

MEDICARE ACCESS AND CHIP REAUTHORIZATION ACT (MACRA)

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS) ADVANCING CARE INFORMATION PERFORMANCE CATEGORY

SUMMARY OF PROVISIONS

Brief Synopsis —

MACRA sunsets the Electronic Health Record (EHR) Incentive Program as established under the HITECH Act. EHR meaningful use, however, is included as a performance category under MIPS, which is referred to in this proposed rule as the “Advancing Care Information” performance category. The following is a summary of the proposed rules by which CMS will evaluate the use of certified EHR technology by physicians and other eligible clinicians under MIPS. While CMS uses the Stage 3 EHR meaningful use objectives and measures as the basis for the new Advancing Care Information Performance category, CMS notably moves away from the concept of requiring a single threshold for a measure. Instead it incentivizes continuous improvement and recognizes onboarding efforts among late adopters and MIPS-eligible clinicians facing continued challenges in full implementation of certified EHR technology in their practices.

The scoring methodology used for the Advancing Care Information performance category puts a greater focus on Patient Electronic Access, Coordination of Care Through Patient Engagement and Health Information Exchange. CMS also hopes to increase the adoption and use of certified EHR technology by incorporating such technology into the other MIPS performance categories, including submitting quality measure data using certified EHR technology.

Clinical Quality Measurement using EHRs

Under meaningful use, physicians were required to report quality measures using certified EHR technology. In this rule, CMS is not proposing separate requirements for clinical quality measure reporting within the Advancing Care Information performance category and instead would require submission of quality data for measures specified for the quality performance category, in which CMS encourages reporting of clinical quality measures with data captured in certified EHR technology.

Performance Period

Under MIPS, CMS proposes to align the performance period for the Advancing Care Information performance category to the proposed MIPS performance period of one full calendar year. CMS proposes to entirely eliminate a 90-day reporting period for EHR use even though physicians have voiced concern with a full-year reporting period. CMS believes that by eliminating measure thresholds, eligible clinicians who only have data for a portion of the year can still submit data, be assessed and be scored for the Advancing Care Information performance category.

Data Submission and Collection

In the 2015 EHR Incentive Programs final rule, CMS outlined the requirements for eligible professionals using certified EHR technology in 2017 as it relates to the objectives and measures they select to report. CMS proposes similar requirements for the use of certified EHR technology for the Advancing Care Information performance category.

For 2017, the first MIPS performance period, MIPS-eligible clinicians would be able to use EHR technology certified to either the 2014 or 2015 Edition certification criteria as follows:

- A MIPS-eligible clinician who only has technology certified to the 2015 Edition may choose to report (1) on the objectives and measures specified for the advancing care information performance category that correlate to Stage 3 requirements or (2) on the alternate objectives and measures that correlate to modified Stage 2 requirements.
- A MIPS-eligible clinician who has technology certified to a combination of 2015 Edition and 2014 Edition may choose to report (1) on the objectives and measures specified for the advancing care information performance category that correlate to Stage 3 or (2) on the alternate objectives and measures that correlate to modified Stage 2, if they have the appropriate mix of technologies to support each measure selected.
- A MIPS-eligible clinician who only has technology certified to the 2014 Edition would not be able to report on any of the measures specified for the advancing care information performance category that correlate to a Stage 3 measure that requires the support of technology certified to the 2015 Edition. These MIPS-eligible clinicians would be required to report on the alternate objectives and measures that correlate to modified Stage 2 objectives and measures.

Beginning with the performance period in 2018, MIPS-eligible clinicians:

- Must only use technology certified to the 2015 Edition to meet the objectives and measures specified for the advancing care information performance category that correlate to Stage 3.

Method of Data Submission

2017 would be the first year that EHRs (through the QRDA submission method), Qualified Clinical Data Registries (QCDRs) and qualified registries would be able to submit EHR Incentive Program objectives and measures to CMS, and the first time this data would be reported through the CMS Web Interface. Details about the form and manner for data submission will be addressed by CMS in the future.

