MIPS Program: 2017 Advancing Care Information Category
(formerly known as Meaningful Use)
Proposed Rule Guide

On April 27, 2016, CMS released a proposed rule on the Quality Payment Program, which includes the Merit-Based Incentive Payment System (MIPS). The proposed rule is CMS' first attempt to develop regulations on the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), signed into law in April 2015, which codifies the new system in which physicians will be paid under Medicare.

MACRA sunsets the penalties associated with the current quality reporting programs at the end of 2018, and requires CMS to streamline and incorporate them into the MIPS program, which will affect physician payments beginning in 2019. CMS is proposing the **first performance year to begin January 1, 2017, which will impact payments in 2019.**

This guide summarizes the proposed Advancing Care Information (ACI) category, previously referred to as Meaningful Use, of MIPS.

ASCRS also has developed guides on all of the categories of MIPS. **However, it is important to remember that these guides explain the proposed rule and may not reflect the provisions of the final rule. ASCRS has 60 days to provide feedback to CMS based on these proposals. A final rule is expected in fall 2016.**

Advancing Care Information Category Weight

For 2017, the first performance year of MIPS, CMS proposes to weight a provider's ACI category score at 25% of the overall MIPS composite score. If CMS determines that at least 75% of eligible professionals are "meaningful users" of EHR in future years, the scoring weight for ACI could be lowered to no less than 15% of the overall score.

In some cases, CMS may determine a provider is excluded from one or more of the other MIPS categories and will re-weight the individual provider's quality performance score to make up the difference.

Advancing Care Information Category Score Structure

CMS proposes to structure a provider's ACI category score on a base score, and at levels above the base score for a performance score. Providers must meet all the objectives and measures to achieve the base score, but may choose which objectives and measures they want to meet for the performance score.

Advancing Care Information Base Score

CMS proposes to award 50 points to providers who achieve all six of the proposed objectives and measures (listed below) under the base score.

To receive the full base score, providers do not need to meet a specific threshold, but must report either a "yes" for measures requiring a yes/no answer, or a nominator of at least 1 for nominator/denominator measures.

Failure to meet all of the requirements for the base score will earn a provider an ACI category score of zero, and preclude him or her from achieving any additional points through the performance score.

Advancing Care Information Performance Score

CMS is proposing to award up to 80 points to providers who achieve performance on selected objectives and measures (listed below) above the base score. Prior to the performance year, CMS proposes benchmarks for each measure to determine a provider's performance score.

Exclusions and Bonus Points

CMS proposes not to calculate the Public Health and Clinical Data Registry Reporting Objective in the score for certain specialties who do not administer immunizations, such as ophthalmology. Excluded providers' base scores will be determined on the remaining five objectives.

Providers who participate in any of the optional registries, such as a clinical data registry like IRIS, have the opportunity to score one bonus point toward their ACI category score.

Advancing Care Information Objectives and Measures

CMS proposes to include six objectives, with each including one-to-five measures, which all providers must report to achieve the base score. Performance on certain objectives may be included in the performance score. Objectives and measures included in the base and performance score are noted below.

Base Score Objectives and Measures		
Objective	**Measure**	**Reporting Requirement**
Protect Patient Health Information	**Security Risk Analysis** – Conduct or review a security risk analysis, including addressing the security (including encryption) of electronic personal health information created or maintained by CEHRT; implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.	Yes/no; must answer "yes"
Electronic Prescribing	**Electronic Prescribing** – At least one permissible prescription written by the provider is queried for a drug formulary and transmitted electronically using CEHRT.	Numerator/Denominator; must have at least 1 in the numerator.
Patient Electronic Access	**Patient Access Measure** – For at least one unique patient seen by the provider, (1) the patient (or patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information, and (2) the provider ensures the patient's health information is available for the patient (or patient-authorized representative) to access using any application of his or her choice that is configured to meet the technical specifications of the Application Programming Interface (API) in the provider's CEHRT.	Numerator/Denominator; must have at least 1 in the numerator.
	Patient-Specific Education Measure – The provider must use clinically relevant information from the CEHRT to identify patient-specific educational resources, and provide electronic access to those materials, to at least one unique patient seen by the provider.	Numerator/Denominator; must have at least 1 in the numerator.
Coordination of Care through Patient Engagement	**View, Download, Transmit Measure** – At least one unique patient (or patient-authorized representative) seen by the provider during the performance period actively engages with the EHR made accessible by the provider. A provider may meet the measure by having a patient either (1) view, download, or transmit to a third party his or her health information; or (2)	Numerator/Denominator; must have at least 1 in the numerator.

