

Merit-Based Incentive Payment System (MIPS) 2017 Advancing Care Information Performance Category Syndromic Surveillance Reporting Transition Measure

Objective:

Public Health Reporting

Measure:

Syndromic Surveillance Reporting

The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data.

Definition of Terms

Active engagement – The MIPS eligible clinician is in the process of moving towards sending "production data" to a public health agency (PHA) or clinical data registry (CDR), or is sending production data to a PHA or 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 who 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.

Reporting Requirements

YES/NO

To meet this measure, MIPS eligible clinicians must attest YES to being in active engagement with a public health agency to submit syndromic surveillance data.

Scoring Information

BASE SCORE/PERFORMANCE SCORE/BONUS SCORE

- Required for Base Score: **No**
- Eligible for Bonus Score: **Yes, 5%**

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 2015 Edition, or technology certified to the 2014 Edition, or a combination of technologies certified to the 2014 and 2015 Editions.
- This measure is worth up to 5 percentage points towards the Advancing Care Information bonus score. More information about Advancing Care Information scoring is available on the [QPP website](#).
- Earning bonus points for this measure is not contingent upon the reporting of the Advancing Care Information performance score measures.

- When reporting as a group to the Advancing Care Information performance category, the group combines their MIPS eligible clinicians' performances under one Taxpayer Identification Number (TIN). Therefore, they are 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 clinicians must use the capabilities and standards of CEHRT at 45 CFR 170.314 (f)(3) and (7) or 45 CFR 170.315 (f)(2)

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(f)(3) Transmission to public health agencies-syndromic surveillance	EHR technology must be able to electronically create syndrome-based public health surveillance information for electronic transmission in accordance with: <ul style="list-style-type: none">(i) Ambulatory setting only.<ul style="list-style-type: none">a. The standard specified in § 170.205(d)(2).b. Optional: The standard (and applicable implementation specifications) specified in § 170.205(d)(3).(ii) Inpatient setting only. The standard (and applicable implementation specifications) specified in § 170.205(d)(3).
§ 170.315(f)(2) Public Health	(2) <i>Transmission to public health agencies—syndromic surveillance.</i> (i) Create syndrome-based public health surveillance information for electronic transmission in accordance with the standard (and applicable implementation specifications) specified in §170.205(d)(4).

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

Quality Payment Program

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).*