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Quality Payment Program: Advancing Care Information

Session 121, March 7, 2018

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

ENGAGED

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Conflict of Interest

Elizabeth Holland

Has no real or apparent conflicts of interest to report.

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Learning Objectives

- Provide an overview of MIPS requirements for Year 2.
- Explain the Advancing Care Information Performance Category Requirements for Year 2.
- Discuss scoring for the Advancing Care Information Performance Category.

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Overview of the Merit-based Incentive Payment System (MIPS)

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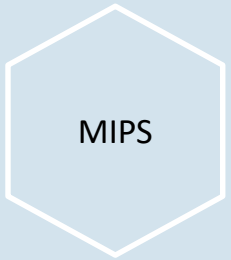
Quality Payment Program



The Merit-based Incentive Payment System (MIPS)

If you decide to participate in MIPS, you will earn a performance-based payment adjustment through MIPS.

OR

Advanced Alternative Payment Models (Advanced APMs)

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.

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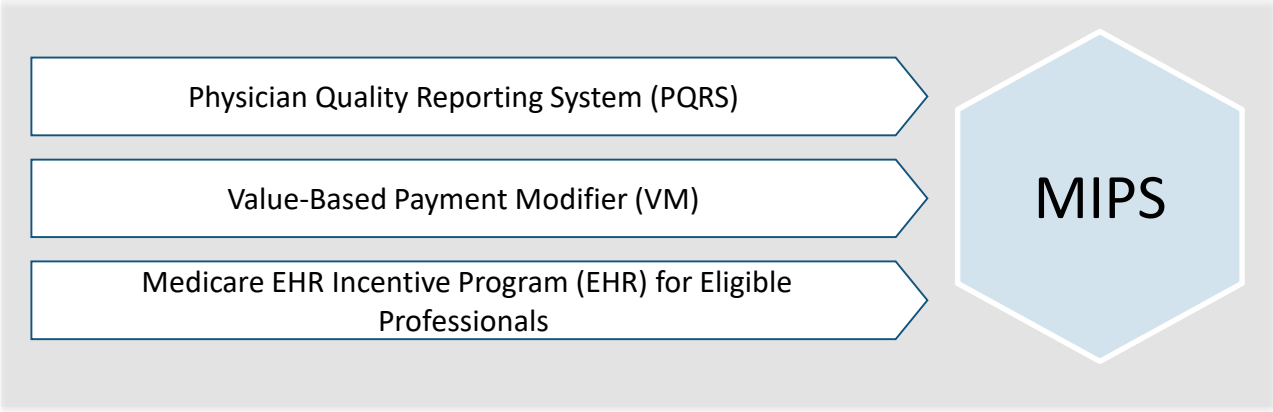
MIPS Overview

Combined legacy programs into a single, improved program.



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MIPS Overview

MIPS Performance Categories for Year 2 (2018)

100 Possible Final Score Points

- Comprised of **four** performance categories in 2018.
- Moves Medicare Part B clinicians to a performance-based payment system.
- Provides clinicians with flexibility to choose the activities and measures that are most meaningful to their practice.
- Reporting standards align with Advanced APMs wherever possible.

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MIPS Year 2 (2018)

Who is Included?

Change *to the Low-Volume Threshold for 2018.* Include MIPS eligible clinicians billing more than $90,000 a year in Medicare Part B allowed charges **AND** providing care for more than 200 Medicare patients a year.

Voluntary reporting remains an option for those clinicians who are exempt from MIPS.

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MIPS Year 2 (2018)

Who is Included?

No change *in the types of clinicians eligible to participate in 2018*

MIPS eligible clinicians include:

Physicians

Physician Assistants

Nurse Practitioners

Clinical Nurse Specialists

Certified Registered Nurse Anesthetists

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MIPS Year 2 (2018)

Who is Exempt?

