is worth up to 20 percentage points towards the performance score. More information about Advancing Care Information scoring is available on the QPP website.
- To meet this measure, the following information must be made available to patients electronically:
    - Patient name
    - Provider's name and office contact information
    - Current and past problem list
    - Procedures
    - Laboratory test results
    - Current medication list and medication history
    - Current medication allergy list and medication allergy history
    - Vital signs (height, weight, blood pressure, BMI, growth charts)
    - Smoking status
    - Demographic information (preferred language, sex, race, ethnicity, date of birth)
    - Care plan field(s), including goals and instructions

    - Any known care team members including the primary care provider (PCP) of record
- In circumstances where there is no information available to populate one or more of the fields previously listed, either because the MIPS eligible clinician can be excluded from recording such information or because there is no information to record (for example, no medication allergies or laboratory tests), the MIPS eligible clinician may have an indication that the information is not available and still meet the measure.
- MIPS eligible clinicians should also be aware that while the measure is limited to the capabilities of CEHRT to provide online access, there may be patients who cannot access their EHRs electronically because of a disability. MIPS eligible clinicians who are covered by civil rights laws must provide individuals with disabilities equal access to information and appropriate auxiliary aids and services as provided in the applicable statutes and regulations.
- A patient who has multiple encounters during the MIPS performance period, or even in subsequent MIPS performance periods in future years, needs to be provided access for each encounter where they are seen by the MIPS eligible clinician.
- If a patient elects to "opt out" of participation, that patient must still be included in the denominator.
- If a patient elects to “opt out” of participation, the MIPS eligible clinician may count that patient in the numerator if the patient is provided all of the necessary information to subsequently access their information, obtain access through a patient-authorized representative, or otherwise opt-back-in without further follow up action required by the clinician.
- MIPS eligible clinicians who provide electronic access to patient health information have the ability to withhold any information from disclosure if the disclosure of the information is prohibited by federal, state or local laws or such information, if provided, may result in significant patient harm.
- When reporting as a group for the Advancing Care Information performance category, the group combines the performance of its MIPS eligible clinicians’ under one Taxpayer Identification Number (TIN). Therefore, the measure is not calculated based upon one MIPS eligible clinician’s performance.

Regulatory References

- For further discussion, please see the Quality Payment Program final rule with comment period: 81 FR 77230.
- In order to meet this measure, MIPS eligible clinician must use the capabilities and standards of CEHRT at 45 CFR 170.314(e)(1) or 45 CFR 170.315(e)(1). A participant may also

use the capabilities and standards for CEHRT at 45 CFR 170.315 (g)(7),(g)(8), and (9) to meet this measure.

Certification and Standards Criteria

Below is the corresponding certification and standards criteria for EHR technology that supports achieving the meaningful use of this measure.

Certification Criteria*	
§170.314(e)(1) View, download, and transmit to 3rd party	(i) EHR technology must provide patients (and their authorized representatives) with an online means to view, download, and transmit to a 3rd party the data specified below. Access to these capabilities must be through a secure channel that ensures all content is encrypted and integrity-protected in accordance with the standard for encryption and hashing algorithms specified at § 170.210(f). (A) View. Electronically view in accordance with the standard adopted at § 170.204(a), at a minimum, the following data: (1) The Common MU Data Set** (which should be in their English (i.e., non-coded) representation if they associate with a vocabulary/code set). (2) Ambulatory setting only. Provider's name and office contact information. (3) Inpatient setting only. Admission and discharge dates and locations; discharge instructions; and reason(s) for hospitalization. (B) Download. (1) Electronically download an ambulatory summary or inpatient summary (as applicable to the EHR technology setting for which certification is requested) in human readable format or formatted according to the standard adopted at § 170.205(a)(3) that includes, at a minimum, the following data (which, for the human readable version, should be in their English representation if they associate with a vocabulary/code set): (i) Ambulatory setting only. All of the data specified in paragraph (e)(1)(i)(A)(1) and (e)(1)(i)(A)(2) of this section. (ii) Inpatient setting only. All of the data specified in paragraphs

	(e)(1)(i)(A)(1) and (e)(1)(i)(A)(3) of this section. (2) Inpatient setting only. Electronically download transition of care/referral summaries that were created as a result of a transition of care (pursuant to the capability expressed in the certification criterion adopted at paragraph (b)(2) of this section). (C) Transmit to third party. (1) Electronically transmit the ambulatory summary or inpatient summary (as applicable to the EHR technology setting for which certification is requested) created in paragraph (e)(1)(i)(B)(1) of this section in accordance with the standard specified in § 170.202(a). (2) Inpatient setting only. Electronically transmit transition of care/referral summaries (as a result of a transition of care/referral) selected by the patient (or their authorized representative) in accordance with the standard specified in § 170.202(a). (ii) Activity history log. (A) When electronic health information is viewed, downloaded, or transmitted to a third-party using the capabilities included in paragraphs (e)(1)(i)(A) through (C) of this section, the following information must be recorded and made accessible to the patient: (1) The action(s) (i.e., view, download, transmission) that occurred; (2) The date and time each action occurred in accordance with the standard specified at § 170.210(g); and (3) The user who took the action. (B) EHR technology presented for certification may demonstrate compliance with paragraph (e)(1)(ii)(A) of this section if it is also certified to the certification criterion adopted at § 170.314(d)(2) and the information required to be recorded in paragraph (e)(1)(ii)(A) is accessible by the patient.
§170.315(e)(1) View, download, and transmit to 3rd party	(e) *Patient engagement*—(1) *View, download, and transmit to 3rd party.* (i) Patients (and their authorized representatives) must be able to use internet-based technology to view, download, and transmit their health information to a 3rd party in the manner specified below. Such access must be consistent and in accordance with the standard adopted in §170.204(a)(1) and may alternatively be demonstrated in accordance with the standard specified in §170.204(a)(2).

