

**ADVANCING CARE INFORMATION**

| FAQ Number | Question  | Answer  |
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| 22533      | If a practice has multiple office locations under the same Tax Identification Number (TIN), and one office is within a broadband availability area but the other office for the practice is not, would that practice still qualify for the hardship exception for Insufficient Internet Connectivity(same TIN)?   | No, the office with broadband availability would not qualify for the hardship exception and, if a practice has an office site with sufficient internet access, the group must report for those clinicians for whom they have data.  |
| 22537      | Can Merit-based Incentive Payment System (MIPS) eligible clinicians that have switched certified electronic health record technology (CEHRT) vendors apply for a hardship exception and have their advancing care information performance category weight reallocated to the quality performance category?  | Yes, if a MIPS-eligible clinician switches CEHRT vendors during the performance period and is unable to report for the advancing care information performance category, the clinician may apply for an Extreme and Uncontrollable Circumstances hardship exception. For example, if a MIPS-eligible clinician switches CEHRT vendors in 2017 and is unable to submit measures for the advancing care information performance category for the 2017 performance period, the MIPS-eligible clinician can apply for an Extreme and Uncontrollable Circumstance category hardship exception, before the submission deadline.  |
| 22529      | Will CMS require the submission of supporting documentation along with the Quality Payment Program hardship exception application?  | CMS does not require a Merit-based Incentive Payment System (MIPS) eligible clinician or group to submit documentation with the hardship exception application. CMS will review the application to record the category selected and use the identifying information for each clinician and group listed on the application. MIPS eligible clinicians and groups should retain documentation of their circumstances supporting their application for their own records in the event CMS requests data validation or audit.   |
| 22525      | If I submit a Quality Payment Program hardship exception application, does that mean that I cannot report on the advancing Care Information performance category for 2017 performance period?   | No. You may still report on the advancing care information performance category, however if you choose to report, your data will be scored and your hardship exception will be dismissed.   |
| 22517      | What can count as a specialized registry?   | A submission to a specialized registry may count if the receiving entity meets the following requirements: The receiving entity must declare that they are ready to accept data as a specialized registry and be using the data to improve population health outcomes. Most public health agencies and clinical data registries are declaring readiness via a public online posting. Registries should make this information publically available for potential registrants. The receiving entity must also be able to receive electronic data generated from CEHRT. The electronic file can be sent to the receiving entity through any appropriately secure mechanism including, but not limited to, a secure upload function on a web portal or Direct. Manual data entry into a web portal would not qualify for submission to a specialized registry. The receiving entity should have a registration of intent process, a process to take the; MIPS eligible clinician through test and validation and a process to move into production. The receiving entity should be able to provide appropriate documentation for the sending provider or their current status in Active Engagement. For qualified clinical data registries, reporting to a QCDR may count for the public health specialized registry measure as long as the submission to the registry is not only for the purposes of meeting CQM requirements of the quality performance category of MIPS in other words, the submission may count if the registry is also using the data for a public health purpose. Many QCDRs use the data for a public health purpose beyond CQM reporting to CMS. A submission to such a registry would meet the requirement for the measure if the submission data is derived from CEHRT and transmitted electronically.   |
| 22521      | For the Merit-based Incentive Payment System (MIPS), to calculate the advancing care information measures and the advancing care information transition measures for View, Download, and Transmit, Secure Messaging and Patient-Specific Education requiring patient action, can other MIPS eligible clinicians in the group or as part of the care team get credit for the; action in meeting the measure? | The transitive effect applies to the View, Download and Transmit measures, Secure Messaging measures and to the Patient-Specific Education measures. If a MIPS eligible clinician initiates or responds to a patient' secure message about a clinical or health related subject to on behalf of the group or care team, that patient can be counted in the numerator of the Secure Messaging measure for any of the MIPS eligible clinicians in the group or part of the care team who use the same certified electronic health records technology (CEHRT) and who saw the patient during their performance period. Similarly, if a patient views, downloads, or transmits to a third party the health information that was made available online by their MIPS eligible clinician, that patient can be counted in the numerator for any of the MIPS eligible clinicians in that group or care team who use the same CEHRT and saw that patient during their performance period. If patient-specific education resources are provided electronically, it may be counted in the numerator for any MIPS eligible clinician within the group or part of the care team sharing the CEHRT who has contributed information to the patient's record if that MIPS eligible clinician has the patient in their denominator for the performance period. We clarify that: if it is not possible to determine who provided the health information, or multiple MIPS eligible clinicians in the group (or part of the care team) saw the patient during their performance period or multiple MIPS eligible clinicians contributed information to the patient's record and those MIPS eligible clinicians have the patient in their denominator for the performance period then the patient can be counted in the numerator of the applicable measure(s) for those MIPS eligible clinicians. We note that this could include all MIPS eligible clinicians who share the same CEHRT and saw the patient during the performance period. |

