

**§ 414.1365 Subcategories for the improvement activities performance category.**

(a) The following are the list of subcategories, of which, with the exception of Participation in an APM, include activities for selection by a MIPS eligible clinician or group:

(1) Expanded practice access, such as same day appointments for urgent needs and after-hours access to clinician advice.

(2) Population management, such as monitoring health conditions of individuals to provide timely health care interventions or participation in a QCDR.

(3) Care coordination, such as timely communication of test results, timely exchange of clinical information to patients or other clinicians, and use of remote monitoring or telehealth.

(4) Beneficiary engagement, such as the establishment of care plans for individuals with complex care needs, beneficiary self-management assessment and training, and using shared decision-making mechanisms.

(5) Patient safety and practice assessment, such as through the use of clinical or surgical checklists and practice assessments related to maintaining certification.

(6) Participation in an APM.

(7) Achieving health equity, such as for MIPS eligible clinicians that achieve high quality for underserved populations, including persons with behavioral health conditions, racial and ethnic minorities, sexual and gender minorities, people with disabilities, people living in rural areas, and people in geographic HPSAs.

(8) Emergency preparedness and response, such as measuring MIPS eligible clinician participation in the Medical Reserve Corps, measuring registration in the Emergency System for Advance Registration of Volunteer Health Professionals, measuring relevant reserve and active duty uniformed services MIPS eligible clinician activities, and measuring MIPS eligible clinician volunteer participation in domestic or international humanitarian medical relief work.

(9) Integrated behavioral and mental health, such as measuring or evaluating such practices as: Co-location of

behavioral health and primary care services; shared/integrated behavioral health and primary care records; cross-training of MIPS eligible clinicians, and integrating behavioral health with primary care to address substance use disorders or other behavioral health conditions, as well as integrating mental health with primary care.

(b) [Reserved]

**§ 414.1370 APM scoring standard under MIPS.**

(a) *General.* The APM scoring standard is the MIPS scoring methodology applicable for MIPS eligible clinicians identified on the Participation List for the performance period of an APM Entity participating in a MIPS APM.

(b) *Criteria for MIPS APMs.* MIPS APMs are those in which:

(1) APM Entities participate in the APM under an agreement with CMS or through a law or regulation;

(2) The APM is designed such that APM Entities participating in the APM include at least one MIPS eligible clinician on a Participation List;

(3) The APM bases payment on cost/utilization and quality measures; and

(4) The APM is not either of the following:

(i) *New APMs.* An APM for which the first performance year begins after the first day of the MIPS performance period for the year.

(ii) *APM in final year of operation for which the APM scoring standard is impracticable.* An APM in the final year of operation for which CMS determines, within 60 days after the beginning of the MIPS performance period for the year, that it is impracticable for APM Entity groups to report to MIPS using the APM scoring standard.

(c) *APM scoring standard performance period.* The MIPS performance period under § 414.1320 applies for the APM scoring standard.

(d) *APM participant identifier.* The APM participant identifier for an eligible clinician is the combination of four identifiers:

(1) APM identifier (established for the APM by CMS);

(2) APM Entity identifier (established for the APM Entity by CMS);

(3) Medicare-enrolled billing TIN; and

(4) Eligible clinician NPI.

(e) *APM Entity group determination.* The APM Entity group is determined in the manner prescribed in §414.1425(b)(1).

(f) *APM Entity group scoring under the APM scoring standard.* The MIPS final score calculated for the APM Entity group is applied to each MIPS eligible clinician in the APM Entity group. The MIPS payment adjustment is applied at the TIN/NPI level for each of the MIPS eligible clinicians in the APM Entity group. In the event that a Shared Savings Program ACO does not report quality measures as required by the Shared Savings Program, the ACO participant TINs will each be considered a unique APM Entity for purposes of the APM scoring standard.

(g) *MIPS performance category scoring under the APM scoring standard—(1) Quality—(i) MIPS APMs that require APM Entities to submit quality data using the CMS Web Interface.* The MIPS performance category score for quality for a performance period will be calculated for the APM Entity group using the data submitted for the APM Entity through the CMS Web Interface according to the terms of the APM. In the event that a Shared Savings Program ACO does not report on quality measures as required by the Shared Savings Program, the ACO participant TINs must report data for the MIPS quality performance category according to the MIPS submission and reporting requirements.

(ii) [Reserved]

(2) *Cost.* The cost performance category weight is zero percent for APM Entity groups in MIPS APMs.

