MIPS 2020 and Criterions

2020 brings about significant changes to the MIPS program. This document will help advise meeting MIPS using the Criterions EHR.

> NOTE: For specific guidelines and rules regarding your individual practice and circumstances, please confer with CMS. Specific rules and guidelines can be found here:
>
> https://qpp.cms.gov/mips/explore-measures/quality-measures

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Criterions CEHRT ID : - **0015E3QYL72M873**
EMRDirect Certirication ID: **0015E3QYL72M873**

MIPS 2020 is broken into 4 measurement categories:

- Quality Measures
- Promoting Interoperability
- Improvement Activities
- Cost

System Calculations

https://criterionsehr.myehr123.com/?CSessionID=A50559AAC475614FE0534E0010AC9EED&UserType=S - Cr - Internet Explorer

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EHR Reports | Billing Reports

Promoting Interoperability is found under Reports

Open Visits By Date and Doctor
Open Visits Reports By Date and Doctor...

Patient Appointment Information
Patient Appointment Information by Month and Location...

MU1 - Patients List
Patients List for given criteria...

MU2 - Patients List
Patients List for given criteria...

Advanced Patients List
Advanced Patients List for given criteria...

MU2 - Automated Measures
MU2 - Automated Measures...

MU3 - Automated Measures
MU3 - Automated Measures...

Promoting Interoperability (PI)
Promoting Interoperability...

Verify Opioid Treatment Agreement
Verify Opioid Treatment Agreement...

MU1 - Patient Reminders
Patient Reminders...

MU2 - Patient Reminders
Patient Reminders...

Transitions Of Care
Create and transmit, Receive, display, and incorporate transition of care/referral summaries

Integrity
Encrypt and decrypt

MU1 - Clinical Quality Measures
Physician's Clinical Quality Measures...

MU2 - Clinical Quality Measures
Physician's Clinical Quality Measures...

MU3 - Clinical Quality Measures
Physician's 2019 Clinical Quality Measures...

Drug Lookup
Provides Drug Information...

Copay Collection
Locations,Physicians Copay Collection...

User Audit Reports
User Audit Reports...

Medication log Report
Medication log Report...

Data Export(CCDA)
Generate a set of Export Summaries for all patients as the CCDA format.

Patient Portal Audit Reports
Patient portal audit reports...

Fax Reports
Fax Audit reports...

Transitions Of Care - Transmit Audit Log
Opens Transition of Care Transmit Audit log

Exports »
Exports...

Phone Encounters Reports »
Phone Encounters Reports...

Location Main Office | Patient: Test Var, Patient 2(22373) | Batch :1 | Complex User @ Criterions, LLC - Cardio Crite... | eTrack

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EHR Reports | Billing Reports

Open Visits By Date and Doctor
Open Visits Reports By Date and Doctor...

Patient Appointment Information
Patient Appointment Information by Month and Loc

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Patients List for given criteria...

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MU3 - Automated Measures
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Promoting Interoperability (PI)
Promoting Interoperability...

MU1 - Patient Reminders
Patient Reminders...

MU2 - Patient Reminders
Patient Reminders...

Transitions Of Care
Create and transmit, Receive, display, and incorporate transition of care/referral summaries

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Encrypt and decrypt

Updated eCQMs can be found under MU3-Clinical Quality Measures

MU1 - Clinical Quality Measures
Physician's Clinical Quality Measures...

MU2 - Clinical Quality Measures
Physician's Clinical Quality Measures...

MU3 - Clinical Quality Measures
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Exports »
Exports...

Phone Encounters Reports »
Phone Encounters Reports...

Quality Measures

The reporting period for Quality Measures is the full calendar year for 2020. Criterions is certified in the following measures:

#	Title	% Target
CMS2v8	Preventive Care and Screening: Screening for Depression and Follow-Up Plan	Highest Possible >= 95.66
CMS124v7	Cervical Cancer Screening	Highest Possible >= 96.92
CMS128v7	Anti-depressant Medication Management	Highest Possible >= 98.97
CMS134v7	Diabetes: Medical Attention for Nephropathy	Highest Possible >= 99%
CMS161v7	Adult Major Depressive Disorder (MDD): Suicide Risk Assessment	Highest Possible 100%
CMS177v7	Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment	Highest Possible 100 %
CMS22v7	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented	Highest Possible 100%
CMS50v7	Closing the Referral Loop: Receipt of Specialist Report	Highest Possible 100%