***No change** in basic exemption criteria; only changed the low-volume threshold*

Newly-enrolled in Medicare

- Enrolled in Medicare for the first time during the performance period (exempt until following performance year)

Below the low-volume threshold

- Medicare Part B allowed charges less than or equal to **$90,000** a year

OR

- See **200** or fewer Medicare Part B patients a year

Significantly participating in Advanced APMs

- Receive 25% of their Medicare payments

OR

- See 20% of their Medicare patients through an Advanced APM

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MIPS Year 2 (2018)

Performance Period

Change: *Increase to Performance Period*

Transition Year 1 (2017) Final

Performance Category	Minimum Performance Period
Quality	90-days minimum; full year (12 months) was an option
Cost	Not included. 12-months for feedback only.
Improvement Activities	90-days
Advancing Care Information	90-days

Year 2 (2018) Final

Performance Category	Minimum Performance Period
Quality	12-months
Cost	12-months
Improvement Activities	90-days
Advancing Care Information	90-days

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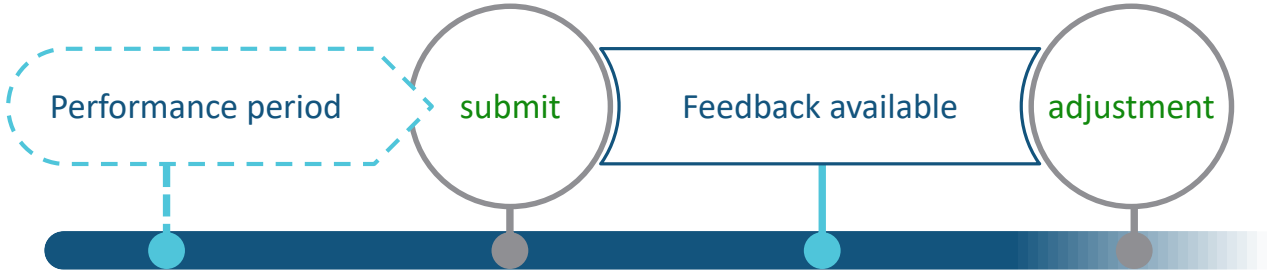
MIPS Year 2 (2018)

Timeline for Year 2



2018
Performance Year

- Opens January 1, 2018.
- Closes December 31, 2018.
- Clinicians care for patients and record data during the year.

March 31, 2019
Data Submission

- Deadline for submitting data is March 31, 2019.
- Clinicians are encouraged to submit data early.

Feedback

- CMS provides performance feedback after the data is submitted.
- Clinicians will receive feedback before the start of the payment year.

January 1, 2020
Payment Adjustment

- MIPS payment adjustments are prospectively applied to each claim beginning January 1, 2020.

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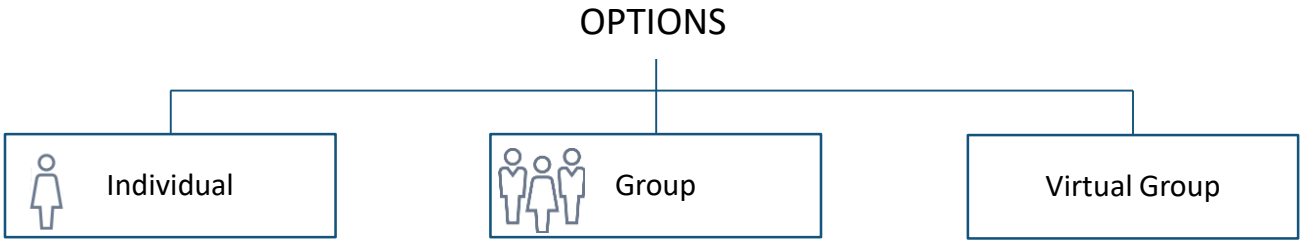
MIPS Year 2 (2018)

Reporting Options



- MIPS eligible clinicians participating as individuals, will have their **payment adjustment based on their individual performance**.
- An individual is a single clinician, identified by a single National Provider Identifier (NPI) number tied to a Taxpayer Identification Number (TIN).

- MIPS eligible clinicians participating in MIPS with a group will receive a **payment adjustment based on the group's performance**.
- Under MIPS, a group is a single TIN with 2 or more MIPS eligible clinicians as identified by their NPI, who have reassigned their Medicare billing rights to the TIN.

- MIPS eligible clinicians participating in MIPS with a Virtual Group will receive a **payment adjustment based on the Virtual Group's performance**.
- A Virtual Group can be made up of solo practitioners and groups of 10 or fewer eligible clinicians who come together "virtually" (no matter what specialty or location) to participate in MIPS for a performance period for a year.

* If clinicians participate as a group, they are assessed as a group across all 4 MIPS performance categories. The same is true for clinicians participating as a Virtual Group.