(3) *Improvement activities.* (i) CMS assigns an improvement activities score for each MIPS APM for a performance period based on the requirements of the MIPS APM. The assigned improvement activities score applies to each APM Entity group in the MIPS APM for the performance year. In the event that the assigned score does not represent the maximum improvement activities score, APM Entities may report additional activities.

(ii) [Reserved]

(4) *Advancing care information.* (i) For APM Entity groups in the Shared Savings Program, each ACO participant TIN submits data on the advancing

care information performance category as specified in §414.1375(b) and performance on the advancing care information performance category is assessed for the APM Entity group by calculating the weighted mean of the TIN level scores, weighted based on the number of MIPS eligible clinicians in the TINs as compared to the total number of MIPS eligible clinicians in the APM Entity group.

(ii) For APM Entity groups in MIPS APMs other than the Shared Savings Program, CMS uses one score for each MIPS eligible clinician in the APM Entity group to derive a single average APM Entity group score for advancing care information. The score for each MIPS eligible clinician is the higher of either:

(A) A group score based on the measure data for the advancing care information performance category reported by a TIN for the MIPS eligible clinician according to the MIPS submission and reporting requirements for groups; or

(B) An individual score based on the measure data for the advancing care information performance category reported by the MIPS eligible clinician according to the MIPS submission and reporting requirements for individuals.

(h) *APM scoring standard performance category weights.* The performance category weights used to calculate the final score for an APM Entity group are:

(1) *Quality.* (i) For the Shared Savings Program and other MIPS APMs that require APM Entities to submit quality data through the CMS Web Interface: 50 percent.

(ii) For 2017, for MIPS APMs that do not require APM Entities to submit quality data through the CMS Web Interface: 0 percent.

(2) *Cost.* 0 percent.

(3) *Improvement activities.* (i) For the Shared Savings Program and other MIPS APMs that require APM Entities to submit quality data through the CMS Web Interface: 20 percent.

(ii) For 2017, for MIPS APMs that do not require APM Entities to submit quality data through the CMS Web Interface: 25 percent.

(4) *Advancing care information.* (i) For the Shared Savings Program and other

#### § 414.1375

#### 42 CFR Ch. IV (10–1–17 Edition)

MIPS APMs that require APM Entities to submit quality data through the CMS Web Interface: 30 percent.

(ii) For 2017, for MIPS APMs that do not require APM Entities to submit quality data through the CMS Web Interface: 75 percent.

#### § 414.1375 Advancing care information performance category.

(a) *Final score.* Subject to CMS's authority to reweight performance category weights under section 1848(q)(5)(E)(ii) and (q)(5)(F) of the Act, performance in the advancing care information performance category will comprise 25 percent of a MIPS eligible clinician's final score for MIPS payment year 2019 and each MIPS payment year thereafter.

(b) *Reporting for the advancing care information performance category:* To earn a performance category score for the advancing care information performance category for inclusion in the final score, a MIPS eligible clinician must:

(1) *CEHRT.* Use CEHRT as defined at § 414.1305 for the performance period;

(2) *Report MIPS—advancing care information objectives and measures.* Report on the objectives and associated measures as specified by CMS for the advancing care information performance category for the performance period as follows:

(i) Report the numerator (of at least one) and denominator, or yes/no statement as applicable, for each required measure; or

(ii) Report a null value for each required measure that includes a null value as an acceptable result in the measure specification.

(3) *Support information exchange and the prevention of health information blocking, and engage in activities related to supporting providers with the performance of CEHRT.* (i) Supporting providers with the performance of CEHRT (SPPC). To engage in activities related to supporting providers with the performance of CEHRT, the MIPS eligible clinician—

(A) Must attest that he or she:

(1) Acknowledges the requirement to cooperate in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program

if a request to assist in ONC direct review is received; and

(2) If requested, cooperated in good faith with ONC direct review of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.

(B) Optionally, may also attest that he or she:

(1) Acknowledges the option to cooperate in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program if a request to assist in ONC-ACB surveillance is received; and

(2) If requested, cooperated in good faith with ONC-ACB surveillance of his or her health information technology certified under the ONC Health IT Certification Program as authorized by 45 CFR part 170, subpart E, to the extent that such technology meets (or can be used to meet) the definition of CEHRT, including by permitting timely access to such technology and demonstrating its capabilities as implemented and used by the MIPS eligible clinician in the field.

(ii) *Support for health information exchange and the prevention of information blocking.* The MIPS eligible clinician must attest to CMS that he or she—

(A) Did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.

(B) Implemented technologies, standards, policies, practices, and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was, at all relevant times—

(1) Connected in accordance with applicable law;