

Merit-Based Incentive Payment System (MIPS) Advancing Care Information Performance Category Measure 2017 Performance Period

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 certified electronic health record technology (CEHRT) for at least one unique patient seen by the MIPS eligible clinician during the performance period.
Measure ID:	ACI_CCTPE_3

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 provider at every patient encounter. This is especially true for patients whose encounter frequency is such that they would see the same provider 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:** 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: **No**
- Percentage of Performance Score: **Up to 10%**
- Eligible for Bonus Score: **No**

Note: MIPS eligible clinicians must fulfill the requirements of base score measures to earn a 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 the submission of performance measures and a bonus measure and/or activity.

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 towards the Advancing Care Information performance category score. More information about Advancing Care Information scoring is available in the [Advancing Care Information fact sheet](#).
- 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 providers 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.

- Actions included in the numerator must occur within the performance period.
- When MIPS eligible clinicians choose to report as a group, data should be aggregated for all MIPS eligible clinicians under one Taxpayer Identification Number (TIN). This includes those MIPS eligible clinicians who may qualify for reweighting such as a significant hardship exception, hospital or ASC-based status, or in a specialty which is not required to report data to the Advancing Care Information performance category. If these MIPS eligible clinicians choose to report as a part of a group practice, they will be scored on the Advancing Care Information performance category like all other MIPS eligible clinicians.

Regulatory References

- For further discussion, please see the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) final rule: [81 FR 77228](#).
- In order to meet this objective and measure, MIPS eligible clinicians must use the capabilities and standards of CEHRT as defined at § at 45 CFR 170.315(e)(3).

Certification and Standards Criteria

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

Certification Criteria*	
§ 170.315(e)(3) Patient Engagement	<p>(3) Patient health information capture. Enable a user to:</p> <p>(i) Identify, record, and access information directly and electronically shared by a patient (or authorized representative).</p> <p>(ii) Reference and link to patient health information documents.</p>

*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), (g)(2), or both, in order to assist in the calculation of this meaningful use measure.

Standards Criteria

§ 170.204(a)	Web Content Accessibility Guidelines (WCAG) 2.0, Level A Conformance (incorporated by reference in § 170.299).
§ 170.210(f)	Any encryption and hashing algorithm identified by the National Institute of Standards and Technology (NIST) as an approved security function in Annex A of the FIPS Publication 140-2 (incorporated by reference in § 170.299).
§ 170.205(a)(3)	H HL7 Implementation Guide for CDA® Release 2: IHE Health Story Consolidation, (incorporated by reference in §170.299). The use of the “unstructured document” document-level template is prohibited. L7 Implementation Guide for CDA Release 2: IHE Health Story Consolidation. The use of the “unstructured document” document-level template is prohibited.
§ 170.202(a)	ONC Applicability Statement for Secure Health Transport, Version 1.0 (incorporated by reference in §170.299).Applicability Statement for Secure Health Transport.
§ 170.210(g)	The date and time recorded utilize a system clock that has been synchronized following (RFC 1305) Network Time Protocol, (incorporated by reference in §170.299) or (RFC 5905) Network Time Protocol Version 4, (incorporated by reference in §170.299).

Additional certification criteria may apply. Review the [ONC 2015 Edition Final Rule](#) for more information.