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MIPS Year 2 (2018)

Submission Mechanism

No change:
All of the submission mechanisms remain the same from Year 1 to Year 2

Performance Category	Submission Mechanisms for Individuals	Submission Mechanisms for Groups (Including Virtual Groups)
Quality	QCDR Qualified Registry EHR Claims	QCDR Qualified Registry EHR CMS Web Interface (groups of 25 or more)
Cost	Administrative claims (no submission required)	Administrative claims (no submission required)
Improvement Activities	Attestation QCDR Qualified Registry EHR	Attestation QCDR Qualified Registry EHR CMS Web Interface (groups of 25 or more)
Advancing Care Information	Attestation QCDR Qualified Registry EHR	Attestation QCDR Qualified Registry EHR CMS Web Interface (groups of 25 or more)

Please note:

- Continue with the use of **1** submission mechanism per performance category in Year 2 (2018). Same policy as Year 1.
- The **use of multiple submission mechanisms** per performance category is deferred to Year 3 (2019).

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Understanding the Advancing Care Information Performance Category

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MIPS Year 2 (2018)

Advancing Care Information

Basics:

- Comprises **25%** of MIPS Final Score in 2018
- Includes a Base Score, Performance Score, and Bonus Score
- Promotes patient engagement and the electronic exchange of information using certified EHR technology
- Has two measure sets available to choose from based on EHR Edition

CEHRT Requirements:

- Burden Reduction Aim: MIPS eligible clinicians may use **either the 2014 or 2015 CEHRT Edition** or a combination of the two in 2018
- A **10% bonus** is available for using only 2015 Edition CEHRT

Measures and Objectives:

- CMS finalized exclusions for the E-Prescribing and Health Information Exchange Measures

Scoring:

- No change to the **base score** requirements for the 2018 performance period / 2020 payment year
- For the **performance score**, MIPS eligible clinicians and groups will earn 10% for reporting to any one of the Public Health and Clinical Data Registry Reporting measures as part of the performance score
- A **5% bonus score** is available for reporting to an additional registry not reported under the performance score
- Additional Improvement Activities are eligible for a 10% Advancing Care Information bonus for completion of at least 1 of the specified Improvement Activities using CEHRT
- Total bonus score available is 25%

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MIPS Performance Category

Advancing Care Information

2018 Advancing Care Information Objectives & Measures: Base Score Required Measures

Objective	Measure	Exclusion
Protect Patient Health Information	Security Risk Analysis	N/A
Electronic Prescribing	e-Prescribing	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
Patient Electronic Access	Provide Patient Access	N/A
Health Information Exchange	Send a Summary of Care	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient is fewer than 100 times during the performance period.
Health Information Exchange	Request/Accept a Summary of Care	Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period.

2018 Advancing Care Information Transition Objectives & Measures: Base Score Required Measures

Objective	Measure	Exclusion
Protect Patient Health Information	Security Risk Analysis	N/A
Electronic Prescribing	e-Prescribing	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
Patient Electronic Access	Provide Patient Access	N/A
Health Information Exchange	Health Information Exchange	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient is fewer than 100 times during the performance period.

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MIPS Performance Category

Advancing Care Information – How to Fulfill the Base Score

2018 Advancing Care Information Objectives & Measures: Base Score Required Measures

Measure	Result
Security Risk Analysis	Yes
e-Prescribing*	1 Patient
Provide Patient Access	1 Patient
Send a Summary of Care*	1 Patient
Request/Accept a Summary of Care*	1 Patient

2018 Advancing Care Information Transition Objectives & Measures: Base Score Required Measures

Measure	Result
Security Risk Analysis	Yes
e-Prescribing*	1 Patient
Provide Patient Access	1 Patient
Health Information Exchange*	1 Patient

**Has exclusion available*

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MIPS Performance Category

Advancing Care Information – Provide Patient Access Measure

2018 Advancing Care Information Measure – *Provide Patient Electronic Access*
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 Programing Interface (API) in the MIPS eligible clinician's CEHRT.

- **Definition of "timely"**: *Within 4 business days* of the information being available to the MIPS eligible clinician.