Group Reporting

Performance on Advancing Care Information performance category objectives and measures would be assessed and reported at the group level, as opposed to the individual MIPS-eligible clinician level. Submission criteria would be the same when submitted at the group-level as if submitted at the individual-level, but the data submitted would be aggregated for all MIPS-eligible clinicians within the group practice.

Scoring Methodology

CMS proposes that performance in the Advancing Care Information performance category will comprise 25 percent of a MIPS-eligible clinician's composite performance score for payment year 2019 and each year thereafter. The score would be comprised of a base score (score for participation and reporting) and a score for performance at varying levels above the base score requirements.

Base Score

To earn points toward the base score, a MIPS-eligible clinician must report the numerator and denominator of certain measures to earn 50 percent (out of a total 100 percent) of the Advancing Care Information performance category score. For any measure requiring a yes/no statement, only a yes statement would qualify for credit under the base score.

CMS is proposing two variations of a scoring methodology for the base score, a primary and an alternate proposal. Both proposals would require the MIPS-eligible clinician to meet the requirement to protect patient health information created or maintained by certified EHR technology to earn any score within the advancing care information performance category; failure to do so would result in a base score of zero, a performance score of zero and an Advancing Care Information performance category score of zero.

Primary Proposal: The primary proposal would require a MIPS-eligible clinician to report the numerator (of at least one) and denominator or yes/no statement (only a yes statement would qualify for credit under the base score) for a subset of measures.

Two objectives (Clinical Decision Support and Computerized Provider Order Entry) and their associated measures would not be required under the Primary Proposal. However, these measures would still be required as part of ONC's functionality standards for certified EHR technology.

Alternate Proposal: The Alternate Proposal would require a MIPS-eligible clinician to report the numerator (of at least one) and denominator or yes/no statement (only a yes statement would qualify for credit under the base score) for all objectives and measures. The Alternate Proposal would require reporting a yes/no statement for Clinical Decision Support and a numerator and denominator for Computerized Provider Order Entry objectives.

Protecting Patient Information

The Protect Patient Health Information objective and measure would be an overarching requirement for the base score under both the Primary Proposal and Alternate Proposal. CMS proposes that a MIPS-eligible clinician must meet this objective and measure to earn any score within the Advancing Care Information performance category.

Base Score Primary Proposal

Successfully submitting a numerator and a denominator or a yes/no statement for each measure of each objective would earn a base score of 50 percent. Failure to meet the submission criteria (numerator/denominator or yes/no statement, as applicable) and measure specifications for any measure in any of the objectives would result in an Advancing Care Information performance category score of zero. For the Public Health and Clinical Data

Registry Reporting objective, the measure is a “yes/no” statement of whether the MIPS-eligible clinician has completed the measure. Only a yes statement would qualify for credit under the base score. To earn points in the base score, a MIPS-eligible clinician would only need to complete submission on the Immunization Registry Reporting measure of this objective. Completing any additional measures under this objective would earn one additional bonus point in the advancing care information performance category score.

TABLE 6: Base Score Primary Proposal Advancing Care Information Objective and Measure Reporting*

	Objective	Measure*	Total Base Score
1	Protect Patient Health Information	Security Risk Analysis	50 %
2	Electronic Prescribing	ePrescribing	
3	Patient Electronic Access	Patient Access	
		Patient-Specific Education	
4	Coordination of Care Through Patient Engagement	View, Download or Transmit (VDT)	
		Secure Messaging	
		Patient-Generated Health Data	
5	Health Information Exchange	Patient Care Record Exchange	
		Request/Accept Patient Care Record	
		Clinical Information Reconciliation	
6	Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting	
		(Optional) Syndromic Surveillance Reporting	
		(Optional) Electronic Case Reporting	
		(Optional) Public Health Registry Reporting	
		(Optional) Clinical Data Registry Reporting	

Base Score Alternative Proposal

Successfully submitting a numerator and a denominator for each measure of each objective would earn a base score of 50 percent for the advancing care information performance category. Failure to meet the submission requirements or measure specifications for any measure in any of the objectives would result in a score of zero for the Advancing Care Information performance category base score.