#	Title	% Target
CMS68v8	Documentation of Current Medications in the Medical Record	Highest Possible 100%
CMS69v7	Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan	Highest Possible >= 98%
CMS117v7	Childhood Immunization Status	Highest Possible >= 75.59%
CMS122v7	Diabetes: Hemoglobin A1c (HbA1c) Poor Control (> 9%)	Lowest Possible <= 31.40%
CMS125v7	Breast Cancer Screening	Highest Possible >= 98.55%
CMS130v7	Colorectal Cancer Screening	Highest Possible >= 99.39%
CMS131v7	Diabetes: Eye Exam	Highest Possible 100%
CMS138v7	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	Highest Possible >= 97.11
CMS146v7	Appropriate Testing for Children with Pharyngitis	Highest Possible 100%
CMS156v7	Use of High-Risk Medications in the Elderly	Lowest Possible <= 4.39
CMS165v7	Controlling High Blood Pressure	Highest Possible >= 99%

Measures are automatically calculated by the Criterions EHR based on coding from lab results, diagnosis codes, medications and other coded information.

For specific configuration of measures for your EHR please contact Criterions MIPS Support.

Keys to Measures:
Electronic receipt of lab results, entry of medications and vitals, and assigning appropriate, coded care plans (including instructions) to a patient's visit.

For specific information on measures or reporting, please visit https://qpp.cms.gov/mips/explore-measures/quality-measures?py=2020#measures

Promoting Interoperability (Medicare 2020)

Promoting Interoperability remains largely unchanged but puts a greater emphasis on Health Information Exchange.

Objective	Measure	Description
Protect Patient Health Information	Security Risk Analysis	Perform the security risk analysis https://www.healthit.gov/topic/privacy-security-and-hipaa/security-risk-assessment-tool
ePrescribing	ePrescribing	Sent prescriptions through ePrescribing
	Bonus (Not Required) Query of Prescription Drug Monitoring Program	Prior to prescribing narcotics query the state Drug Monitoring system.
	Bonus (not required) Verify Opioid Treatment Agreement	Record Opioid Treatment Agreements in patient's record.
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	Patients must have access to health information through the Patient Portal and API.
Health Information Exchange	Support Electronic Referral Loops by Sending Health Information	If you refer more than 100 patients during the reporting period you should use referral order in plan.
	Support Electronic Referral Loops by Receiving and Incorporating Health Information	When referring physicians send you patients you should request CCDA files to merge into your system.
Public Health and Clinical Data Exchange	Immunization Registry Reporting	If you administer immunizations to patient's setup an interface with local or state immunization organizations (if available)
	Syndromic Surveillance Reporting	If you track syndromic issues in accordance with state guidelines, setup interface with state systems (if available)
	Electronic Case Reporting	
	Public Health Registry Reporting	
	Clinical Data Registry Reporting	

ePrescribing

MEASURE:

At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT.

EXCLUSION:

Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.

NUMERATOR:

The number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted electronically using CEHRT.

DENOMINATOR:
Number of prescriptions written for drugs requiring a prescription in order to be dispensed other than controlled substances during the performance period; or number of prescriptions written for drugs requiring a prescription in order to be dispensed during the performance period.

Key to the Measure: ePrescribing

Use the EHR to order prescriptions. Configure formularies by going to Admin – Billing – Billing Setup – Insurance Carriers. Select Carrier. Click magnifying glass next to formulary field and map the appropriate formulary.

Query of Prescription Drug Monitoring Program (PDMP) (BONUS MEASURE)

MEASURE:

For at least one Schedule II opioid electronically prescribed using CEHRT during the performance period, the MIPS eligible clinician uses data from CEHRT to conduct a query of a PDMP for prescription drug history, except where prohibited and in accordance with applicable law.

NUMERATOR:
The number of Schedule II opioids prescriptions in the denominator for which data from CEHRT is used to conduct a query of a PDMP for prescription drug history except where prohibited and in accordance with applicable law.

DENOMINATOR:
Number of Schedule II opioids electronically prescribed using CEHRT by the MIPS eligible clinician during the performance period.

Key to the Measure: Query of Prescription Drug Monitoring Program

If a schedule II drug is present in the patient's plan the system will prompt the user upon closing to ask if the Prescription Drug Monitoring Program was queried.

