

Quality Payment PROGRAM

Merit-based Incentive
Payment System

**PARTICIPATING IN THE
ADVANCING CARE
INFORMATION PERFORMANCE
CATEGORY IN THE 2017
TRANSITION YEAR**



| | |
|--|----|
| How You Can Use this Guide | 3 |
| Introduction to the Quality Payment Program | 4 |
| Advancing Care Information Performance Category Basics | 6 |
| Advancing Care Information Participation Requirements for the 2017 Transition Year | 9 |
| Advancing Care Information Measures for the 2017 Transition Year | 12 |
| Advancing Care Information Measure Scoring for the 2017 Transition Year | 26 |
| Resources | 35 |
| Acronyms | 37 |

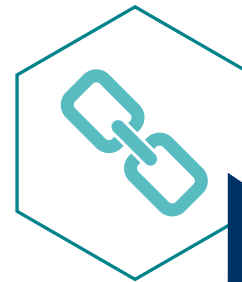


How You Can Use This Guide



Table of Contents

The table of contents is **interactive**. Click on a chapter to read that section, and then click on the chapter title to go back to the table of contents.



Hyperlinks

Hyperlinks to the CMS Quality Payment Program [website](#) are included throughout the guide to direct you to more information and resources.



Resources

This guide includes an icon to let you know there are more resources on topic about which you're reading.

We made this guide to help you and give you a general summary. It's not intended to give rights or impose obligations or to take the place of the statutes or regulations. We urge you to take a look at the specific statutes, regulations, and other interpretive materials for their full and accurate contents.

NOTE: A separate guide, to be released in the near future, will provide instructions and guidance to help you attest and submit data to CMS for the MIPS Advancing Care Information performance category.

INTRODUCTION





Introduction to the Quality Payment Program

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) authorizes CMS to implement the Quality Payment Program (QPP), which provides for two participation tracks—the [Merit-based Incentive Payment System \(MIPS\)](#) track and the [Advanced Alternative Payment Model \(APM\)](#) track.

If you are a clinician who is enrolled in Medicare, you are part of the dedicated team of clinicians who serve more than 55 million Americans, and the Quality Payment Program will provide new tools and resources to help you give your patients the best possible care. You can choose how you want to participate based on your practice size, specialty, location, or patient population.

In the Advanced APM track of the Quality Payment Program, eligible clinicians can earn incentives for achieving threshold levels of payments or patients through Advanced APMs. If these thresholds are achieved, you are excluded from the MIPS reporting requirements and payment adjustment. If you are not excluded from MIPS on the basis of Advanced APM participation (or otherwise) and participate in a specific type of APM, called a “MIPS APM,” you will be scored under MIPS using the APM scoring standard, which is designed to account for activities already required by the APM, eliminating the need for you to duplicate the submission of certain quality and improvement activity information. For additional information on MIPS APMs, please refer to the [MIPS APMs in Quality Payment Program Fact Sheet](#).

The information in this guide focuses on the Advancing Care Information performance category for transition year 2017. The Advancing Care Information performance category is 1 of 4 performance categories for [MIPS](#).

**ADVANCING CARE
INFORMATION PERFORMANCE
CATEGORY BASICS**





Advancing Care Information Performance Category Basics

What is the Advancing Care Information performance category?

The Advancing Care Information performance category promotes patient engagement and electronic exchange of information using certified electronic health record technology (CEHRT). This performance category replaces the [Medicare Electronic Health Record \(EHR\) Incentive Program](#) for eligible professionals (EPs), also known as meaningful use. Calendar year 2018 is the last year you can receive a downward payment adjustment under the Medicare EHR Incentive Program for EPs. Your 2017 participation in MIPS will determine if you earn a positive, negative, or neutral adjustment to your Medicare Part B payments in 2019.

What are the minimum Advancing Care Information requirements for the 2017 transition year?

To earn a score for the Advancing Care Information performance category, the minimum requirements are:

- Use Certified EHR Technology (CEHRT) for the performance period
- Submit the performance period
- Submit a “yes” to the [Prevention of Information Blocking Attestation](#)
- Submit a “yes” to the ONC Direct Review Attestation
- Submit a “yes” for the security risk analysis measure, and at least a 1 in the numerator for the remaining base score measures, or submit an exclusion for the base score measures

For additional information on requirements to earn a score in the Advancing Care Information performance category for MIPS APMs, please refer to the [MIPS APMs in Quality Payment Program Fact Sheet](#).



continued

How will my total Advancing Care Information performance category score be calculated?