TABLE 7: Base Score Alternate Proposal Advancing Care Information Objective and Measure Reporting

	Objective	Measure*	Total Base Score
1	Protect Patient Health Information	Security Risk Analysis	50 %
2	Electronic Prescribing	ePrescribing	
3	Clinical Decision Support (CDS)	Clinical Decision Support (CDS) Interventions	
		Drug Interaction and Drug-Allergy Checks	
4	Computerized Provider Order Entry (CPOE)	Medication Orders	
		Laboratory Orders	
		Diagnostic Imaging Orders	
5	Patient Electronic Access	Patient Access	
		Patient-Specific Education	
6	Coordination of Care Through	View, Download or Transmit (VDT)	

Modified Stage 2 in 2017

For those MIPS-eligible clinicians using EHR technology certified to the 2014 Edition, CMS is proposing modified Primary and Alternate Proposals for the base score. Scoring and data submission would be the same as the Primary and Alternate Proposals, but the measures would vary under the Coordination of Care Through Patient Engagement and Health Information Exchange objectives.

TABLE 8: Base Score Modified Primary and Alternate Proposals Advancing Care Information Objective and Measure Reporting for Modified Stage 2 (in 2017)

Objective	Measure for MIPS (in 2017 only)**	Total Base Score
Protect Patient Health Information	Security Risk Analysis	50%
Electronic Prescribing	ePrescribing	
Clinical Decision Support (CDS)*	Clinical Decision Support (CDS) Interventions	
Computerized Provider Order Entry (CPOE)*	Drug Interaction and Drug-Allergy Checks	
	Medication Orders	
	Laboratory Orders	
Patient Electronic Access	Diagnostic Imaging Orders	
	Patient Access	
Patient-Specific Education	View, Download, or Transmit (VDT)	
	Patient-Specific Education	
Secure Messaging	Secure Messaging	
Health Information Exchange	Health Information Exchange	
Medication Reconciliation	Medication Reconciliation	
Public Health Reporting	Immunization Registry Reporting	
	Syndromic Surveillance Reporting	
	Specialized Registry Reporting	

*Included in base score alternate proposal only.

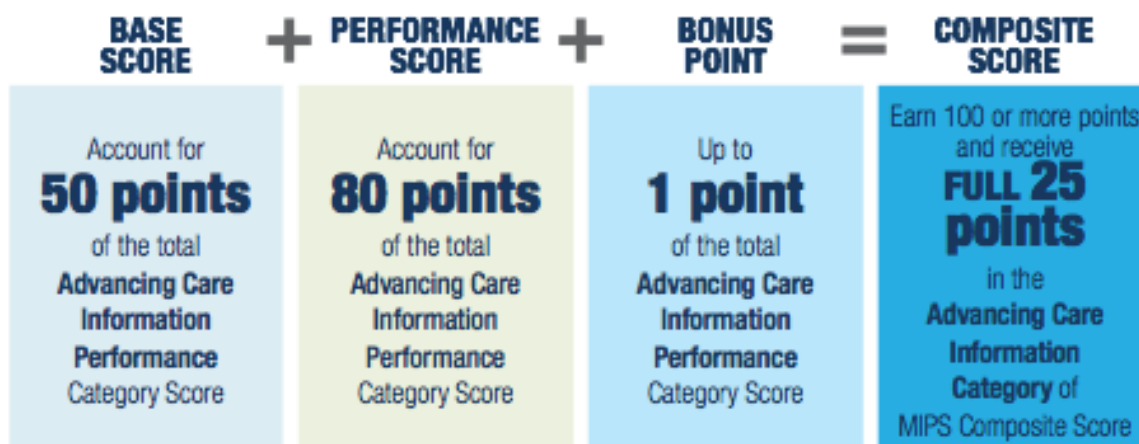
Performance Score

A MIPS-eligible clinician would earn additional points above the base score for performance in the objectives and measures for Patient Electronic Access, Coordination of Care through Patient Engagement and Health Information Exchange. Eight associated measures under these three objectives would each be assigned a total of 10 possible points. For each measure, a MIPS-eligible clinician may earn up to 10 percent of their performance score based on their performance rate for the given measure. (For example, a performance rate of 95 percent on a given measure would earn 9.5 percentage points of the performance score for the advancing care information performance category.) A MIPS-eligible clinician has the potential to earn a performance score of up to 80 percent, which in combination with the base score would be greater than the total possible 100 percent for the Advancing Care Information performance