Verify Opioid Treatment Agreement (Optional) (Bonus Measure)

MEASURE:

For at least one unique patient for whom a Schedule II opioid was electronically prescribed by the MIPS eligible clinician using CEHRT during the performance period, if the total duration of the patient's Schedule II opioid prescriptions is at least 30 cumulative days within a 6-month look-back period, the MIPS eligible clinician seeks to identify the existence of a signed opioid treatment agreement and incorporates it into the patient's electronic health record using CEHRT.

NUMERATOR:
The number of unique patients in the denominator for whom the MIPS eligible clinician seeks to identify a signed opioid treatment agreement and, if identified, incorporates the agreement in CEHRT. A numerator of at least one is required to fulfill this measure.

DENOMINATOR:
Number of unique patients for whom a Schedule II opioid was electronically prescribed by the MIPS eligible clinician using CEHRT during the performance period and the total duration of Schedule II opioid prescriptions is at least 30 cumulative days as identified in the patient's medication history request and response transactions during a 6-month look-back period.

Key to the Measure: Verify Opioid Treatment Agreement

If a schedule II drug is present in the patient's plan the system will prompt the user upon closing to ask if the Opioid Treatment Agreement was obtained.

Provide Patients Electronic Access to Their Health Information

MEASURE:
For at least one unique patient seen by the MIPS eligible clinician: (1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and (2) The MIPS eligible clinician ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of their choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the MIPS eligible clinician's certified electronic health record technology (CEHRT).

NUMERATOR:
The number of patients in the denominator (or patient authorized representative) who are provided timely access to health information to view online, download, and transmit to a third party and to access using an application of their choice that is configured meet the technical specifications of the API in the MIPS eligible clinician's CEHRT.

DENOMINATOR:
The number of unique patients seen by the MIPS eligible clinician during the performance period.

Key to the Measure: Provide Patients Electronic Access to Their Health Information

Close visits within 4 business days and promote patient usage of the patient portal.

Support Electronic Referral Loops by Sending Health Information

MEASURE:

For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider — (1) creates a summary of care record using certified electronic health record technology (CEHRT); and (2) electronically exchanges the summary of care record.

EXCLUSION:

Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.

NUMERATOR:

The number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.

DENOMINATOR:

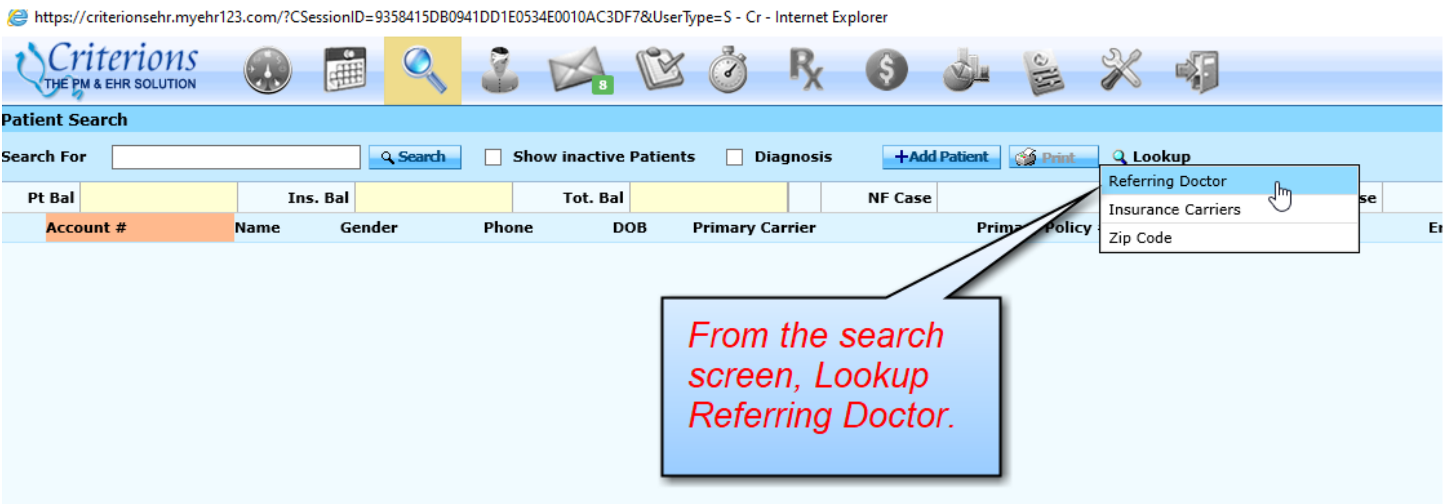
Number of transitions of care and referrals during the performance period for which the MIPS eligible clinician was the transferring or referring clinician.

