

Merit-Based Incentive Payment System

**ADVANCING
CARE
INFORMATION**

On April 27, 2016, the Department of Health and Human Services issued a Notice of Proposed Rulemaking ([fact sheet](#)) to implement key provisions of the bipartisan Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), to modernize and streamline Medicare, and tie payments to quality patient care for hundreds of thousands of physicians and other clinicians. This paper details proposals for the Merit-based Incentive Payment System (MIPS) performance category focused on the use of electronic health records: Advancing Care Information. This proposal would replace the Meaningful Use program for Medicare physicians.

Introducing Advancing Care Information

The proposal for Advancing Care Information is designed to simplify requirements, support patient care, and be flexible to meet the needs of physician practices. The proposal emphasizes measures that support improved patient engagement and connectivity and reduces reporting burden.



Principal Changes from the Medicare EHR Incentive Program to Advancing Care Information Performance Category

Meaningful Use	Advancing Care Information
Must report on all objective and measure requirements	Advancing Care Information streamlines measures and emphasizes interoperability, information exchange, and security measures. Clinical Decision Support and Computerized Provider Order Entry are no longer required.
One-size-fits-all—every measure reported and weighed equally	Customizable—Physicians or clinicians can choose which best measures fit their practice
All-or-nothing EHR measurement and quality reporting	Flexible—multiple paths to success
Misaligned with other Medicare reporting programs	Aligned with other Medicare reporting programs. No need to report quality measures as part of this category

Who Can Participate

Advancing Care Information applies to all physicians and other clinicians participating in MIPS. Under MIPS, physicians and other clinicians will have the option to be assessed as a group across all four MIPS performance categories.

For physicians or other clinicians for whom the objectives and measures are not applicable (for example, a hospital-based clinician), CMS proposes to reweight the Advancing Care Information performance category to zero and adjust the other MIPS performance category scores to make up the difference in the composite score.

MIPS only applies to office-based physicians or other clinicians who are reimbursed by Medicare. It does not apply to hospitals, facilities, or Medicaid.

Scoring

Initially, the Advancing Care Information category would account for 25 percent of the MIPS score. For this category, physicians and other clinicians must use certified EHR technology and could choose to report a customizable set of measures that reflects how they use EHR technology in their day-to-day practice, with a particular emphasis on interoperability and information exchange. Advancing Care Information would no longer require all-or-nothing EHR measurement or quality reporting. The measures align with the Office of the National Coordinator for Health Information Technology’s 2015 Edition Health IT Certification Criteria.

The overall Advancing Care Information score would be made up of a base score and a performance

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score for a maximum score of 100 points. There are multiple paths to achieve the maximum score in this category.

Base Score: The base score accounts for 50 points of the total Advancing Care Information category score. To receive the base score, physicians and other clinicians must simply provide the numerator/denominator or yes/no for each objective and measure. CMS proposes six objectives and their measures that would require reporting for the base score:

 Protect Patient Health Information (yes required)	 Electronic Prescribing (numerator/denominator)	 Patient Electronic Access (numerator/denominator)
 Coordination of Care Through Patient Engagement (numerator/denominator)	 Health Information Exchange (numerator/denominator)	 Public Health and Clinical Data Registry Reporting (yes required)

Because of the importance of protecting patient privacy and security, physicians and other clinicians must be able to report “yes” to the Protect Patient Health Information objective to receive any score in the Advance Care Information performance category.

This proposal would no longer require reporting on the **Clinical Decision Support** and the **Computerized Provider Order Entry** objectives for the base score and only requires reporting to a public health immunization registry.

Performance Score: The performance score accounts for up to 80 points towards the total Advancing Care Information category score (note that the total score can exceed 100 points, but anyone who scores 100 points or above will receive the full credit of the maximum 25 points towards the MIPS score). Physicians and other clinicians select the measures that best fit their practice from the following objectives, which emphasize patient care and information access:

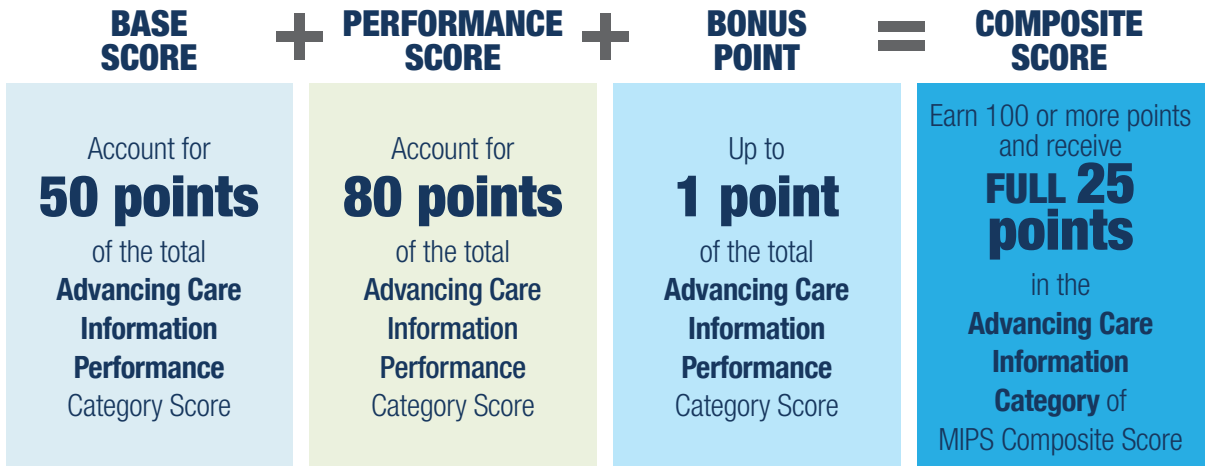
 Patient Electronic Access	 Coordination of Care Through Patient Engagement	 Health Information Exchange
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Public Health Registry Bonus Point: Immunization registry reporting is required. In addition, physicians and

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other clinicians may choose to report to other public health registries, and will receive one additional point for reporting beyond the immunization category.

Total Score: The physicians or other clinicians' base score, performance score, and bonus point (if applicable) are added together for a total of up to 131 points. If physicians and other clinicians earn 100 points or more, then they receive the full 25 points in the Advancing Care Information category. If physicians and other clinicians earn less than 100 points, their overall score in MIPS declines proportionately—scoring is not all-or-nothing.



Performance Period

The first performance period for Advancing Care Information is proposed to be from January 1, 2017 through December 31, 2017. If a physician or other clinician only has data for a portion of the year, the proposal would allow the clinician to still participate in the Advancing Care Information category.

Beginning in 2017, physicians and other clinicians who currently participate in the Medicare Physician Meaningful Use program will no longer report or attest for this program and will instead report through MIPS.

More Ways to Learn

To learn more about the Quality Payment Programs including program information, watch the <http://go.cms.gov/QualityPaymentProgram> to learn of Open Door Forums, webinars, and more. In addition, there is a CMS blog introducing [Advancing Care Information](#).

We Are Listening

The proposed rule incorporates input from patients, caregivers, physicians, clinicians, and health care professionals, but it represents only the first step in an iterative process to implementing the new Medicare physician payment program. [We encourage you to review the proposed rule in its entirety](#) and provide feedback for consideration as indicated below. The comment period will close at 5pm ET time on June 27, 2016. Please provide your comments as follows:



Electronically through our e-Regulation website at <http://www.cms.gov/Regulations-and-Guidance/Regulations-and-Policies/eRulemaking/index.html?redirect=/eRulemaking>



On paper by following the instructions included in the proposed rule.

Appendix: Full List of Objectives and Measures

MIPS Advancing Care Information Objectives and Measures	
Objective	Measure
Protect Patient Health Information	Security Risk Analysis*
Electronic Prescribing	ePrescribing**
Patient Electronic Access	Patient Access***
	Patient-Specific Education***
Coordination of Care Through Patient Engagement	View, Download and Transmit (VDT)***
	Secure Messaging***
	Patient-Generated Health Data***
Health Information Exchange	Exchange Information with Other Physicians or Clinicians***
	Exchange Information with Patients***
	Clinical Information Reconciliation***
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting*
	(Optional) Syndromic Surveillance Reporting
	(Optional) Electronic Case Reporting
	(Optional) Public Health Registry Reporting
	(Optional) Clinical Data Registry Reporting

* Required measures

** Required to fill out the measure (either yes/no or numerator/denominator)

*** Required to fill out the measure, may be selected as a part of the performance score