Your Advancing Care Information performance category score is equal to the sum of the **Base Score**, **Performance Score**, and **Bonus Score** (described below). This gives you the flexibility to focus on measures that are most relevant to you and your practice. Your total is then multiplied by the applicable Advancing Care Information performance category weight.

Example 1 (MIPS): If you earn the base score (50%) and a 40% performance score but no bonus score, you'll earn a 90% Advancing Care Information performance category score. When weighted by 25%, this would add 22.5 points to your overall MIPS final score: $(90 \times .25 = 22.5)$. The [Measures](#) and [Scoring](#) sections have more details.

Example 2 (MIPS APM: Web Interface Reporters*): If you earn the base score (50%) and a 40% performance score but no bonus score, you'll earn a 90% Advancing Care Information performance category score. When weighted by 30%, this would add 27 points to your overall MIPS final score: $(90 \times .3 = 27)$. The [Measures](#) and [Scoring](#) sections have more details.

Example 3 (MIPS APM: Other MIPS APMs): If you earn the base score (50%) and a 40% performance score but no bonus score, you'll earn a 90% Advancing Care Information performance category score. When weighted by 75%, this would add 67.5 points to your overall MIPS final score: $(90 \times .75 = 67.5)$. The [Measures](#) and [Scoring](#) sections have more details.

**In 2017 and 2018, MIPS APMs that are Web Interface Reporters will be the Shared Savings Program and Next Generation ACOs; all other MIPS APMs are simply referred to as Other MIPS APMs.*

**ADVANCING CARE
INFORMATION PARTICIPATION
REQUIREMENTS FOR THE
2017 TRANSITION YEAR**





Advancing Care Information Participation Requirements for the 2017 Transition Year

Who is required to participate in the Advancing Care Information performance category?

All MIPS eligible clinicians who participate in MIPS as an individual or in a group can participate in the Advancing Care Information performance category. This includes eligible clinicians participating in a MIPS APM, such as the Medicare Shared Savings Program.

Participating as:

- An individual means you report under a unique Taxpayer Identification Number (TIN) and National Provider Identifier (NPI)
- A group (non-virtual) means that 2 or more clinicians with a unique NPI have reassigned their billing rights over to a single TIN
- An individual or group in a MIPS APM means they participate in MIPS through that APM and are scored using the APM scoring standard, designed to account for activities already required by the APM and eliminate the need for eligible clinicians to duplicate the submission of certain quality and improvement activity information.



continued

You don't have to submit data for the Advancing Care Information performance category for transition year 2017 if you're a:

- Hospital-based* MIPS eligible clinician,
- Ambulatory Surgical Center-based MIPS eligible clinician,
- Nurse Practitioner,
- Physician Assistant,
- Clinical Nurse Specialist,
- Certified Registered Nurse Anesthetist,
- Clinician who lacks face-to-face interactions with patients,
- Clinician who is located in an area affected by a major disaster or other extreme and uncontrollable circumstance, or
- Clinician who qualifies for an exception due to a significant hardship.

Hospitals and facilities, such as skilled nursing facilities, aren't eligible for MIPS, which means they don't have to report for the Advancing Care Information performance category

For more information about MIPS participation and registration, see the [MIPS Group Participation Guide](#) and the [MIPS Participation Fact Sheet](#). For more information about APM participation and reporting requirements, see the [MIPS APMs in Quality Payment Program Fact Sheet](#).

**The clinician furnishes 75% or more of their covered professional services in the inpatient hospital, on-campus outpatient hospital, or emergency room settings (based on place of service codes) during the applicable determination period.*

**ADVANCING CARE
INFORMATION
MEASURES FOR THE 2017
TRANSITION YEAR**





Advancing Care Information Participation Requirements for the 2017 Transition Year

What are the reporting requirements for Advancing Care Information for the 2017 transition year?

For the 2017 transition year, you may choose between 2 measure sets based on which edition(s) of certified EHR technology you have.