Key to Measures: Support Electronic Referral Loops by Sending Health Information
Having a direct messaging address and updating referring physician list in your EHR to include direct messaging addresses on referring physicians.

NOTE: If you do not have a direct messaging address, applications are located here. Fees are associated with direct messaging addresses.

- Direct Messaging Application
- Identity Verification for Application Sign

Ask practices who you commonly refer to for their direct messaging address. Setup the addresses in your referring doctor accounts. When referring a patient to another practice use the referral order in the Plan. The system will automatically send the CCDA file to Referring Doctors with direct messaging addresses in their account.



Referring Doctor

+ Add | Audit

Search By : Name [ ] | Search | ☐ Show Inactive Physicians

Last Name ▲	First Name	NPI#	Address	Phone
[illegible]	[illegible]	1324354654	99 Luft Balloons Brooklyn	Ph : (718)555-1010
[illegible]	[illegible]	1232343456	123 Main Street Brooklyn	Ph : (718)389-1000 Fax: (516)466-5679
Greenleaf	Mark	1234567890	14544 Nowhere~ Lane Nowhere	Ph : (516)466-1942 Fax: (516)466-5679
[illegible]	[illegible]		123 Fake Lane Fakeville	Ph : (555)123-4564 Fax: (516)466-5679
[illegible]	[illegible]		12 Fake Road Fakeville	Ph : (555)555-5343 Fax: (516)466-5679
[illegible]	[illegible]	56	345 Fake Road Faketown	Ph : (234)234-2342 Fax: (541)654-9546
[illegible]	[illegible]			Ph : 555-555-5555
[illegible]	[illegible]			Ph : (555)555-5555 Fax: (454)545-4545
[illegible]	[illegible]			Fax: (123)156-4654
[illegible]	[illegible]	4231648971	2 Denton Avenue Garden City	
[illegible]	[illegible]		123 Fake St Great Neck	Ph : (555)555-5555 Fax: (516)466-5679
[illegible]	[illegible]	7429814236	44 Elm St East Rockaway	Ph : (516)874-6610

Select the Referring Physician from your list.

https://criterionsehr.myehr123.com/?CSessionID=9358415DB0941DD1E0534E0010AC3DF7&Nav=Lookup - Cr - Internet Explorer

Referral Physician Active ☑

First Name	Mark	Last Name	Greenleaf	MI	
Title	MD	SSN#		☑ Accepts Faxed Reports	
Address	14544 Nowhere~ Lane			☑ Address As Facility	
City	Nowhere	State	NY	Zip	11021
Phone:Res	(516)466-1942	Cell		Fax	(516)466-5679
UPIN #	45612252	NPI #	1234567890	Federal Tax ID	
Contact		Email		Comments	
Medicaid Spec. Code		Medicaid Prov. ID			
Direct Message	vitrana-edge2015@directtest.interopengine.com				

Specialty

Specialties: Attorney, Urologist, Orthopedist, OBGYN

Selected Specialties: PCP

Save | Close

Add the direct messaging address to their account and save.

https://criterionsehr.myehr123.com/?CSessionID=9358415DB0941DD1E0534E0010AC3DF7&UserType=3 - Cr - Internet Explorer

Criterions THE PM & EHR SOLUTION

Ren, Jey (434) $0.00 M 07/25/1987 AGE: 32 (718)463-6947 MCARE

Chart | Visit View | Flow Sheet | DM | New Visit | 09/24/2019

Visit Sum. | Hx | CC | Vital | ROS | Exam | Assmt. | Ix | Plan | EM | Prob. | Docs. | P.Visits | DMG | Audit

Move Diagnosis | Plan Macro | Rx | Tests | Status | OS | Procedures | Instructions | Goals | Referral | Recalls | CDS | Manage

New Problems: Asthma, Other Dx

Referral Order — Edit Items | Consult Letter

To : Greenleaf, Mark — Ref. Reason :

CC : — Ref. Date : 09/24/2019

Re: Jey Ren
DOB: 07/25/1987
Acct #: 434
Visit Date: 09/24/2019

Referral to Dr. Greenleaf:

I am referring my patient for consultation and evaluation.

