Advancing Care Information Performance Category

Call for Measures Submission Form

Submission Period January 31 through June 30, 2017 for 2019 Measures

Stakeholders must use this form to propose new measures under the Advancing Care Information (ACI) Performance Category for the Merit-based Incentive Payment System (MIPS) in 2019. The submission deadline is June 30, 2017.

Proposals must be sent to **CMSCallforMeasuresACI@ketchum.com**. Stakeholders will receive email confirmations for their submission.

SECTION 1: STAKEHOLDER INFORMATION

Provide the following information for the individual, group or association proposing a new measure for the Advancing Care Information Performance Category under MIPS. All required fields are indicated with an asterisk (*). This information will be used to contact the stakeholder(s) if necessary, and apprise them of determinations made for their proposed measure(s).

Submitter First Name*	Middle Initial	Submitter Last Name*	Credentials (MD, DO, etc.)
Name of Organization (if applicable)*			

Address Line 1 (Street Name and Number – <u>Not</u> a Post Office Box or Practice Name)*		
Address Line 2 (Suite, Room, etc.)		
City/Town*	State (2 character code)*	Zip Code (5 digits)*

Email Address* (This is how we will communicate with you.)	
Business Telephone Number (include Area Code)	Extension

SECTION 2: CONSIDERATIONS WHEN PROPOSING MEASURES

CMS priorities for proposals on Advancing Care Information Performance Category measures include those that: (1) build on the advanced use of certified EHR technology (CEHRT) using 2015 Edition Standards and Certification Criteria to increase health information exchange and continue improving program efficiency, effectiveness, and flexibility, (2) measure patient outcomes and emphasize patient safety and (3) support improvement activities and quality performance categories of MIPS. Proposals submitted by June 30, 2017 will be considered for inclusion in rulemaking effective for 2019.

When preparing proposals, please consider whether the new measure:

1. Could highlight improved beneficiary health outcomes, patient engagement and safety;
2. Could improve program efficiency, effectiveness and flexibility;
3. Would contribute to improvement in patient care practices, reduce reporting burden, or includes an emerging certified health IT functionality or capability;
4. Does not duplicate existing objectives and measures;
5. Should be considered for a Base, Performance or Bonus score;
6. Is feasible to implement; and
7. Is able to be validated by CMS.

SECTION 3: REQUIRED INFORMATION FOR MEASURE PROPOSALS

Proposals that do not provide information for every field/section will not be evaluated for consideration. Any information/field not applicable to the measure proposal must state "N/A" or "not applicable" or the proposal will not be considered, as the application will be judged incomplete.

1. **MEASURE DESCRIPTION** (Provide a description of the measure to be considered and relevance to the Advancing Care Information performance category):

Program Relevance:

2. **MEASURE TYPE** (Please indicate which category your measure descriptions fits):

Patient Outcome Measure

Process Measure

Patient Safety Measure

Other (please indicate the type of measure):

3. REPORTING REQUIREMENT (Yes/No Statement or Numerator and Denominator Description. Indicate whether the measure should include as a reporting requirement: 1) a yes/no statement and exclusion criteria (if applicable) or 2) the numerator and denominator, threshold (if applicable) and exclusion criteria (if applicable)):

☐ YES/NO STATEMENT
Exclusion Criteria: If applicable and rationale for exclusion proposal, otherwise use N/A

OR

Denominator Language:
Numerator Language:
Threshold: (For example: at least one (clinical action or patient) or a percentage - at least 5 percent). The clinical action must be tied to the numerator proposed language. For example: *Secure Messaging Measure:* For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent. Include a rationale for recommendation: ☐ At least one (ex., Patient or clinical action) ☐ Recommended percentage (please state –for example: at least 5 percent): Rationale:
Exclusion Criteria: If applicable and rational for exclusion proposal; otherwise use N/A

4. CEHRT FUNCTIONALITIES REQUIRED FOR PROPOSED MEASURE (Describe CEHRT functionalities that are needed to attest successfully to this proposed measure, if applicable. If you do not believe certain functionalities are required (such as an application programming interface, or API) please use N/A):

☐ Functionality type (ex. API):

☐ N/A

5. SCORE TYPE (Please indicate the type of score your proposed measure should be considered for and rationale for selection):

☐ Base Score

☐ Performance Score

☐ Bonus Score

Rationale for selection:

Optional (Additional Information, suggestions and/or comments related to the Call for Measures):