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MIPS Performance Category

Advancing Care Information

2018 Advancing Care Information Objectives & Measures: Performance Score Measures

Objective	*Measure*
Patient Electronic Access	Provide Patient Access
Patient Electronic Access	Patient-Specific Education
Coordination of Care through Patient Engagement	View, Download, or Transmit (VDT)
Coordination of Care through Patient Engagement	Secure Messaging
Coordination of Care through Patient Engagement	Patient Generated Health Data
Health Information Exchange	Send a Summary of Care
Health Information Exchange	Request/Accept a Summary of Care
Health Information Exchange	Clinical Information Reconciliation
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting
Public Health and Clinical Data Registry Reporting	Syndromic Surveillance Reporting
Public Health and Clinical Data Registry Reporting	Electronic Case Reporting
Public Health and Clinical Data Registry Reporting	Public Health Registry Reporting
Public Health and Clinical Data Registry Reporting	Clinical Data Registry Reporting

2018 Advancing Care Information Transition Objectives & Measures: Performance Score Measures

Objective	*Measure*
Patient Electronic Access	Provide Patient Access
Patient Electronic Access	View, Download, or Transmit (VDT)
Patient Specific Education	Patient Specific Education
Secure Messaging	Secure Messaging
Health Information Exchange	Health Information Exchange
Medication Reconciliation	Medication Reconciliation
Public Health Reporting	Immunization Registry Reporting
Public Health Reporting	Syndromic Surveillance Reporting
Public Health Reporting	Specialized Registry Reporting

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Advancing Care Information Bonus Score

2018 Advancing Care Information Objectives & Measures: Bonus Score

Requirements for Bonus Score	*% Points*
Report to 1 or more of the following public health or clinical data registries not reported under the performance score: • Immunization Registry Reporting • Syndromic Surveillance Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting	5%
Report certain Improvement Activities using CEHRT	10%
Report exclusively from this measure set (2015 edition CEHRT)	10%

2018 Advancing Care Information Transition Objectives & Measures: Bonus Score

Requirements for Bonus Score	*% Points*
Report to 1 or more of the following public health reporting registries not reported under the performance score • Immunization Registry Reporting • Syndromic Surveillance Reporting • Specialized Registry Reporting	5%
Report certain Improvement Activities using CEHRT	10%

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Improvement Activities Eligible for Advancing Care Information Bonus

Subcategory: Population Management

Activity Name	Weight
Glycemic Screening Services	Medium
Glycemic management services	High
Glycemic Referring Services	Medium
Anticoagulant management improvements	High
Provide Clinical-Community Linkages	Medium
Advance Care Planning	Medium
Chronic care and preventative care management for empaneled patients	Medium
Implementation of methodologies for improvements in longitudinal care management for high risk patients	Medium
Implementation of episodic care management practice	Medium
Implementation of medication management practice improvements	Medium

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Improvement Activities Eligible for Advancing Care Information Bonus (Cont.)

Subcategory: Care Coordination

Activity Name	Weight
Practice Improvements that Engage Community Resources to Support Patient Health Goals	Medium
Primary Care Physician and Behavioral Health Bilateral Electronic Exchange of Information for Shared Patients	Medium
PSH Care Coordination	Medium
Implementation of use of specialist reports back to referring clinician or group to close referral group	Medium
Implementation of documentation improvements for developing regular individual care plans	Medium
Implementation of practices/processes for developing regular individual care plans	Medium
Practice improvements for bilateral exchange of patient information	Medium

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Improvement Activities Eligible for Advancing Care Information Bonus (Cont.)

Subcategory: Beneficiary Engagement

Activity Name	Weight
Engage Patients and Families to Guide Improvement in the System of Care	High
Use of CEHRT to capture patient reported outcomes	Medium
Engagement of patients through implementation	Medium
Engagement of patients, family and caregivers in developing a plan of care	Medium

Subcategory: Achieving Health Equity

Activity Name	Weight
Promote use of patient-reported outcome tools	High
Promote use of patient-reported outcome tools	Medium

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Improvement Activities Eligible for Advancing Care Information Bonus (Cont.)