Chief Complaint: .

HISTORY OF PRESENT ILLNESS:

REPORT SUMMARY:

ASSESSMENT: **Asthma**

Follow Ups

Allergies: Aspirin

Add To Plan | Print | Fax

Use Referral Order from Plan Macro or Referral tab when referring patients outside of your practice.

Support Electronic Referral Loops by Receiving and Incorporating Health Information

MEASURE:

Support Electronic Referral Loops by Receiving and Incorporating Health Information
For at least one electronic summary of care record received for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, or for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician conducts clinical information reconciliation for medication, medication allergy, and current problem list.

EXCLUSION:

1. Any MIPS eligible clinician who is unable to implement the measure for a MIPS performance period in 2020 would be excluded from having to report this measure. Or
2. Any MIPS eligible clinician who receives fewer than 100 transitions of care or referrals or has fewer than 100 encounters with patients never before encountered during the performance period.

NUMERATOR:
The number of electronic summary of care records in the denominator for which clinical information reconciliation is completed using CEHRT 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; and (3) Current Problem List – Review of the patient’s current and active diagnoses.

DENOMINATOR:
Number of electronic summary of care records received using CEHRT for patient encounters during the performance period for which a MIPS eligible clinician was the receiving party of a transition of care or referral, and for patient encounters during the performance period in which the MIPS eligible clinician has never before encountered the patient.

CMS Clarification:
For the 2020 PI_HIE_4 Support Electronic Referral Loops by Receiving and Incorporating Health Information measure, the denominator is the number of electronic summary of care records received/retrieved by the clinician for a transition of care, referral or a new patient. Therefore the clinician would need to be the recipient of a transition of care, referral or have a patient encounter during the performance period in which the MIPS eligible clinician has never before encountered the patient AND have received an electronic summary of care record for that patient. New patients are included in the denominator if the clinician received/retrieved an electronic summary of care record.

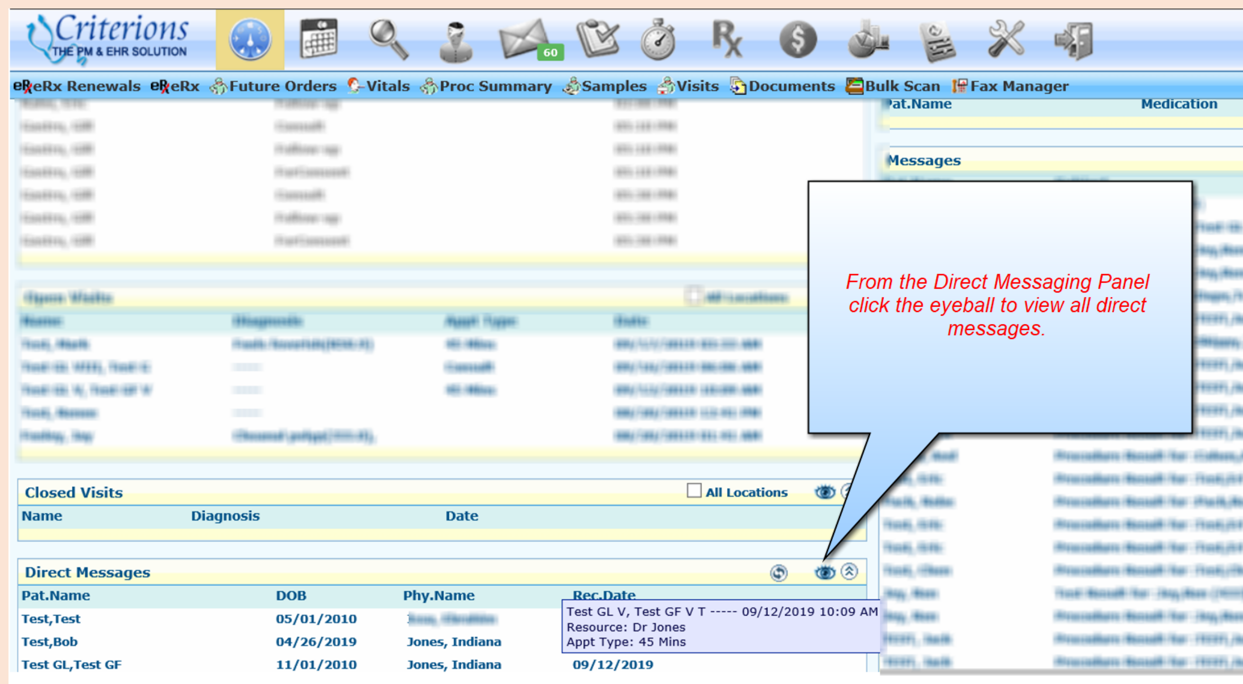
To meet the numerator requirement, the clinician must conduct clinical information reconciliation for medication, medication allergy, and current problem list on all summary of care records included in the denominator.

