Merit-Based Incentive Payment System (MIPS) Advancing Care Information Performance Category Clinical Information Reconciliation Measure Specifications

Objective:	**Health Information Exchange**
Measure:	**Clinical Information Reconciliation** For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician performs clinical information reconciliation. The MIPS eligible clinician must implement clinical information reconciliation 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. (3) Current Problem list. Review of the patient's current and active diagnoses.

Definition of Terms

Transition of Care – The movement of a patient from one setting of care (hospital, ambulatory primary care practice, ambulatory, specialty care practice, long-term care, home health, rehabilitation facility) to another. At a minimum, this includes all transitions of care and referrals that are ordered by the clinician.

Current problem lists – At a minimum, a list of current and active diagnoses.

Active/current medication list – A list of medications that a given patient is currently taking.

Active/current medication allergy list – A list of medications to which a given patient has known allergies.

Allergy – An exaggerated immune response or reaction to substances that are generally not harmful.

Reporting Requirements

NUMERATOR/DENOMINATOR

- NUMERATOR: The number of transitions of care or referrals in the denominator where the following three clinical information reconciliations were performed: medication list, medication allergy list, and current problem list.

- DENOMINATOR: Number of transitions of care or referrals during the performance period for which the MIPS eligible clinician was the recipient of the transition or referral or has never before encountered the patient.

Scoring Information

BASE SCORE/PERFORMANCE SCORE/BONUS SCORE

- Required for Base Score (50%): **No**
- Percentage of Performance Score (up to 90%): up to **10%**
- 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

- MIPS eligible clinicians can report the Advancing Care Information objectives and measures if they have technology certified to the 2015 Edition, or a combination of technologies from the 2014 and 2015 Editions that support these measures.
- This measure is worth up to 10 percentage points toward the Advancing Care Information performance score. More information about Advancing Care Information scoring is available on the QPP website.
- For the measure, the process may include both automated and manual reconciliation to allow the receiving MIPS eligible clinician to work with both the electronic data provided with any necessary review, and to work directly with the patient to reconcile their health information.

- For the measure, if no update is necessary, the process of reconciliation may consist of simply verifying that fact or reviewing a record received on referral and determining that such information is merely duplicative of existing information in the patient record.
- Non-medical staff may conduct reconciliation under the direction of the MIPS eligible clinician so long as the clinician or other credentialed medical staff is responsible and accountable for review of the information and for the assessment of and action on any relevant CDS.
- 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 77229.
- In order to meet this measure, MIPS eligible clinician must use the capabilities and standards of CEHRT at 45 CFR 170.314(b)(4) and (9) and 45 CFR 170.315(b)(2), or 45 CFR 170.315 (b)(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(b)(4) Care Coordination	(4) *Clinical information reconciliation.* Enable a user to electronically reconcile the data that represent a patient's active medication, problem, and medication allergy list as follows. For each list type: (i) Electronically and simultaneously display (i.e., in a single view) the data from at least two list sources in a manner that allows a user to view the data and their attributes, which must include, at a minimum, the source and last modification date.

	(ii) Enable a user to create a single reconciled list of medications, medication allergies, or problems. (iii) Enable a user to review and validate the accuracy of a final set of data and, upon a user's confirmation, automatically update the list.
§ 170.314(b)(9) Care Coordination	(9) *Optional—clinical information reconciliation and incorporation*—(i) *Correct patient.* Upon receipt of a transition of care/referral summary formatted according to the standard adopted at §170.205(a)(3), EHR technology must be able to demonstrate that the transition of care/referral summary received is or can be properly matched to the correct patient. (ii) *Reconciliation.* Enable a user to electronically reconcile the data that represent a patient's active medication, problem, and medication allergy list as follows. For each list type: (A) Electronically and simultaneously display (*i.e.*, in a single view) the data from at least two list sources in a manner that allows a user to view the data and their attributes, which must include, at a minimum, the source and last modification date; (B) Enable a user to create a single reconciled list of medications, medication allergies, or problems; (C) Enable a user to review and validate the accuracy of a final set of data; and (D) Upon a user's confirmation, automatically update the list, and electronically incorporate the following data expressed according to the specified standard(s): (*1*) *Medications.* At a minimum, the version of the standard specified in §170.207(d)(2); (*2*) *Problems.* At a minimum, the version of the standard specified in §170.207(a)(3);

	(*3*) *Medication allergies.* At a minimum, the version of the standard specified in §170.207(d)(2).
§ 170.315(b)(2) Care Coordination	(2) Clinical information reconciliation and incorporation—(i) General requirements. Paragraphs (b)(2)(ii) and (iii) of this section must be completed based on the receipt of a transition of care/referral summary formatted in accordance with the standards adopted in §170.205(a)(3) and §170.205(a)(4) using the Continuity of Care Document, Referral Note, and (inpatient setting only) Discharge Summary document templates. (ii) Correct patient. Upon receipt of a transition of care/referral summary formatted according to the standards adopted §170.205(a)(3) and §170.205(a)(4), technology must be able to demonstrate that the transition of care/referral summary received can be properly matched to the correct patient. (iii) Reconciliation. Enable a user to reconcile the data that represent a patient's active medication list, medication allergy list, and problem list as follows. For each list type: (A) Simultaneously display (i.e., in a single view) the data from at least two sources in a manner that allows a user to view the data and their attributes, which must include, at a minimum, the source and last modification date. (B) Enable a user to create a single reconciled list of each of the following: Medications; medication allergies; and problems. (C) Enable a user to review and validate the accuracy of a final set of data. (D) Upon a user's confirmation, automatically update the list, and incorporate the following data expressed according to the specified standard(s):

	(1) Medications. At a minimum, the version of the standard specified in §170.207(d)(3); (2) Medication allergies. At a minimum, the version of the standard specified in §170.207(d)(3); and (3) Problems. At a minimum, the version of the standard specified in §170.207(a)(4). (iv) System verification. Based on the data reconciled and incorporated, the technology must be able to create a file formatted according to the standard specified in §170.205(a)(4) using the Continuity of Care Document template.

***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) and 45 CFR 170.315 (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).*