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| 22513 | For the Protect Patient Health Information (ePHI) objective, can the security risk analysis or review take place outside the MIPS performance period.   | Yes, it is acceptable for the security risk analysis to be conducted outside the MIPS performance period; however, the analysis must be conducted for the certified EHR technology used during the MIPS performance period and the analysis or review must be conducted on an annual basis and within the calendar year of the performance period. In other words, the MIPS eligible clinician or group must conduct a unique analysis or review applicable for the MIPS performance period and the scope of the analysis or review must include the full MIPS performance period.  |
| 22557 | For the purposes of reporting to the advancing care information performance category, does an eligible clinician (EC) or group practice need to include data from certified electronic health records technology (CEHRT) certified to the criteria for an inpatient setting?  | No, if the CEHRT is not equipped with all the capabilities necessary for an EC to satisfy the advancing care information measures, or is part of a CEHRT specific to an inpatient setting, the EC does not need to include data from that CEHRT in their calculations.  |
|       | A MIPS eligible clinician who does not administer immunizations may have a clinical need to query the Immunization Information System (IIS) consolidated record for referral purposes. Would this fulfill the Immunization Registry Reporting measure for Promoting Interoperability performance category of the Merit-based Incentive Payment Systems (MIPS)?  | Clinicians who do not administer immunizations can fulfill the Immunization Registry Reporting measure for MIPS Systems if they can query and receive results (i.e., the consolidated immunization record and forecast) into their EHR from the IIS in accordance with HL7 Version 2.5.1: Implementation Guide for Immunization Messaging, Release 1.5 (October 2014). The clinician may also submit historical immunizations provided from another source but that alone would not fulfill the requirements of the measure. The clinician must also query and receive results from the IIS. (Note: The vaccinating clinician should continue to submit data and query the IIS for results, except where prohibited, and in accordance with applicable law and practice). |
|       | In order to earn increase their score under the Promoting Interoperability performance category of the Merit-based Incentive Payment Systems (MIPS), the MIPS eligible clinician must be in active engagement with a different public health agency or clinical data registry than the one to which they reported to earn the 10 percentage points for the performance score. Does that mean that a MIPS eligible clinician in active engagement for the public health measures immunization and syndromic registry reporting can count these once for the performance score and once for a bonus score, if that data is being submitted the same public health agency? | If the MIPS eligible clinician fulfills the Immunization Registry Reporting Measure, the MIPS eligible clinician would earn 10 percentage points in the performance score. However to earn the bonus score, the MIPS eligible clinician must be in active engagement with one or more additional public health registry or clinical data registries that is/are different from the registry that they identified to earn a performance score. MIPS eligible clinician cannot receive credit under both the performance score and bonus score for reporting to the same public health registry even if they are submitting for different measures.   |
| 1215  | What if my certified electronic health record technology (CEHRT) is decertified?  | If your CEHRT is decertified, you can still use that CEHRT to submit your advancing care information performance category measures if your performance period ended before the decertification occurred. If your performance period ended after the decertification occurred, you can apply for a hardship exception.   |