How to meet:
NOTE: If you do not have a direct messaging address, applications are located here. Fees are associated with direct messaging addresses.

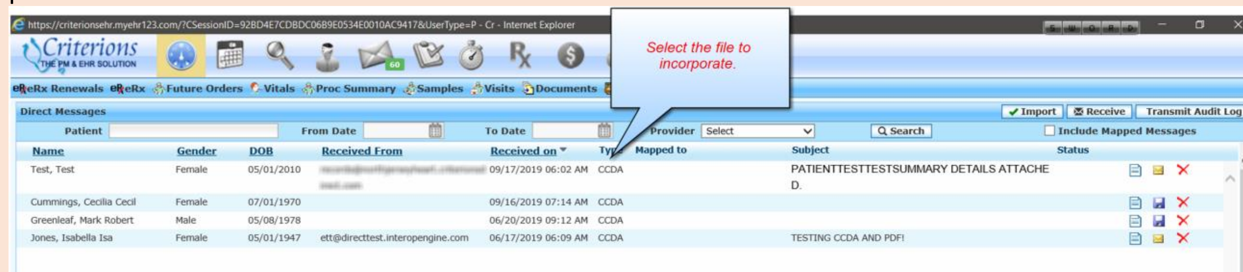
- Direct Messaging Application
- Identity Verification for Application Sign

Step 1: Map/Incorporate Received CCDA files

Assign staff to monitor your direct messaging queue in the EHR. The direct messaging queue can be configured to show on user's dashboards by going to Preferences – Dashboard – Physician Dashboard Config. Select the Direct Messaging option as one of the items.



Staff should Incorporate the file into the patient's record.
NOTE: If patient details cannot be automatically Mapped to an existing patient staff will need to manually map the patient details.



Click the Incorporate button the link the File to the Patient's record.

RECONCILING INCORPORATED CCDA

If a CCDA has been received through direct messaging but has not been reconciled with the patient's record, the CCDA icon will flash in the visit the next notifying the provider of the new CCDA.

Select the CCDA icon.

Problems, Medications, and Allergies from the CCDA are shown on the left. Items from the patient's record are in the center. Select items from the CCDA to merge into your record.

A consolidated list of outside items and your records display.

Click Reconcile/Review button.

The patient will be added to the numerator for the measure.

Public Health Reporting:

Public Health Reporting Covers 5 components.

1. Immunization Registry

2. Syndromic Surveillance Reporting
3. Electronic Case Reporting
4. Public Health Registry Reporting
5. Clinical Data Reporting

CMS Clarification:
For practices excluded from Public Health and Clinical Data Exchange CMS will redistribute the points from that category.

From CMS: **Public Health and Clinical Data Exchange exclusion** - if 2 different measures are excluded, the 10 points are redistributed to Provider to Patient Exchange objective making this measure worth 50 points.

Immunization Registry Reporting

MEASURE:

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

EXCLUSION:

Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Immunization Registry Reporting measure if the MIPS eligible clinician:

1. Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the performance period.
2. Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the performance period.
3. Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the performance period.

REPORTING REQUIREMENTS:

The MIPS eligible clinician must attest YES to being in active engagement with a PHA to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

For multiple registry engagement, report as YES if there is active engagement with more than one immunization registry.

Immunizations will now have the ability to download historical immunization records from your state, if available.

Key to Measures: Immunization Registry

Contact your state to setup account for submitting immunizations to. Once account is configured contact Criterions with login information to have files prepared for submission.

Syndromic Surveillance Reporting

MEASURE:

The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from a non-urgent care setting.