1. Advancing Care Information Objectives and Measures

- 2015 Edition CEHRT
- A combination of technologies certified to the 2014 and 2015 Editions that support these measures

2. 2017 Advancing Care Information Transition Objectives and Measures

- 2015 Edition CEHRT
- 2014 Edition CEHRT
- A combination of technologies certified to the 2014 and 2015 Editions

In order for you to report any of the measures under the Advancing Care Information performance category, you have to use CEHRT. To learn more about CEHRT, visit the EHR Incentive Programs [website](#).



Advancing Care Information Participation Requirements for the 2017 Transition Year

Participating in MIPS vs. the Medicaid EHR Incentive Program

MIPS replaces the [Medicare EHR Incentive Program](#) for EPs. However, MIPS **doesn't replace** the [Medicaid EHR Incentive Program](#) for EPs or the Medicare and Medicaid EHR Incentive Programs for eligible hospitals or critical access hospitals.

If you're eligible for the Medicaid EHR Incentive Program, you can continue to attest to your [State Medicaid Agency](#) to receive incentive payments.

Does MIPS apply to eligible hospitals or critical access hospitals participating in the EHR Incentive Programs?

MIPS does not apply to hospitals, so hospitals that are eligible for the [Medicare and/or Medicaid EHR Incentive Program](#) would still participate in these programs.

- In 2017, hospitals have to meet the [Modified Stage 2 requirements](#) or the [Stage 3 program requirements](#).
- Medicare hospitals must keep demonstrating meaningful use yearly to avoid a negative payment adjustment.



Can I participate in MIPS and the Medicaid EHR Incentive Program?

If you're [eligible for MIPS](#) as well as the [Medicaid EHR Incentive Program](#) you can participate in both programs. You'll just need to report separately for both programs. See the [2017 EHR Incentive Program Requirements](#) and [Advancing Care Information](#) fact sheet to learn more.

If you participate in the Medicaid EHR Incentive Program through your state and are also a clinician who is enrolled in Medicare and eligible for MIPS, you have to participate in MIPS to avoid a negative MIPS payment adjustment.

Can I participate in the Medicaid EHR Incentive Program, but not MIPS?

If you're [eligible](#) for the Medicaid EHR Incentive Program, but not yet eligible for or are excluded from MIPS, you'd only participate in the Medicaid EHR Incentive Program if you're eligible to earn an incentive payment.



Advancing Care Information Measures for the 2017 Transition Year

The Advancing Care Information measures for the 2017 transition year are the same for all MIPS eligible clinicians, including those in APMs. You can report the Advancing Care Information Measures if you have technology certified to the 2015 Edition or a combination of technologies certified to the 2014 and 2015 Editions that support these measures. You can report the 2017 Advancing Care Information Transition Measures if you have technology certified to the 2015 Edition, technology certified to the 2014 Edition, or a combination of technologies certified to the 2014 and 2015 Editions.

Base Score Measures

MIPS eligible clinicians need to fulfill the requirements of all the base score measures in order to receive the 50% base score. If these requirements are not met, they will get a 0 in the overall Advancing Care Information performance category score.

| ADVANCING CARE INFORMATION OBJECTIVES & MEASURES | |
|--|---|
| Base Score Required Measures | |
| Objective | Measure* |
| Protect Patient Health Information | <ul style="list-style-type: none"> ● Security Risk Analysis - Do or review a security risk analysis to meet the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by CEHRT to meet the requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), make needed security updates, and fix security problems as part of your risk management. |
| Electronic Prescribing | <ul style="list-style-type: none"> ● e-Prescribing - At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and sent electronically using CEHRT. <p>Exclusion - Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.</p> |



ADVANCING CARE INFORMATION OBJECTIVES & MEASURES
Base Score Required Measures, *continued*

| Objective | Measure* |
|---|---|
| <p>Patient Electronic Access</p> | <ul style="list-style-type: none"> ● Provide Patient 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 Programming Interface (API) in the MIPS eligible clinician’s CEHRT. |
| <p>Health Information Exchange</p> | <ul style="list-style-type: none"> ● Send a Summary of Care - For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician—(1) creates a summary of care record using CEHRT; and (2) electronically exchanges the summary of care record. Exclusion - Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period. |
| <p>Health Information Exchange</p> | <ul style="list-style-type: none"> ● Request/Accept a Summary of Care - For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician receives or retrieves and incorporates into the patient’s record an electronic summary of care document. Exclusion - 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. |