Subcategory: Behavioral and Mental Health

Activity Name	Weight
Implementation of integrated Patient Centered Behavioral Health (PCBH) model	High
Electronic Health Record Enhancements for BH data capture	Medium

Subcategory: Expanded Practice Access

Activity Name	Weight
Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record	Medium

Subcategory: Patient Safety and Practice Assessment

Activity Name	Weight
Communication of Unscheduled Visit for Adverse Drug Event and Nature of Event	Medium
Consulting AUC using clinical decision support when ordering advanced diagnostic imaging	High
Cost Display for Laboratory and Radiographic Orders	Medium
Use of decision support and standardized treatment protocols	Medium

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MIPS Year 2 (2018)

Advancing Care Information

Exceptions:

- Based on authority granted by the 21st Century Cures Act and MACRA, **CMS will automatically reweight the Advancing Care Information performance category to 0 and reallocate the performance category weight of 25% to the Quality performance category** for the **following reasons:**

  Automatic reweighting:
  - Hospital-based MIPS eligible clinicians (POS 19, POS 21, POS 22 or POS 23);
  - Non-Patient Facing clinicians;
  - Ambulatory Surgical Center (ASC)— based MIPS eligible clinicians (POS 24), finalized retroactive to the transition year;
  - Nurse practitioners, physician assistants, clinical nurse specialist, certified registered nurse anesthetists

- Revised definition of hospital-based MIPS eligible clinician to include covered professional services furnished by MIPS eligible clinicians in an off-campus-outpatient hospital (POS 19).
- Reporting is optional although if clinicians choose to report, they will be scored.

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Advancing Care Information

Flexibility

Reweighting due to an approved hardship application:

- A clinician can apply to have their performance category score reweighted to zero in the following circumstances:
  - Insufficient internet connectivity
  - Extreme and uncontrollable circumstances
  - Lack of control over the availability of CEHRT
  - Clinicians who are in small practices (15 or fewer)
  - Clinicians using decertified EHR technology
- **Deadline of December 31** of the performance year for the submission of hardship exception applications.

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How to Apply for a Hardship Exception

- If you're applying for a hardship exception based on the Extreme and Uncontrollable Circumstances category, you must select one of the following and provide a start and end date of when the circumstance occurred:
  - Disaster (e.g., a natural disaster in which the CEHRT was damaged or destroyed)
  - Practice or hospital closing
  - Severe financial distress (bankruptcy or debt restructuring)
- Once the application is submitted, you will receive a confirmation email that your application was submitted and is in a pending, approved, or dismissed status.
- The 2018 hardship application will be made available later this year. When available, applications will be processed on a rolling basis.

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Advancing Care Information

Flexibility

- If you're in a group or virtual group, all (100%) of the clinicians associated with the group's TIN, must qualify for reweighting for the group to be reweighted. This could be any combination of reweighting reasons and include both automatic and approved exception applications.
- CMS will reweight the category to 0% and **assign the 25% to the Quality performance category** so that participants might still be able to earn up to 100 points in the MIPS Final Score. If reporting as a group, all clinicians in the group must qualify for reweighting for the group to be reweighted.
- You can still choose to report if you'd like. If you do submit data, CMS will score your performance and weight your Advancing Care Information performance.

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Annual Call for Measures and Activities for MIPS, including the Advancing Care Information Performance Category

- Allows providers and measure stewards from stakeholder organizations to identify and submit EHR measures for the Advancing Care Information performance category.
- CMS is requesting:
  - Outcome-based measures;
  - Patient safety measures; and
  - Measures that could be applicable to NPs, PAs, CRNAs, and CNSs

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Advancing Care Information Measures Submission

- The measure for consideration submission form includes the following criteria:
  - Measure description;
  - Measure type (if applicable), examples include outcome measure, process measure, patient safety measure, etc.;
  - Measure numerator and numerator description;
  - Measure denominator and denominator description;
  - Any applicable measure exclusions; and
  - CEHRT functions utilized.

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Advancing Care Information Measures Submission

- Measures for consideration should be submitted to CMSCallforActivities@abtassoc.com
- Submission deadline is **Friday, June 29, 2018.**
- For more information, see the Call for Measures fact sheet found here: https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Call-for-Measures-and-Activities.zip

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MIPS Advancing Care Information Scoring

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MIPS Scoring for Advancing Care Information

Base Score: Worth 50%

Clinicians must submit a numerator/denominator or Yes/No response for each of the following required measures:

2018 Advancing Care Information Measures
Security Risk Analysis
e-Prescribing
Provide Patient Access
Send a Summary of Care
Request/Accept a Summary of Care

2018 Advancing Care Information Transition Measures
Security Risk Analysis
e-Prescribing
Provide Patient Access
Health Information Exchange

Failure to meet reporting requirements will result in base score of zero, and an Advancing Care Information performance score of zero.