EXCLUSION:

Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Syndromic Surveillance Reporting measure if the MIPS eligible clinician:

1. Is not in a category of health care providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system.
2. Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data in the specific standards required to meet the CEHRT definition at the start of the performance period.
3. Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from MIPS eligible clinicians as of 6 months prior to the start of the performance period.

REPORTING REQUIREMENTS:

The MIPS eligible clinician must attest YES to being in active engagement with a PHA to submit syndromic surveillance data from an urgent care setting or from any other setting from which ambulatory syndromic surveillance data are collected by the state or a local public health agency.

For multiple registry engagement, report as YES if there is active engagement with more than one syndromic surveillance registry.

Electronic Case Reporting

MEASURE:

The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.

EXCLUSION:

Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Electronic Case Reporting measure if the MIPS eligible clinician;

1. Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the performance period.
2. Operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the performance period.
3. Operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the performance period.

REPORTING REQUIREMENTS:

The MIPS eligible clinician must attest YES to being in active engagement with a PHA to electronically submit case reporting of reportable conditions.

For multiple registry engagement, report as YES if there is active engagement with more than one electronic case reporting registry.

Public Health Registry Reporting

MEASURE:

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

EXCLUSION:

Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Public Health Reporting measure if the MIPS eligible clinician:

1. Does not diagnose or directly treat any disease or condition associated with a public health registry in the MIPS eligible clinician's jurisdiction during the performance period.
2. Operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period.
3. Operates in a jurisdiction where no public health registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period.

REPORTING REQUIREMENTS:

The MIPS eligible clinician must attest YES to being in active engagement with a PHA to submit data to public health registries.

For multiple registry engagement, report as YES if there is active engagement with more than one public health registry.

Clinical Data Registry Reporting

MEASURE:

The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.

EXCLUSION:

Any MIPS eligible clinician meeting one or more of the following criteria may be excluded from the Clinical Data Registry Reporting measure if the MIPS eligible clinician:

1. Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the performance period.
2. Operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the performance period.
3. Operates in a jurisdiction where no clinical data registry for which the MIPS eligible clinician is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the performance period.

REPORTING REQUIREMENTS:

The MIPS eligible clinician must attest YES to being in active engagement to submit data to a clinical data registry.

For multiple registry engagement, report as YES if there is active engagement with more than one clinical data registry.

How is the Performance Score Calculated?

We calculate the performance score using the numerators and denominators you submitted for measures included in the performance score. There's one measure that we use the "yes" or "no" as the answer submitted.

The potential total performance score is 90%. For each measure with a numerator/denominator, the percentage score is determined by the performance rate. Most measures are worth a maximum of 10 percentage points, except for two measures included in the 2018 Transition measures, which are worth up to 20 percentage points.

Performance rates for each measure worth up to 10%	
Performance Rate >0-10 = 1% Performance Rate 11-20 = 2% Performance Rate 21-30 = 3% Performance Rate 31-40 = 4% Performance Rate 41-50 = 5%	Performance Rate 51-60 = 6% Performance Rate 61-70 = 7% Performance Rate 71-80 = 8% Performance Rate 81-90 = 9% Performance Rate 91-100 = 10%

For example, if a MIPS eligible clinician submits a numerator and denominator of 85/100 for the Patient-Specific Education measure, their performance rate would be 85%, and they would earn 9 out of 10 % points for that measure.

Performance rates for each measure worth up to 20%	
Performance Rate >0-10 = 2% Performance Rate 11-20 = 4% Performance Rate 21-30 = 6% Performance Rate 31-40 = 8% Performance Rate 41-50 = 10%	Performance Rate 51-60 = 12% Performance Rate 61-70 = 14% Performance Rate 71-80 = 16% Performance Rate 81-90 = 18% Performance Rate 91-100 = 20%

The only performance score measures that have yes/no responses are the Public Health and Clinical Data Registry (CDR) Reporting measures and the Public Health Reporting measures. MIPS eligible clinicians who are actively working with a public health agency or clinical data registry who submit a "yes" for one of these measures would receive the full 10%. When reporting as a group, the group can submit a "yes" for one of these measures as long as 1 clinician in the group is actively working with one of these entities.

Promoting Interoperability Fact Sheet

Improvement Activities

Improvement Activities involves attesting to items on the Improvement Activities list that were performed during the reporting period.

NOTE: Document what improvement activities you have done and how you performed them for your own records. You may need this information in case of audit.