* Note: This table provides a plain language summary of the measures for the reader’s convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.



continued

2017 ADVANCING CARE INFORMATION TRANSITION OBJECTIVES & MEASURES: Base Score Required Measures

| Objective | Measure* |
|---|--|
| Protect Patient Health Information | <ul style="list-style-type: none"> ● Security Risk Analysis - Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by CEHRT in accordance with requirements in 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician’s risk management process. |
| Electronic Prescribing | <ul style="list-style-type: none"> ● e-Prescribing - At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using CEHRT. Exclusion - Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period. |
| Patient Electronic Access | <ul style="list-style-type: none"> ● Provide Patient Access - At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician’s discretion to withhold certain information. |
| Health Information Exchange | <ul style="list-style-type: none"> ● Health Information Exchange - The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral. Exclusion - Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period. |

* Note: This table provides a plain language summary of the measures for the reader’s convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.



Performance Score Measures

The performance score is calculated by using the numerators and denominators submitted for measures included in the performance score, or for one measure, by the yes or no answer submitted. If base score requirements are not met, the clinician will get a 0 in the overall Advancing Care Information performance category score.

| ADVANCING CARE INFORMATION OBJECTIVES & MEASURES | |
|--|---|
| Performance Score Measures | |
| Objective | Measure* |
| Patient Electronic Access | <ul style="list-style-type: none"> ● Provide Patient 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 Programming Interface (API) in the MIPS eligible clinician's CEHRT. |
| Patient Electronic Access | <ul style="list-style-type: none"> ● Patient-Specific Information - The MIPS eligible clinician must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to at least one unique patient seen by the MIPS eligible clinician. |
| Coordination of Care Through Patient Engagement | <ul style="list-style-type: none"> ● View, Download and Transmit (VDT) - During the performance period, at least one unique patient (or patient-authorized representatives) seen by the MIPS eligible clinician actively engages with the EHR made accessible by the MIPS eligible clinician. A MIPS eligible clinician may meet the measure by either—(1) view, download or transmit to a third party their health information; or (2) access their health information through the use of an API that can be used by applications chosen by the patient and configured to the API in the MIPS eligible clinician's CEHRT; or (3) a combination of (1) and (2). |



continued

| ADVANCING CARE INFORMATION OBJECTIVES & MEASURES Performance Score Measures, <i>continued</i> | |
|--|---|
| Objective | Measure* |
| Coordination of Care through Patient Engagement | <ul style="list-style-type: none"> ● Secure Messaging - For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative). |
| Coordination of Care Through Patient Engagement | <ul style="list-style-type: none"> ● Patient-Generated Health Data - Patient-generated health data or data from a non-clinical setting is incorporated into the CEHRT for at least one unique patient seen by the MIPS eligible clinician during the performance period. |
| Health Information Exchange | <ul style="list-style-type: none"> ● Send a Summary of Care - For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician—(1) creates a summary of care record using CEHRT; and (2) electronically exchanges the summary of care record. |
| Health Information Exchange | <ul style="list-style-type: none"> ● Request/Accept a Summary of Care - For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician receives or retrieves and incorporates into the patient’s record an electronic summary of care document. |



continued

| ADVANCING CARE INFORMATION OBJECTIVES & MEASURES | |
|--|--|
| Performance Score Measures, <i>continued</i> | |
| Objective | Measure* |
| Health Information Exchange | <ul style="list-style-type: none"> ● Clinical Information Reconciliation - For at least one transition of care or referral received or patient encounter in which the MIPS eligible clinician has never before encountered the patient, the MIPS eligible clinician performs clinical information reconciliation. The MIPS eligible clinician must implement clinical information reconciliation for the following three clinical information sets: (1) Medication. Review of the patient’s medication, including the name, dosage, frequency, and route of each medication. (2) Medication allergy. Review of the patient’s known medication allergies. (3) Current Problem list. Review of the patient’s current and active diagnoses. |
| Public Health and Clinical Data Registry Reporting | <ul style="list-style-type: none"> ● Immunization Registry Reporting - The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS). |

* Note: This table provides a plain language summary of the measures for the reader’s convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.