Base Score Objectives and Measures

Objective	Measure	Reporting Requirement
	access his or her 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 provider's CEHRT; or (3) a combination of (1) and (2).	
	Secure Messaging Measure – For at least one unique patient seen by the provider during the performance period, a secure message was sent using the electronic messaging function of the CEHRT to the patient (or patient-authorized representative), or in response to a secure message sent by the patient (or patient-authorized representative).	Numerator/Denominator; must have at least 1 in the numerator.
	Patient-Generated Health Data Measure – 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 provider during the performance period	Numerator/Denominator; must have at least 1 in the numerator.
Health Information Exchange	**Patient Care Record Exchange Measure** – For at least one transition of care or referral, the provider who transitions or refers his or her patient to another setting of care or health care provider (1) creates a summary of care record using CEHRT; and (2) electronically exchanges the summary of care record.	Numerator/Denominator; must have at least 1 in the numerator.
	Request/Accept Patient Care Record Measure – For at least one transition of care or referral received or patient encounter in which the provider has never before encountered the patient, the provider received, or retrieves and incorporates into the patient's record, an electronic summary of care document.	Numerator/Denominator; must have at least 1 in the numerator.
	Clinical Information Reconciliation Measure – For at least one transition of care or referral received or patient encounter in which the provider has never before encountered the patient, the provider performs clinical information reconciliation. The provider 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; and (3) Current Problem List—Review of the patient's current and active diagnoses.	Numerator/Denominator; must have at least 1 in the numerator.
Public Health and Clinical Data Registry Reporting	**Immunization Registry Reporting** – The provider 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)	This measure is required; however, ophthalmology is excluded. Will not be calculated as part of the base score. Yes/No.
	(Optional) Syndromic Surveillance Reporting Measure – The provider is in active engagement with a public health agency to submit syndromic surveillance data from a non-urgent care ambulatory setting where the jurisdiction accepts syndromic data from such settings and the standards are clearly defined.	Optional measure, may be reported for one bonus point for ACI category score. Yes/No.
	(Optional) Electronic Case Reporting Measure – The provider is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.	Optional measure, may be reported for one bonus point for ACI category score. Yes/No.
	(Optional) Public Health Registry Measure – The provider is in active engagement with a public health agency to submit data to	Optional measure, may be reported for one bonus point for ACI category

Base Score Objectives and Measures

Objective	Measure	Reporting Requirement
	public health registries.	score. Yes/No.
	(Optional) Clinical Data Registry Measure – The provider is in active engagement to submit data to a clinical data registry	Optional measure, may be reported for one bonus point for ACI category score. Yes/No.

For the performance score, physicians will receive up to 80 points for achievement of the following measures. CMS has not yet proposed thresholds for these measures for the first performance year. The following objectives and measures included in the performance score are listed below:

Performance Score Objectives and Measures

Objective	Measure (measure descriptions are the same as listed in the based score chart)
Patient Electronic Access	**Patient Access Measure**
	Patient-Specific Education Measure
Coordination of Care through Patient Engagement	**View, Download, Transmit Measure**
	Secure Messaging Measure
	Patient-Generated Health Data Measure
Health Information Exchange	**Patient Care Record Exchange Measure**
	Request/Accept Patient Care Record Measure
	Clinical Information Reconciliation Measure

Alternative Requirements for 2017 Based on CEHRT Certification Year

For the first performance year (2017), physicians have the alternate option of reporting on objectives and measures previously finalized as part of Stage 3 or Modified Stage 2 of Meaningful Use, based on the certification year of their Certified Electronic Health Records Technology (CEHRT).

- Providers with 2015, or a combination of 2015 and 2014, technology can report on the objectives and measures specified under ACI category **or objectives and measures that correlate to Stage 3 or Modified Stage 2**.
- **Providers with only 2014 CEHRT would not be able to report on measures and objectives that correlate to Stage 3 requiring 2015 CEHRT, and thus would be required to report on Modified Stage 2.**

For specific requirements for Modified Stage 2 of Meaningful Use, please see ASCRS•ASOA's *EHR/Meaningful Use Guide 2015–2017.*

Advancing Care Information Category Score

To determine a provider's ACI category score, CMS proposes to add the provider's base score to his or her performance score, and add a bonus point if the provider participates in one of the optional registries. Providers achieving at least 100 points will receive full credit for the ACI category score toward the composite MIPS score.

It is possible to earn up to 131 points in the ACI category; however, any points earned over 100 will not count as extra credit toward the composite MIPS score.

ASCRS Recommended Changes

ASCRS will be submitting comments to CMS on the proposed rule. The comments state our position on various provisions of the proposed rule, and recommended changes. For the ACI category, ASCRS:

- **Continues to oppose the inclusion of measures that hold providers responsible for actions outside their control.** Specifically, ASCRS opposes measures that are based on the actions of patients or other providers who may not have implemented EHR.
- **Opposes increased measure thresholds for these measures previously finalized as part of Stage 3.** ASCRS and the medical community opposed finalizing Stage 3 due to the high measure thresholds, specifically for measures outside the control of the provider. The measures included in this proposed rule are analogous to Stage 3, so ASCRS urges CMS not to set measure benchmarks at the unachievable levels it set for Stage 3.
- **Opposes "all-or-nothing" structure of the base score**. Despite CMS' claim it has removed the all-or-nothing requirement previously required under Meaningful Use by adding flexibility, a physician must meet all the objectives and measures of the base score to achieve any points for the entire ACI category.

Additional Resources

For additional information, you may contact Allison Madson at amadson@ascrs.org or 703-591-2220.