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MIPS Scoring for Advancing Care Information

Performance Score

- The potential total performance score is 90%.
- Most measures are worth a maximum of 10 percentage points, except for two measures reported under the 2018 Transition measures, which are worth up to 20 percentage points.

Performance Rates for Each Measure Worth Up to 10%	
Performance Rate > 0-10 = 1%	Performance Rate 51-60 = 6%
Performance Rate 11-20 = 2%	Performance Rate 61-70 = 7%
Performance Rate 21-30 = 3%	Performance Rate 71-80 = 8%
Performance Rate 31-40 = 4%	Performance Rate 81-90 = 9%
Performance Rate 41-50 = 5%	Performance Rate 91-100 = 10%

Performance Rates for Each Measure Worth Up to 20%	
Performance Rate > 0-10 = 2%	Performance Rate 51-60 = 12%
Performance Rate 11-20 = 4%	Performance Rate 61-70 = 14%
Performance Rate 21-30 = 6%	Performance Rate 71-80 = 16%
Performance Rate 31-40 = 8%	Performance Rate 81-90 = 18%
Performance Rate 41-50 = 10%	Performance Rate 91-100 = 20%

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MIPS Scoring for Advancing Care Information

Performance Score: Up to 90%

2018 Advancing Care Information Measures

Measure	Performance Score
Security Risk Analysis	0
e-Prescribing	0
Provide Patient Access	Up to 10%
Patient-Specific Education	Up to 10%
View, Download, or Transmit (VDT)	Up to 10%
Secure Messaging	Up to 10%
Patient- Generated Health Data	Up to 10%
Send a Summary of Care	Up to 10%
Request/Accept Summary of Care	Up to 10%
Clinical Information Reconciliation	Up to 10%
Immunization Registry Reporting	0 or 10%*
Syndromic Surveillance Reporting	0 or 10%*
Electronic Case Reporting	0 or 10%*
Public Health Registry Reporting	0 or 10%*
Clinical Data Registry Reporting	0 or 10%*

2018 Advancing Care Information Transitional Measures

Measure	Performance Score
Security Risk Analysis	0
e-Prescribing	0
Provide Patient Access	Up to 20%
View, Download, or Transmit (VDT)	Up to 10%
Patient-Specific Education	Up to 10%
Secure Messaging	Up to 10%
Health Information Exchange	Up to 20%
Request/Accept Summary of Care	Up to 10%
Medication Reconciliation	Up to 10%
Immunization Registry Reporting	0 or 10%*
Syndromic Surveillance Reporting	0 or 10%*
Specialized Registry Reporting	0 or 10%*

*Only one of these measures may be submitted to earn a performance score

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MIPS Advancing Care Information Final Score

BASE SCORE	+	PERFORMANCE SCORE	+	BONUS SCORE	FINAL SCORE
Account for **50%** of the total **Advancing Care Information Performance** Category Score		Account for up to **90%** of the total **Advancing Care Information Performance** Category Score		Account for up to **25%** of the total **Advancing Care Information Performance** Category Score	Earn 100 or more percent and receive **FULL points** of the total **Advancing Care Information** Performance Category Final Score

The Advancing Care Information Performance Category Final Score is **worth 25%** of your total MIPS Score.

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Scoring Example

Advancing Care Information Objectives & Measures - 1

Base Score:

Measure	Result
Security Risk Analysis	Yes
E-Prescribing	30/500
Provide Patient Access	250/500
Send Summary of Care	450/500
Request/Accept Summary of Care	277/500

Fulfilled base score = 50%

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Scoring Example

Advancing Care Information Objectives & Measures - 2

Performance Score:

Measure	Num/Denom	Perf Rate	Percentage Score
Clinical Information Reconciliation	250/500	50%	5%
Secure Messaging	15/500	3%	1%
Provide Patient Access	300/500	60%	6%
Send a Summary of Care	450/500	90%	9%
Request a Summary of Care	277/500	55%	46%
Total performance			67%

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Scoring Example

Advancing Care Information Objectives & Measures - 3

Bonus Score:

Measure	Result	Score
Submitted measures Using 2015 CEHRT	auto	10%
Reporting to the completion of at least 1 other specified Improvement Activities using CEHRT	Yes	10%
Total bonus score		20%

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Scoring Example

Advancing Care Information Objectives & Measures - 4

Base score	50%
Performance score	37%
Bonus score	20%
Total score	107%
Final Score	25 points*