2017 ADVANCING CARE INFORMATION TRANSITION OBJECTIVES AND MEASURES: Performance Score Measures

| Objective | Measure* |
|------------------------------------|---|
| Patient Electronic Access | <ul style="list-style-type: none"> ● Provide Patient Access - At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician's discretion to withhold certain information. |
| Patient Electronic Access | <ul style="list-style-type: none"> ● View, Download and Transmit (VDT) - At least one patient seen by the MIPS eligible clinician during the performance period (or patient-authorized representative) views, downloads or transmits their health information to a third party during the performance period. |
| Patient-Specific Education | <ul style="list-style-type: none"> ● Patient-Specific Education - The MIPS eligible clinician must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide access to those materials to at least one unique patient seen by the MIPS eligible clinician. |
| Secure Messaging | <ul style="list-style-type: none"> ● Secure Messaging - For at least one patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient authorized representative), during the performance period. |
| Health Information Exchange | <ul style="list-style-type: none"> ● Health Information Exchange - The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral. |
| Medication Reconciliation | <ul style="list-style-type: none"> ● Medication Reconciliation - The MIPS eligible clinician performs medication reconciliation for at least one transition of care in which the patient is transitioned into the care of the MIPS eligible clinician. |
| Public Health Reporting | <ul style="list-style-type: none"> ● Immunization Registry Reporting - The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data. |

* Note: This table provides a plain language summary of the measures for the reader's convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.



Bonus Score Measures – If you report on 1 or more of the following Public Health and Clinical Data Registry Reporting measures, you can earn a 5% bonus score:

| ADVANCING CARE INFORMATION OBJECTIVES & MEASURES | |
|--|--|
| Objective | Measure* |
| Public Health and Clinical Data Registry Reporting | <ul style="list-style-type: none"> ● Syndromic Surveillance Reporting - The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data from an urgent care ambulatory setting where the jurisdiction accepts syndromic data from such settings and the standards are clearly defined. |
| Public Health and Clinical Data Registry Reporting | <ul style="list-style-type: none"> ● Electronic Case Reporting - The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions. |
| Public Health and Clinical Data Registry Reporting | <ul style="list-style-type: none"> ● Public Health Registry Reporting - The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries. |
| Public Health and Clinical Data Registry Reporting | <ul style="list-style-type: none"> ● Clinical Data Registry Reporting - The MIPS eligible clinician is in active engagement to submit data to a clinical data registry. |
| 2017 ADVANCING CARE INFORMATION TRANSITION OBJECTIVES & MEASURES | |
| Objective | Measure* |
| Public Health Reporting | <ul style="list-style-type: none"> ● Syndromic Surveillance Reporting - The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data. |
| Public Health Reporting | <ul style="list-style-type: none"> ● Specialized Registry Reporting - The MIPS eligible clinician is in active engagement to submit data to a specialized registry. |

* Note: This table provides a plain language summary of the measures for the reader's convenience, but it is not a substitute for the measure specifications adopted in rulemaking. We urge you to review the final rules for a complete and accurate description of the measures.



If you report the completion of at least 1 of the following Improvement Activities using CEHRT, you can earn a **10% bonus score**:

| IMPROVEMENT ACTIVITY – SUBCATEGORIES & ACTIVITIES | | |
|---|--|--------|
| Subcategory | Activity name | |
| Expanded Practice Access | Provide 24/7 access to eligible clinicians or groups who have real-time access to patient’s medical record | High |
| Population Management | Anticoagulant management improvements | High |
| Population Management | Glycemic management services | High |
| Population Management | Chronic care and preventative care management for empanelled patients | Medium |
| Population Management | Implementation of methodologies for improvements in longitudinal care management for high risk patients | Medium |
| Population Management | Implementation of episodic care management practice improvements | Medium |
| Population Management | Implementation of medication management practice improvements | Medium |
| Care Coordination | Implementation of use of specialist reports back to referring clinician or group to close referral loop | Medium |
| Care Coordination | Implementation of documentation improvements for practice/process improvements | Medium |



