



## GUARDIAN CMS APPROVED QUALIFIED MIPS REGISTRY RESOURCE MATERIAL

### MIPS ADVANCING CARE INFORMATION (ACI) PERFORMANCE CATEGORY MEASURES, REPORTING REQUIREMENTS AND SCORING WEIGHTS

**NOTE:** For the 2017 transition year, there are two distinct MIPS Advancing Care Information (ACI) Performance Category measurement sets for reporting data, depending upon the edition of the certified electronic health record technology (CEHRT) used by a MIPS eligible clinician for the 2017 reporting period. If a MIPS eligible clinician uses a 2015 edition CEHRT to report ACI, the measurement set consists of **15 measures** broken down into Base, Performance, and Bonus categories. If, on the other hand, a MIPS eligible clinician uses 2014 CEHRT, the measurement set consists of **11 measures** broken down into Base, Performance, and Bonus categories. The difference between these measurement sets reflects the Meaningful Use capabilities of 2014 CEHRT and 2015 CEHRT. Beginning in MIPS reporting year 2018, all MIPS eligible clinicians will be expected to report the measures for the Advancing Care Information Performance Category based on 2015 CEHRT. The Table below provides the ACI measures based on the 2015 edition CEHRT. The 2014 measures are identified by a double asterisk (\*\*) in the “MEASURE” Column of the Table.

<b>MIPS ADVANCING CARE INFORMATION (ACI) CATEGORY BASE SCORE MEASURES*</b>						
#	OBJECTIVE	MEASURE	DESCRIPTION AND ACTION	REPORTING REQUIREMENT	NUMERATOR/DENOMINATOR	SCORE WEIGHT
1.	Protect Patient Health Information	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 certified EHR technology (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.	Eligible clinicians must attest YES to conducting or reviewing a security risk analysis and implementing security updates as necessary to identify security risk deficiencies in order to satisfy this required base measure.	N/A	10 points toward base score
2.	Engage in Electronic Prescribing	ePrescribing**	At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified CEHRT.	Eligible clinician must have at least one unique patient in the numerator to receive the minimum score for this measure.	<u>Numerator:</u> Number of prescriptions in the denominator generated, queried for a drug formulary, and transmitted using CEHRT  <u>Denominator:</u> Number of prescription written other than controlled substances during the performance period.	10 points toward base score
3.	Provide Patient Electronic Access	Patient Electronic Access**	At least one unique patient seen by the MIPS eligible clinician (or the patient authorized representative) 1) is provided timely access to view online, download, and transmit to a third party their health information, and 2) The	Eligible clinician must have at least one unique patient in the numerator to receive the minimum score for this measure.	<u>Numerator:</u> Number of patients in the denominator (or patient authorized representative) who are provided timely access	10 points toward base score  Up to 10% of the Performance Score



**MIPS ADVANCING CARE INFORMATION (ACI) CATEGORY BASE SCORE MEASURES\***

#	OBJECTIVE	MEASURE	DESCRIPTION AND ACTION	REPORTING REQUIREMENT	NUMERATOR/DENOMINATOR	SCORE WEIGHT
			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 eligible clinician's CEHRT.	<b>NOTE: This measure is also reported as an ACI Performance Measure. When reported as a Performance Measure, the Performance Score increases as the number of patients in the numerator increase.</b>	to health information to view online, download, and transmit to a third party.  <u>Denominator:</u> Number of unique patients seen by the MIPS eligible clinician during the performance period.	
4.	Health Information Exchange	Send Summary of Care Record**	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 provider 1) creates a summary of care record using CEHRT; and (2) electronically transmits such summary to a receiving health care provider.	Eligible clinician must have at least one unique patient in the numerator to receive the minimum score for this measure.  <b>NOTE: This measure is also reported as an ACI Performance Measure. When reported as a Performance Measure, the Performance Score increases as the number of patients in the numerator increase.</b>	<u>Numerator:</u> Number of transitions of care and referrals in the denominator where a summary of care record was created using CEHRT and exchanged electronically.  <u>Denominator:</u> Number of transitions of care and referrals during the performance period for which the MIPS eligible clinician was the transferring or referring health care provider.	10 points toward base score  Up to 10% of the Performance Score
5.	Health Information Exchange	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.	Eligible clinician must have at least one unique patient in the numerator to receive the minimum score for this measure.  <b>NOTE: This measure is also reported as an ACI Performance Measure. When reported as a Performance Measure, the Performance Score increases as the number of patients in the numerator increase.</b>	<u>Numerator:</u> Number of transitions of care or referrals in the denominator for which the eligible clinician has never encountered the patient, and retrieves and incorporates into the patient's record an electronic summary of care document.  <u>Denominator:</u> Number of transitions of care and referrals during the performance for which the MIPS eligible clinician never before encountered the patient and receives or retrieves summary of care information.	10 points toward base score  Up to 10% of the Performance Score

\* These measures represent a core level of participation in the ACI and must be completed in entirety (all five measures) by all MIPS eligible clinicians. Failure to meet the base score requirements results in a score of 0 for the entire Advancing Care Information Performance Category.

