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

Objective:	**Public Health and Clinical Data Registry Reporting**
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 ambulatory setting where the jurisdiction accepts syndromic data from such settings and the standards are clearly defined.

Definition of Terms

Active engagement – The MIPS eligible clinician is in the process of moving toward 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.

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

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 ambulatory setting where the jurisdiction accepts syndromic data from such settings and the standards are clearly defined.

Scoring Information

BASE SCORE/PERFORMANCE SCORE/BONUS SCORE

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

- 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 5 percentage points toward the Advancing Care Information bonus score. More information about Advancing Care Information scoring is available on the QPP website.

- Active engagement with a public health and clinical data registry will earn the MIPS eligible clinician a bonus of 5 percentage points. MIPS eligible clinicians may also report to the one or more of the following measures to earn the bonus score of 5 percentage points: clinical data registry reporting, electronic case reporting or public health registry reporting.
- MIPS eligible clinicians who have previously registered, tested, or begun ongoing submission of data to registry do not need to "restart" the process. The MIPS eligible clinician may simply attest to the active engagement option which most closely reflects their current status.
- CMS has developed a centralized repository for PHA and CDR reporting. The collected data is posted on the EHR Incentive Programs website.
- 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, a MIPS eligible clinician 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) Public Health	(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: (i) *Ambulatory setting only.* (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).
§ 170.314(f)(7) Public Health	(7) *Optional—Ambulatory setting only—Transmission to public health agencies—syndromic surveillance.* EHR technology must be able to electronically create syndrome-based public health surveillance information for electronic transmission. (i) *Optional.* That contains the following data: (A) Patient demographics; (B) Provider specialty; (C) Provider address; (D) Problem list; (E) Vital signs; (F) Laboratory test values/results; (G) Procedures; (H) Medication list; and (I) Insurance. (ii) [Reserved]
§ 170.315(f)(2) Public Health	(2) *Transmission to public health agencies—syndromic surveillance.* (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).

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).*