*earn 100% or more and receive the full 25 points for the Advancing Care Information Performance Category

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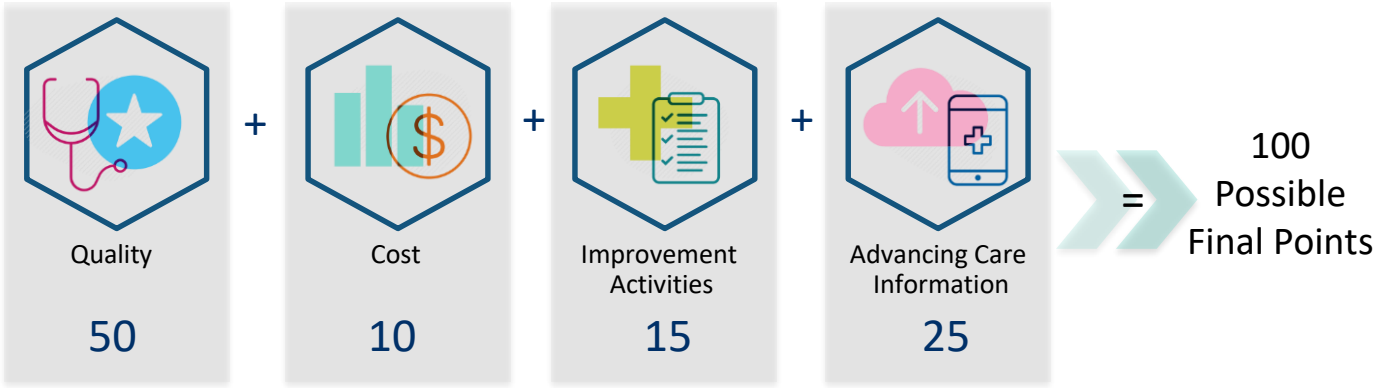
MIPS Year 2 (2018)

Calculating the Final MIPS Score



Remember: *All of the performance category points are added together to give you a MIPS Final Score.*

*The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a **positive**, **negative**, or **neutral payment adjustment**.*

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Quality Payment Program

Help & Support

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Technical Assistance

Available Resources

CMS has **free** resources and organizations on the ground to provide help to eligible clinicians included in the Quality Payment Program:

PRIMARY CARE & SPECIALIST PHYSICIANS

Transforming Clinical Practice Initiative

- Supports more than 140,000 clinician practices through active, collaborative and peer-based learning networks over 4 years.
- **Practice Transformation Networks (PTNs) and Support Alignment Networks (SANs)** are located in all 50 states to provide comprehensive technical assistance, as well as tools, data, and resources to improve quality of care and reduce costs.
- The goal is to help practices transform over time and move toward Advanced Alternative Payment Models.
- Contact TCPI.ISCMail@us.ibm.com for extra assistance.

Locate the PTN(s) and SAN(s) in your state

SMALL & SOLO PRACTICES

Small, Underserved, and Rural Support (SURS)

- Provides outreach, guidance, and direct technical assistance to clinicians in **solo or small practices (15 or fewer), particularly those in rural and underserved areas**, to promote successful health IT adoption, optimization, and delivery system reform activities.
  - Assistance will be tailored to the needs of the clinicians.
  - There are 11 SURS organizations providing assistance to small practices in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.
  - For more information or for assistance getting connected, contact QPPSURS@IMPAQINT.COM.

LARGE PRACTICES

Quality Innovation Networks-
Quality Improvement Organizations (QIN-QIO)

- Supports clinicians in **large practices (more than 15 clinicians)** in meeting Merit- Based Incentive Payment System requirements through customized technical assistance.
- Includes one-on-one assistance when needed.
- There are 14 QIN-QIOs that serve all 50 states, the District of Columbia, Guam, Puerto Rico, and Virgin Islands.

Locate the QIN-QIO that serves your state

Quality Innovation Network (QIN) Directory

TECHNICAL SUPPORT

All Eligible Clinicians Are Supported By:

Quality Payment Program Website: qpp.cms.gov
Serves as a starting point for information on the Quality Payment Program.

Quality Payment Program Service Center
Assists with all Quality Payment Program questions.
1-866-288-8292 TTY: 1-877-715-6222 QPP@cms.hhs.gov

Center for Medicare & Medicaid Innovation (CMMI) Learning Systems
Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs. More information about the Learning Systems is available through your model's support inbox.