**MIPS ADVANCING CARE INFORMATION (ACI) CATEGORY PERFORMANCE SCORE MEASURES\***

#	OBJECTIVE	MEASURE	DESCRIPTION AND ACTION	REPORTING REQUIREMENT	NUMERATOR/DENOMINATOR	SCORE WEIGHT
6.	Provide Patient Electronic Access	Patient Specific Education **	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.	Performance Score for this measure based on number of unique patients in the numerator.	<p><u>Numerator:</u> Number of patients in the denominator who were provided access to patient-specific educational resources using clinically relevant information identified from CEHRT during the reporting period.</p> <p><u>Denominator:</u> Number of unique patients seen by the MIPS eligible clinician during the performance period.</p>	Up to 10% of the Performance Score
7.	Care Coordination Through Patient Engagement	View, Download, and Transmit VDT**	During the performance period, at least one unique patient (or patient authorized representative) seen by the MIPS eligible clinician actively engages with the EHR made accessible by the MIPS eligible clinician. The MIPS eligible clinician may satisfy the measure by either 1) view, download, or transmit to a third party the patient's 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).	Performance Score for this measure based on number of unique patients in the numerator.	<p><u>Numerator:</u> The number of unique patients (or authorized representatives) in the denominator who have viewed online, downloaded, or transmitted to a third party the patient's health information during the performance period.</p> <p><u>Denominator:</u> Number of unique patients seen by the MIPS eligible clinician during the performance period.</p>	Up to 10% of the Performance Score
8.	Care Coordination Through Patient Engagement	Secure Electronic 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), during the performance period.	Performance Score for this measure based on number of unique patients in the numerator.	<p><u>Numerator:</u> Number of patients in the denominator for whom a secure electronic message was sent to the patient (or patient's authorized representative), or in response to a secure message sent by the patient (or patient's authorized representative), during the performance period.</p> <p><u>Denominator:</u> Number of unique patients seen by the MIPS eligible clinician during the performance period.</p>	Up to 10% of the Performance Score



MIPS ADVANCING CARE INFORMATION (ACI) CATEGORY PERFORMANCE SCORE MEASURES*						
#	OBJECTIVE	MEASURE	DESCRIPTION AND ACTION	REPORTING REQUIREMENT	NUMERATOR/DENOMINATOR	SCORE WEIGHT
9.	Care Coordination Through Patient Engagement	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.	Performance Score for this measure based on number of unique patients in the numerator.	<p><u>Numerator:</u> Number of patients in the denominator seen by the MIPS eligible clinician for whom patient-generated health data or data from a non-clinical setting is incorporated into the patient's CEHRT during the performance period.</p> <p><u>Denominator:</u> Number of patient seen by the MIPS eligible clinician during the performance period.</p>	Up to 10% of the Performance Score
10.	Clinical Information Reconciliation	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.	Performance Score for this measure based on number of unique patients in the numerator.	<p><u>Numerator:</u> Number of transitions of care or referrals the following three clinical information reconciliations performed: medication list; medication allergy list; current problems list.</p> <p><u>Denominator:</u> Number of transitions of care or referrals during the performance period for which the MIPS eligible clinician was the recipient of the transition or referral or has never before encountered the patient.</p>	Up to 10% of the Performance Score
11.	Public Health Reporting	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).	MIPS eligible clinician must attest YES to being 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) in order to receive Performance Score.	N/A	0% or 10% of Performance Score

\*MIPS eligible clinicians may choose which objectives and measures they want to meet for the performance score. It is important to note that some measures are included in both the base and performance scores. For those measures, eligible clinicians only need a 1 in the numerator for the base score, but will earn additional points toward the performance score for higher values in the numerator.