[Improvement Activities Fact Sheet]

Cost

There are no steps needing to be taken by a practice for the Cost component of the MIPS calculation. Cost is determined by CMS in a comparison of treatment costs across the country.

[Cost Fact Sheet]

Medicaid Only

As of now Medicaid will be using last year's MIPS3 years.

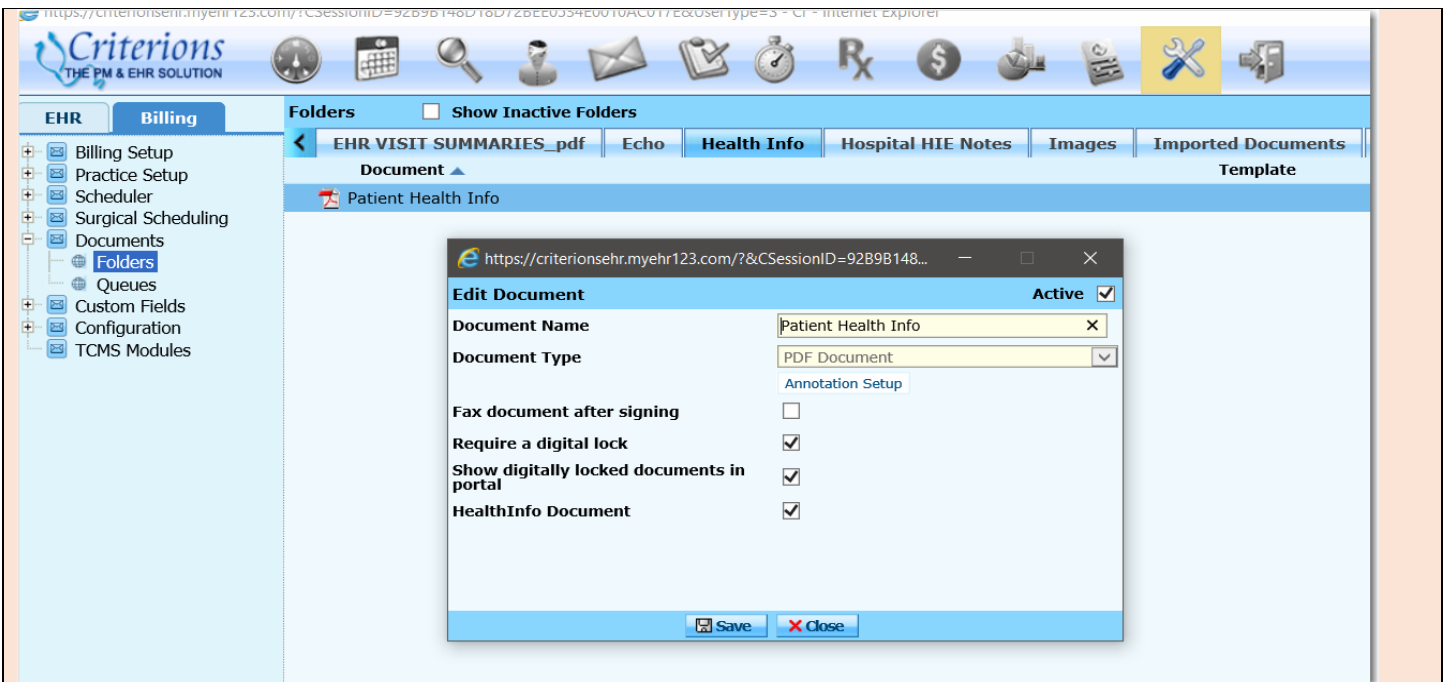
To Meet the Criteria, practices must capture additional

Patient Generated Health Data

Stage 3 Eligible Provider (EP) Measure 3: Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP during the EHR reporting period.

- DENOMINATOR: Number of unique patients seen by the EP during the PI reporting period.
- 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 PI reporting period.
- THRESHOLD: The resulting percentage must be more than 5 percent.
- EXCLUSIONS: An EP may exclude from the measure if they have no office visits during the PI reporting period, or;
- Any EP that conducts 50 percent or more of his or her patient encounters in a county that does not have 50 percent or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the PI reporting period may exclude the measure.

To add Patient Generated Health Data from EHR:
Setup a document type with the "HealthInfo Document" selected. When a document is scanned or imported into this field type it will count towards the Patient Generated Health Data.



From the Patient Portal:

Patients can enter information into the Patient Generated Health Data Section