

Merit-Based Incentive Payment System (MIPS) Advancing Care Information Performance Category Patient-Generated Health Data Measure Specifications

Objective:	Coordination of Care through Patient Engagement
Measure:	Patient-Generated Health Data Patient-generated health data or data from a non-clinical setting is incorporated into the CEHRT for at least one unique patient seen by the MIPS eligible clinician during the performance period.

Definition of Terms

Patient-Generated Health Data – Data generated by a patient or a patient's authorized representative.

Data from a Non-Clinical Setting – This includes, but is not limited to, social service data, data generated by a patient or a patient's authorized representative, advance directives, medical device data, home health monitoring data, and fitness monitor data.

Unique Patient – If a patient is seen by a MIPS eligible clinician more than once during the MIPS performance period, then for purposes of measurement, that patient is only counted once in the denominator for the measure. All the measures relying on the term “unique patient” relate to what is contained in the patient’s medical record. Not all of this information will need to be updated or even be needed by the MIPS eligible clinician at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same MIPS eligible clinician multiple times in the same MIPS performance period.

Reporting Requirements

NUMERATOR/DENOMINATOR

- **NUMERATOR:** The number of patients in the denominator for whom data from non-clinical settings, which may include patient-generated health data, is captured through the CEHRT into the patient record during the performance period.
- **DENOMINATOR:** Number of unique patients seen by the MIPS eligible clinician during the performance period.

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 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 Patient-Generated Health Data measure, the calculation of the numerator incorporates both health data from non-clinical settings, as well as health data generated by the patient.

Quality Payment Program

- For the Patient Generated Health Data measure, the types of data that would satisfy the measure are broad. It may include, but is not limited to, social service data, data generated by a patient or a patient's authorized representative, advance directives, medical device data, home health monitoring data, and fitness monitor data. In addition, the sources of data vary and may include mobile applications for tracking health and nutrition, home health devices with tracking capabilities such as scales and blood pressure monitors, wearable devices such as activity trackers or heart monitors, patient-reported outcome data, and other methods of input for patient and non-clinical setting generated health data. (Note: Data related to billing, payment, or other insurance information would not satisfy this measure.)
- For the measure, clinicians in non-clinical settings may include, but are not limited to, care providers such as nutritionists, physical therapists, occupational therapists, psychologists, and home health care providers. Other key clinicians in the care team such as behavioral health care providers, may also be included, and we encourage clinicians to consider ways in which this measure can incorporate this essential information from the broader care team.
- For the measure, we do not specify the manner in which MIPS eligible clinicians are required to incorporate the data. MIPS eligible clinicians may work with their EHR developers to establish the methods and processes that work best for their practice and needs. For example, if data provided can be easily incorporated in a structured format or into an existing field within the EHR (such as a C-CDA or care team member reported vital signs or patient reported family health history and demographic information) the MIPS eligible clinician may elect to do so. Alternately, a MIPS eligible clinician may maintain an isolation between the data and the patient record and instead include the data by other means such as attachments, links, and text references again as best meets their needs.
- 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.
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Regulatory References

- For further discussion, please see the Quality Payment Program final rule with comment period: [81 FR 77228](#).
- In order to meet this measure, a MIPS eligible clinician must incorporate the data into a certified EHR and may use (but is not limited to using) the capabilities of CEHRT as defined at 45 CFR 170.315(e)(3).

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*	
§ 170.315(e)(3) Patient Engagement	(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 170.315(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).*