

Merit-Based Incentive Payment System (MIPS) Promoting Interoperability Performance Category Measure 2019 Performance Period

Objective:	Provider to Patient Exchange
Measure:	<p>Provide Patients Electronic Access to Their Health Information</p> <p>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).</p>
Measure ID:	PI_PEA_1

Definition of Terms

API or Application Programming Interface – A set of programming protocols established for multiple purposes. APIs may be enabled by a health care provider or provider organization to provide the patient with access to their health information through a third-party application with more flexibility than is often found in many current “patient portals.”

Provide Access – When a patient possesses all of the necessary information needed to view, download, or transmit their information. This could include providing patients with instructions on how to access their health information, the website address they must visit for online access, a unique and registered username or password, instructions on how to create a login, or any other instructions, tools, or materials that patients need in order to view, download, or transmit their information. Information that must be made available to patients:

- Patient name
- Provider's name and office contact information

- Current and past problem list
- Encounter diagnosis
- Procedures
- Laboratory test results
- Current medication list and medication history
- Current medication allergy list and medication allergy history
- Vital signs (height, weight, blood pressure, BMI, growth charts)
- Smoking status
- Immunizations
- Functional status, including activities of daily living, cognitive and disability status
- Unique device identifier(s) for a patient's implantable device(s)
- Demographic information (preferred language, sex, race, ethnicity, date of birth)
- Care plan field(s), including goals, health concerns, assessment, plan of treatment and instructions
- Any known care team members including the primary care provider (PCP) of record

Timely Access – We define “timely” as within 4 business days of the information being available to the MIPS eligible clinician.

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 (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.

Scoring Information

- Required for Promoting Interoperability Performance Category Score: **Yes**
- Measure Score: **40 points**
- Eligible for Bonus Score: **No**

Note: MIPS eligible clinicians must:

- Submit a “yes” to the Prevention of Information Blocking Attestations
- Submit a “yes” to the ONC Direct Review Attestation, if applicable
- Submit a “yes” that they have completed the Security Risk Analysis measure during the calendar year in which the MIPS performance period occurs
- Must report the required measures from each of the four objectives in order to earn a score greater than zero for the Promoting Interoperability performance category

Additional Information

- MIPS eligible clinicians must use EHR technology certified to the 2015 Edition certification criteria to support the Promoting Interoperability performance category objectives and measures.
- This measure was previously called the Provide Patient Access measure.
- MIPS eligible clinicians are required to report certain measures from each of the four objectives, with performance-based scoring occurring at the individual measure-level. Each measure is scored based on the MIPS eligible clinician’s performance for that measure, based on the submission of a numerator/denominator, or a “yes or no” statement.
- Actions included in the numerator must occur within the performance period.
- More information about Promoting Interoperability performance category scoring is available on the [QPP website](#).
- To implement an API, the MIPS eligible clinician would need to fully enable the API functionality such that any application chosen by a patient would enable the patient to gain access to their individual health information provided that the application is configured to meet the technical specifications of the API. MIPS eligible clinicians may not prohibit patients from using any application, including third-party applications, which meet the technical specifications of the API, including the security requirements of the API. MIPS eligible clinicians are expected to provide patients with detailed instructions on how to authenticate their access through the API and provide the patient with supplemental information on available applications that leverage the API.
- Similar to how MIPS eligible clinicians support patient access to view, download and transmit (VDT) capabilities, MIPS eligible clinicians should continue to have identity verification processes to ensure that a patient using an application, which is leveraging the API, is provided access to their health information.

- In circumstances where there is no information available to populate one or more of the fields previously listed, either because the MIPS eligible clinicians can be excluded from recording such information or because there is no information to record (for example, no medication allergies or laboratory tests), the MIPS eligible clinician may have an indication that the information is not available and still meet the objective and its associated measure.
- The patient must be able to access this information on demand, such as through a patient portal or personal health record (PHR) or by other online electronic means. We note that while a covered entity may be able to fully satisfy a patient's request for information through VDT, the measure does not replace the covered entity's responsibilities to meet the broader requirements under HIPAA to provide an individual, upon request, with access to PHI in a designated record set.
- MIPS eligible clinicians should also be aware that while the measure is limited to the capabilities of CEHRT to provide online access, there may be patients who cannot access their EHRs electronically because of a disability. MIPS eligible clinicians who are covered by civil rights laws must provide individuals with disabilities equal access to information and appropriate auxiliary aids and services as provided in the applicable statutes and regulations.
- For the measure, MIPS eligible clinicians must offer all four functionalities (view, download, transmit, and access through API) to their patients. And, patient health information needs to be made available to each patient for view, download, and transmit within 4 business days of the information being available to the clinician for each and every time that information is generated whether the patient has been "enrolled" for three months or for three years. A patient who has multiple encounters during the performance period, or even in subsequent performance periods in future years, needs to be provided access for each encounter where they are seen by the MIPS eligible clinician. The patient cannot be counted in the numerator if the MIPS eligible clinician does not continue to update the information accessible to the patient each time new information is available.
- If a patient elects to "opt out" of participation, that patient must still be included in the denominator.
- If a patient elects to "opt out" of participation, the MIPS eligible clinician may count that patient in the numerator if the patient is provided all of the necessary information to subsequently access their information, obtain access through a patient-authorized representative, or otherwise opt-back-in without further follow up action required by the clinician.
- The Provide Patients Electronic Access to Their Health Information measure is critical to increasing patient engagement, and to allowing patients access to their personal health data in order to improve health, provide transparency and drive patient engagement.
- 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 Promoting Interoperability performance category. If these MIPS eligible clinicians

choose to report as a part of a group practice, they will be scored on the Promoting Interoperability 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](#).
- For additional discussion, please see the 2018 Physician Fee Schedule final rule – Quality Payment Program final rule: [83 FR 59789](#).
- In order to meet this objective and measure, MIPS eligible clinicians must use the capabilities and standards of CEHRT at 45 CFR 170.315 (e)(1), (g)(7), (8), and (9).

Certification Standards and Criteria

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

Certification Criteria

Information about certification for 2015 Edition CEHRT can be found at the links below:
[§170.315\(e\)\(1\) View Download and Transmit to 3rd party](#)
[§170.315\(g\)\(7\) Application access — patient selection](#)
[§170.315\(g\)\(8\) Application access — data category request](#)
[§170.315\(g\)\(9\) – All Data Request](#)

Standards Criteria

Standards for 2015 Edition CEHRT can be found at the ONC's 2015 Standards Hub:
<https://www.healthit.gov/topic/certification/2015-standards-hub>