IMPROVEMENT ACTIVITY – SUBCATEGORIES & ACTIVITIES

| Subcategory | Activity name | |
|--|--|--------|
| Care Coordination | Implementation of practices/processes for developing regular individual care plans | Medium |
| Care Coordination | Practice improvements for bilateral exchange of patient information | Medium |
| Beneficiary Engagement | Use of certified EHR to capture patient reported outcomes | Medium |
| Beneficiary Engagement | Engagement of patients through implementation of improvements in patient portal | Medium |
| Beneficiary Engagement | Engagement of patients, family and caregivers in developing a plan of care | Medium |
| Patient Safety and Practice Assessment | Use of decision support and standardized treatment protocols | Medium |
| Achieving Health Equity | Leveraging a QCDR to standardize processes for screening | Medium |
| Integrated Behavioral and Mental Health | Implementation of integrated PCBH model | High |
| Integrated Behavioral and Mental Health | Electronic Health Record Enhancements for BH data capture | Medium |

You can get more details on all the Advancing Care Information measures at the [Resource Library](#) section of [CMS.gov](#). You can also see the [Advancing Care Information Measure Specifications](#).

**ADVANCING CARE
INFORMATION MEASURE
SCORING FOR THE 2017
TRANSITION YEAR**



Advancing Care Information Measure Scoring for the 2017 Transition Year

For MIPS eligible clinicians, the Advancing Care Information performance category is weighted at 25% of the MIPS final score, 30% for MIPS APMs Web Interface reporters, and 75% for Other MIPS APMs in 2017. The performance and bonus scores are added to the base score to get the total Advancing Care Information performance category score. The following summarizes the weighting of the measures within the Advancing Care Information performance category:

- Base score is **50%** of the total Advancing Care Information Performance Category score
- Performance score is up to **90%** of the total Advancing Care Information Performance Category score
- Bonus score is up to **15%** of the total Advancing Care Information Performance Category score
- Final score—If you earn 100 or more percentage points for the total Advancing Care Information Performance Category score, you'll earn **full points** for the Advancing Care Information Performance Category in the MIPS final score

Example 1 (MIPS): If you earn the base score (50%), a 40% performance score, and a bonus score of 10%, you'll earn a 100% Advancing Care Information performance category score. When weighted by 25%, you would earn full points for the Advancing Care Information performance category, which would add 25 points to your overall MIPS final score: $(100 \times .25 = 25)$.

Example 2 (MIPS APM: Web Interface Reporters): If you earn the base score (50%), a 40% performance score, and a bonus score of 10%, you'll earn a 100% Advancing Care Information performance category score. When weighted by 30%, you would earn full points for the Advancing Care Information performance category, which would add 30 points to your overall MIPS final score: $(100 \times .3 = 30)$.

Example 3 (MIPS APM: Other MIPS APMs): If you earn the base score (50%), a 40% performance score, and a bonus score of 10%, you'll earn a 100% Advancing Care Information performance category score. When weighted by 75%, you would earn full points for the Advancing Care Information performance category, which would add 75 points to your overall MIPS final score: $(100 \times .75 = 75)$.



Advancing Care Information Measure Scoring for the 2017 Transition Year

Base score (worth 50%)

You have to meet the requirements of all the base score measures to earn the 50% base score. If you don't meet the requirements of all the base score measures, you'll get a 0 in the overall Advancing Care Information performance category score.

To earn the 50% base score, you have to submit a "yes" for the security risk analysis measure, and at least a 1 in the numerator for the numerator/denominator of the remaining measures or qualify for an exclusion(s).

The **base score** Advancing Care Information measures are:

1. Security Risk Analysis
2. e-Prescribing
3. Provide Patient Access*
4. Send a Summary of Care*
5. Request/Accept a Summary of Care*

The **base score** 2017 Advancing Care Information Transition measures are:

1. Security Risk Analysis
2. e-Prescribing
3. Provide Patient Access*
4. Health Information Exchange*

If you don't meet the reporting requirements, you'll earn a base score of 0 and a **performance score** of 0.

Some base score measures are also performance score measures. These measures are indicated by the asterisk. This lets you earn a score that adds to the performance score.


Advancing Care Information Measure Scoring for the 2017 Transition Year

Performance score (worth up to 90%)

The performance score is calculated by using the numerators and denominators submitted for measures included in the performance score, or for 1 measure by the yes or no answer submitted.