MIPS ADVANCING CARE INFORMATION (ACI) BONUS SCORE MEASURES*						
#	OBJECTIVE	MEASURE	DESCRIPTION AND ACTION	REPORTING REQUIREMENT	NUMERATOR/DENOMINATOR	SCORE WEIGHT



					DENOMINATOR	
12.	Public Health and Clinical Data Registry Reporting	Syndromic Surveillance Reporting Bonus Measure**	The MIPS eligible clinician 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.	MIPS eligible clinician must attest YES to being 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.	N/A	Attestation of YES = 5%
13.	Public Health and Clinical Data Registry Reporting	Electronic Case Reporting Bonus Measure	The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.	MIPS eligible clinician must attest YES to being in active engagement with a public health agency to electronically submit case reporting of reportable conditions.	N/A	Attestation of YES = 5%
14.	Public Health and Clinical Data Registry Reporting	Public Health Registry Reporting Bonus Measure	The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.	MIPS eligible clinician must attest YES to being in active engagement with a public health agency to submit data to public health registries.	N/A	Attestation of YES = 5%
15.	Public Health and Clinical Data Registry Reporting	Clinical Data Registry Reporting Bonus Measure**	The MIPS eligible clinician is in active engagement to submit data to a clinical data registry.	MIPS eligible clinician must attest YES to being in active engagement to submit data to a clinical data registry.		Attestation of YES = 5%

**\* MIPS eligible clinician can earn 5% bonus ACI score by attesting to reporting to one or more public health and clinical data registries beyond the Immunization Registry Reporting Performance Measure.**



## ACTIVITIES FROM THE MIPS IMPROVEMENT ACTIVITIES PERFORMANCE CATEGORY ELIGIBLE FOR ADVANCING CARE INFORMATION (ACI) CATEGORY BONUS SCORE\*

**NOTE:** The table below identifies a refined set of activities from the MIPS Improvement Activities Performance Category that can be tied to the Objectives and Measures of the Advancing Care Information Performance Category and qualify for an additional 10% ACI bonus points.

IMPROVEMENT ACTIVITY SUB-CATEGORY	ACTIVITY NAME	CATEGORY WEIGHT	RELATED ADVANCING CARE INFORMATION MEASURE(S)
Expanded Practice Access	Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record.	High	Provide Patient Access; Secure Messaging; Send a Summary of Care; Request/Accept Summary of Care
Population Management	Anticoagulant management improvements.	High	Provide Patient Access; Secure Messaging; Send a Summary of Care; Request/Accept Summary of Care; View, Download, Transmit
Population Management	Glycemic management services.	High	Patient Generated Health Data; Clinical Information Reconciliation
Population Management	Chronic care and preventative care management for empaneled patients.	Medium	Provide Patient Access; Patient-Specific Education; View, Download, Transmit; Secure Messaging; Send a Summary of Care
Population Management	Implementation of methodologies for improvement in longitudinal care management for high risk patients.	Medium	Provide Patient Access; Patient-Specific Education; Send a Summary of Care
Population Management	Implementation of methodologies for improvements in longitudinal care management for high risk patients.	Medium	Provide Patient Access; Patient-Specific Education; Patient Generated Health Data; Send a Summary of Care
Population Management	Implementation of episodic care management practice improvements.	Medium	Send a Summary of Care; Request/Accept Summary of Care; Clinical Information Reconciliation
Population Management	Implementation of medication management practice improvements.	Medium	Clinical Information Reconciliation
Care Coordination	Implementation or use of specialist reports back to referring provider or group to close the referral loop.	Medium	Send a Summary of Care; Request/Accept Summary of Care; Clinical Information Reconciliation
Care Coordination	Implementation of documentation improvements for practice/process improvements (e.g., documented care coordination encounter that tracks all clinical staff involved and communications from date patient is scheduled for outpatient procedure through day of procedure).	Medium	Secure Messaging; Send a Summary of Care; Request/Accept Summary of Care; Clinical Information Reconciliation
Care Coordination	Implementation of practices/processes for developing regular individual care plan.	Medium	Provide Patient Access; View, Download, Transmit; Secure Messaging; Patient Generated Health Data
Care Coordination	Practice improvements for bilateral exchange of patient information.	Medium	Send a Summary of Care; Request/Accept Summary of Care; Clinical Information Reconciliation
Beneficiary Engagement	Use of CEHRT to capture patient reported outcomes.	Medium	Provide Patient Access; Patient-specific Education; Care Coordination through Patient Engagement
Beneficiary Engagement	Engagement of patients through implementation of improvements in patient portal	Medium	Provide Patient Access; Patient-specific Education; View, Download, Transmit; Secure Messaging
Safety and Practice Assessment	Use of decision support and standardized treatment protocols	Medium	Use of CEHRT Decision Support
Achieving health Equity	Participation in a Qualified Clinical Data Registry demonstrating performance of activities for use of standardized processes for screening.	Medium	Provide Patient Access; Patient-specific Education
Integrated Behavioral and Mental Health	Implementation of a Primary Care Behavioral Health (PCBH) Model.	High	Provide Patient Access; Patient-specific Education; view, Download, Transmit; Secure Messaging; Patient Generated Health Dat.