(A) *View.* Patients (and their authorized representatives) must be able to use health IT to view, at a minimum, the following data:
(*1*) The Common Clinical Data Set (which should be in their English (*i.e.*, non-coded) representation if they associate with a vocabulary/code set).
(*2*) *Ambulatory setting only.* Provider's name and office contact information.
(*3*) *Inpatient setting only.* Admission and discharge dates and locations; discharge instructions; and reason(s) for hospitalization.
(*4*) *Laboratory test report(s).* Laboratory test report(s), including:
(*i*) The information for a test report as specified all the data specified in 42 CFR 493.1291(c)(1) through (7);
(*ii*) The information related to reference intervals or normal values as specified in 42 CFR 493.1291(d); and
(*iii*) The information for corrected reports as specified in 42 CFR 493.1291(k)(2).
(*5*) Diagnostic image report(s).

(B) *Download.* (*1*) Patients (and their authorized representatives) must be able to use technology to download an ambulatory summary or inpatient summary (as applicable to the health IT setting for which certification is requested) in the following formats:
(*i*) Human readable format; and
(*ii*) The format specified in accordance to the standard specified in §170.205(a)(4) following the CCD document template.
(*2*) When downloaded according to the standard specified in §170.205(a)(4) following the CCD document template, the ambulatory summary or inpatient summary must include, at a minimum, the following data (which, for the human readable version, should be in their English representation if they associate with a vocabulary/code set):
(*i*) *Ambulatory setting only.* All of the data specified in paragraph (e)(1)(i)(A)(*1*), (*2*), (*4*), and (*5*) of this section.
(*ii*) *Inpatient setting only.* All of the data specified in paragraphs (e)(1)(i)(A)(*1*), and (*3*) through (*5*) of this section.
(*3*) *Inpatient setting only.* Patients (and their authorized representatives) must be able to download transition of care/referral summaries that were created as a result of a transition of care (pursuant to the capability expressed in the certification criterion specified in paragraph (b)(1) of this section).

(C) *Transmit to third party.* Patients (and their authorized representatives) must be able to:
(*1*) Transmit the ambulatory summary or inpatient summary (as applicable to the health IT setting for which certification is requested) created in paragraph (e)(1)(i)(B)(*2*) of this section in accordance with both of the following ways:
(*i*) Email transmission to any email address; and
(*ii*) An encrypted method of electronic transmission.
(*2*) *Inpatient setting only.* Transmit transition of care/referral summaries (as a result of a transition of care/referral as referenced by (e)(1)(i)(B)(*3*)) of this section selected by the patient (or their authorized representative) in both of the ways referenced (e)(1)(i)(C)(*1*)(*i*) and (*ii*) of this section).

(D) *Timeframe selection.* With respect to the data available to view, download, and transmit as referenced paragraphs (e)(1)(i)(A), (B), and (C) of this section, patients (and their authorized representatives) must be able to:
(*1*) Select data associated with a specific date (to be viewed, downloaded, or transmitted); and
(*2*) Select data within an identified date range (to be viewed, downloaded, or transmitted).
(ii) *Activity history log.* (A) When any of the capabilities included in paragraphs (e)(1)(i)(A) through (C) of this section are used, the following information must be recorded and made accessible to the patient (or his/her authorized representative):
(*1*) The action(s) (*i.e.*, view, download, transmission) that occurred;
(*2*) The date and time each action occurred in accordance with the standard specified in §170.210(g);
(*3*) The user who took the action; and
(*4*) Where applicable, the addressee to whom an ambulatory summary or inpatient summary was transmitted.
(B) Technology presented for certification may demonstrate compliance with paragraph (e)(1)(ii)(A) of this section if it is also certified to the certification criterion specified in §170.315(d)(2) and the information required to be recorded in paragraph (e)(1)(ii)(A) of this section is accessible by the patient (or his/her authorized representative).
(2) *Secure messaging.* Enable a user to send messages to, and receive

	messages from, a patient in a secure manner. (3) *Patient health information capture.* Enable a user to: (i) Identify, record, and access information directly and electronically shared by a patient (or authorized representative). (ii) Reference and link to patient health information documents.

**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) and/or (g)(2) or 45 CFR 170.315(g)(1) and/or (g)(2), in order to assist in the calculation of this meaningful use measure.*

For additional information, please review the ONC 2014 Standards Hub, ONC 2015 Standards Hub, and ONC Certification Companion Guides (CCGs).

Disclaimer: This document is intended only for informational purposes. It does not provide a complete summary of the applicable regulations and policies. We refer readers to the final rule with comment period titled Medicare Program; Merit-Based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive Under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models, 81 Fed. Reg. 77008-77831 (Nov. 4, 2016).