Each measure is worth 10–20% and the percentage score is based on the performance rate for each measure:

| FOR MEASURES WORTH | |
|-------------------------|-----|
| Performance Rate >0-10 | 1% |
| Performance Rate 11-20 | 2% |
| Performance Rate 21-30 | 3% |
| Performance Rate 31-40 | 4% |
| Performance Rate 41-50 | 5% |
| Performance Rate 51-60 | 6% |
| Performance Rate 61-70 | 7% |
| Performance Rate 71-80 | 8% |
| Performance Rate 81-90 | 9% |
| Performance Rate 91-100 | 10% |



The only performance score measure that is yes/no is the Immunization Registry Reporting measure. If you're in active engagement with a public health agency to submit immunization data and submit a "yes" for this measure, you'll earn the full 10%.

For example, if you submit a numerator and denominator of 85/100 for the Patient-Specific Education measure, your performance rate would be 85%, and you'd earn 9 out of 10 percentage points for that measure.



continued

FOR MEASURES WORTH

| | |
|-------------------------|-----|
| Performance Rate >0-10 | 2% |
| Performance Rate 11-20 | 4% |
| Performance Rate 21-30 | 6% |
| Performance Rate 31-40 | 8% |
| Performance Rate 41-50 | 10% |
| Performance Rate 51-60 | 12% |
| Performance Rate 61-70 | 14% |
| Performance Rate 71-80 | 16% |
| Performance Rate 81-90 | 18% |
| Performance Rate 91-100 | 20% |



¹The only performance score measure that is yes/no is the Immunization Registry Reporting measure. If you're in active engagement with a public health agency to submit immunization data and submit a "yes" for this measure, you'll earn the full 10%.

For example, if you submit a numerator and denominator of 85/100 for the Health information Exchange measure, your performance rate would be 85%, and you'd earn 18 out of 20 percentage points for that measure.



There are two options for reporting performance score measures:

| 1) REPORT UP TO 9 ADVANCING CARE INFORMATION MEASURES: | |
|--|-------------------|
| Measure | Performance score |
| Provide Patient Access | Up to 10% |
| Patient-Specific Education | Up to 10% |
| View, Download and 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% |

| 2) REPORT UP TO 7 2017 ADVANCING CARE INFORMATION TRANSITION MEASURES: | |
|--|-------------------|
| Measure | Performance score |
| Provide Patient Access | Up to 20% |
| Health information Exchange | Up to 20% |
| View, Download, Transmit | Up to 10% |
| Patient-Specific Education | Up to 10% |
| Secure Messaging | Up to 10% |
| Medication Reconciliation | Up to 10% |
| Immunization Registry Reporting | 0 or 10% |

You can get more details in the [Performance Score](#) measures section of this guide or see the [Advancing Care Information measure specifications](#).



Bonus score

- Reporting “yes” to 1 or more additional public health and clinical data registries beyond the Immunization Registry Reporting measure (5% bonus).
- Reporting “yes” to the completion of at least 1 of the specified Improvement Activities using CEHRT (10% bonus).

If you meet both requirements, you’ll earn a 15% total bonus score.

Advancing Care Information measures:

- Syndromic Surveillance Reporting
- Electronic Case Reporting
- Public Health Registry Reporting
- Clinical Data Registry Reporting

2017 Advancing Care Information Transition measures:

- Syndromic Surveillance Reporting
- Specialized Registry Reporting

You can earn a 10% bonus for using CEHRT to enhance certain Improvement Activities. (See Appendix B of the [Advancing Care Information fact sheet](#) for more details on each of the improvement activities.)



Advancing Care Information Measure Scoring for the 2017 Transition Year

Reweightings

You have to meet certain criteria to qualify for a special status that reweights the Advancing Care Information performance category to 0% so it's **not** included in your MIPS final score.

1. You can apply for a hardship exception that would reweight the Advancing Care Information performance category for 1 of these 3 reasons:

- Insufficient internet connectivity
- Extreme and uncontrollable circumstances
- Lack of control over the availability of CEHRT

2. You might qualify for automatic reweighting (meaning you would not have to report any data for the Advancing Care Information performance category) if you're a:

- Hospital-based MIPS eligible clinician
- Ambulatory surgical center-based MIPS eligible clinician
- Physician assistant
- Nurse practitioner
- Clinical nurse specialist
- Certified registered nurse anesthetist
- Clinician who doesn't have face-to-face interactions with patients



continued

Clinician who is located in an area affected by major disaster or other extreme and uncontrollable circumstance

You can still choose to report if you would like. If you do submit data, we'll score your performance and weight your Advancing Care Information performance category accordingly.