To learn more, view the Technical Assistance Resource Guide: https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Technical-Assistance-Resource-Guide.pdf

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Questions

- Elizabeth Holland, Senior Technical Advisor, CMS

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Appendix

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Scoring Example B

2018 Advancing Care Information Transition Objectives & Measures - 1

Base Score:

Measure	Result
Security Risk Analysis	Yes
E-Prescribing	30/750
Provide Patient Access	250/750
Health Information Exchange	650/750

Fulfilled base score = 50%

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Scoring Example B

2018 Advancing Care Information Transition Objectives & Measures - 2

Performance Score:

Measure	Num/Denom	Perf Rate	Percentage Score
Provide Patient Access	250/750	33%	8% (worth 20%)
Health Information Exchange	650/750	87%	18% (worth 20%)
View, Download, or Transmit	475/750	63%	7%
Secure Messaging	100/750	13%	2%
Medication Reconciliation	250/750	33%	4%
Total performance			39%

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Scoring Example B

2018 Advancing Care Information Transition Objectives & Measures - 3

Base Score:

Did not report

Total bonus score *0%*

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Scoring Example B

2018 Advancing Care Information Transition Objectives & Measures - 4

Base score	50%
Performance score	39%
Bonus score	0%
Total score	89%
98*.25 = 22	
Final Score	22 points*

*Earn 100% or more and receive the full 25 points for the Advancing Care Information Performance Category

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Scoring Example C

2018 Advancing Care Information Transition Objectives & Measures - 1

Base Score:

Measure	Result
Security Risk Analysis	No
E-Prescribing	30/750
Provide Patient Access	250/750
Send Summary of Care	650/750

Fulfilled base score = 0%

Final ACI score= 0

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Scoring Example D: Advancing Care Information Objectives & Measures

Performance Score: Alternate Ways to Succeed

Measure	Clinician 1	Clinician 2
Provide Patient Access	10%	5%
Patient-Specific Education	10%	5%
View, Download, or Transmit	1%	6%
Secure Messaging	Did Not Report	10%
Patient-Generated Health Data	Did Not Report	5%
Send Summary of Care	10%	4%
Request/Accept Summary of Care	10%	6%
Clinical Information Reconciliation	Did Not Report	5%
Immunization Registry Reporting	Did Not Report	10%
Total Performance	*51%*	*51%*

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Additional CMS Education Sessions

Session	Date	Time	Location
Advanced Alternative Payment Models (APMs)	Wednesday, March 7	1-2 p.m.	Lando 4204
Innovation in the Medicaid Enterprise: A State and Federal Priority Partnership	Thursday, March 8	11:30 a.m.-12:30 p.m.	Lando 4204
Quality Payment Program Developer Tools & EHRs Town Hall	Thursday, March 8	1-2 p.m.	Lando 4204
New Medicare Card (SSNRI)	Thursday, March 8	2:30-3:30 p.m.	Lando 4204

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CMS Office Hours Schedule - Wednesday

Booth #10110	
Blue Button 2.0 API Technical Experts	10:30-11:30 a.m.
Data Element Library	11 a.m.-12 p.m.
Advancing Care Information	11:30 a.m.-12:30 p.m.
New Medicare Card (SSNRI)	1-3 p.m.
Advanced Alternative Payment Models	2:30-3:30 p.m.
Blue Button 2.0 API	2:30-3:30 p.m.
EHR Incentive Program – Hospitals	3-4 p.m.
CMS Quality Systems Improvements to Data Access	3-4 p.m.
Blue Button 2.0 API	4-4:30 p.m.
QPP	4:30-5:30 p.m.

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CMS Office Hours Schedule - Thursday

Booth #10110	
New Medicare Card (SSNRI)	9:30-11 a.m.
QPP	10-11:30 a.m.
Blue Button 2.0 API	11 a.m.-12 p.m.
Data Element Library	11 a.m.-12 p.m.
Advanced Alternative Payment Models	11:30 a.m.-1 p.m.
New Medicare Card	1-3 p.m.
Electronic Clinical Quality Measures	1:30-3:30 p.m.
CMS Quality Systems Improvements to Data Access	2-3 p.m.
Advancing Care Information	2:30-3:30 p.m.
Blue Button 2.0 API	2:30-4 p.m.

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