For MIPS eligible clinicians who meet the criteria above and who choose not to report on the Advancing Care Information performance category, we'll reweight the category to 0% and assign the 25% to the Quality performance category so that clinicians still might be able to earn up to 100 points in the MIPS final score. Clinicians who choose to report as a group will lose their special status for reweighting unless the entire group qualifies for reweighting.

To apply for a hardship exception, visit the Quality Payment Program Hardship Exception [web page](#).

RESOURCES



Quality Payment Program

Technical Assistance Resource Guide

Want offering support to help you successfully participate in the Quality Payment Program, in either the Merit-based Incentive Payment System (MIPS) or the Advanced Alternative Payment Model (AAPM) track. This support is from on-the-ground organizations and resources that you can get for free right away.

Small, Underserved, & Rural Support

Some small practices or rural, underserved organizations could benefit from extra hands-on training and support if you're in small practices of 10 or fewer clinicians, practices in rural locations, health professional shortage areas (HPSAs), and medically underserved areas (MUDAs) will be helpful. Visit smallpractices.medicare.gov to get comprehensive information. You can also contact the organization directly.

Participating Organizations

| | | | | |
|---|---|--|--|-----------------------------|
| Altogether altogether.com | Altogether GPC altogether.com | Healthcare Delivery healthcare.com | Health Services Advisory Group (HSAG) hsag.org | IPSO ipsos.com |
| Network for Regional Health Improvement (NRHI) nrhi.org | Choice choice.com | Quality quality.com | Quality Insights (QI) qi.com | Prigen prigen.com |
| Star star.com | | | | |

2017 Consumer Assessment of Healthcare Providers and Systems (CAHPS) for the Merit-based Incentive Payment System (MIPS) Survey via CMS-Approved Survey Vendor Reporting

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) replaced a patchwork collection of programs with a single system where Medicare clinicians and practices have a chance to be rewarded for better care. You'll be able to choose as you choose how, but you may receive higher Medicare payments based on your performance. There are two paths to this program:

- Merit-based Incentive Payment System (MIPS)
- Advanced Alternative Payment Models (AAPM)

Focusing on the CAHPS for MIPS Survey

Eligible providers may participate in MIPS as individuals or as part of a group. The Centers for Medicare & Medicaid Services (CMS) approved survey vendor reporting mechanism is available to all MIPS groups to supplement their quality reporting with the CAHPS for MIPS survey. The CAHPS for MIPS survey measures patient experience and care within a group. The data collected on these surveys will be aggregated on behalf of the group to the CMS-approved survey vendor.

The CAHPS for MIPS survey is optional for groups with 2 or more eligible clinicians and is not provided as an option for individual clinicians.

If your group selects the CAHPS for MIPS survey as one of the quality measures to report, your group will:

- Select and authorize a CMS-approved survey vendor (from a list published by CMS) to collect and report your survey data to CMS.
- Be responsible for your vendor's costs to collect and report the survey.
- Monitor your vendor's performance during survey administration.
- Receive your CAHPS for MIPS survey scores from CMS, and
- Have your CAHPS for MIPS survey scores available for public reporting on Physician Compare.

Note: The CAHPS for MIPS survey is not appropriate for practices that do not provide primary care services (for example, a group of surgeons).

A Quick Start Guide to the Merit-based Incentive Payment System (MIPS) FOR 2017 PARTICIPATION

You can find more resources at these links:

- [A Quick Start Guide to the Merit-Based Incentive Payment System](#)
- [Advancing Care Information Performance Category Fact Sheet](#)
- [Advancing Care Information Measure Specifications](#)
- [MIPS Participation Fact Sheet](#)
- [Technical Assistance Resource Guide](#)
- [MIPS Group Participation User Guide](#)

ACRONYMS



Acronyms

| Acronyms | | | | | | | | | |
|-----------------------------------|------------------------------------|---|--|--------------------------|--------------------------------------|------------------------------|----------------------------------|-------------------------|--------------------------------|
| API | APM | CEHRT | CMS | EHR | MIPS | NPI | QCDR | QPP | TIN |
| Application Programming Interface | Advanced Alternative Payment Model | Certified Electronic Health Record Technology | Centers for Medicare & Medicaid Services | Electronic Health Record | Merit-based Incentive Payment System | National Provider Identifier | Qualified Clinical Data Registry | Quality Payment Program | Taxpayer Identification Number |