category. CMS states this methodology allows flexibility for MIPS-eligible clinicians to focus on measures that are most relevant to their practice.

Overall Advancing Care Information Performance Score

To determine the MIPS-eligible clinician’s overall Advancing Care Information performance category score, CMS would use the sum of the base score, performance score and the potential Public Health and Clinical Data Registry Reporting bonus point.



Scoring Considerations

The law gives CMS the authority to reduce the percentage weight of the Advancing Care Information performance category (but not below 15 percent0 in any year in which the Secretary estimates that the proportion of eligible professionals who are meaningful EHR users is 75 percent or greater. Any decrease in the weight of the Advancing Care Information performance category would be offset by increasing the weight of other performance categories. CMS is alternatively proposing to estimate the proportion of physicians who are meaningful EHR users as those physician MIPS eligible clinicians who earn an Advancing Care Information performance category score of 50 percent (which would only require the MIPS-eligible clinician to earn the Advancing Care Information base score).

Exclusions

By excluding from MIPS those clinicians who do not exceed the low-volume threshold (proposed as MIPS-eligible clinicians who, during the performance period, have Medicare billing charges less than or equal to \$10,000 and provide care for 100 or fewer Part B-enrolled Medicare beneficiaries), CMS believes exclusions for most of the individual Advancing Care Information measures are no longer necessary.

For the purposes of the base score, CMS is proposing that those MIPS-eligible clinicians who write fewer than 100 permissible prescriptions in a performance period may elect to report their numerator and denominator (if they have at least one permissible prescription for the numerator), or they may report a null value. CMS is also proposing to maintain the previously established exclusions for the Immunization Registry Reporting measure.

Reweighting of the Advancing Care Information Performance Category for MIPS Eligible Clinicians Without Sufficient Measures Applicable and Available

CMS is proposing to assign a weight of zero to the Advancing Care Information performance category for hospital-based, MIPS-eligible clinicians. A “hospital-based MIPS eligible clinician” is a MIPS-eligible clinician who furnishes 90 percent or more of his or her covered professional services in an inpatient hospital or emergency room setting in the year three years preceding the MIPS payment year. CMS is considering, however, whether a lower threshold would be more appropriate.

CMS proposes to continue to grant hardship exceptions for the Advancing Care Information performance category for the following conditions:

- **Insufficient Internet Connectivity**

MIPS-eligible clinicians to demonstrate insufficient internet access through an application process.

- **Extreme and Uncontrollable Circumstances**

MIPS-eligible clinicians submit an application to include the circumstances by which the EHR technology was unavailable, and for what period of time it was unavailable.

- **Lack of Control over the Availability of Certified EHR Technology**

MIPS-eligible clinicians would need to submit an application demonstrating that a majority (50 percent or more) of their outpatient encounters occur in locations where they have no control over the health IT decisions of the facility.

- **Lack of Face-to-Face Patient Interaction**

CMS does not believe there would be sufficient measures applicable to non-patient-facing, MIPS-eligible clinicians under the Advancing Care Information performance category. Therefore, the Advancing Care Information performance category would be reweighted to zero for a MIPS-eligible clinician who is classified as a non-patient-facing. MIPS-eligible clinician (based on the number of patient-facing encounters billed during a performance period) without requiring an application to be submitted by the MIPS-eligible clinician.

Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists

CMS would assign a weight of zero to the Advancing Care Information performance category if there are not sufficient measures applicable and available to NPs, PAs, CRNAs and CNSs. A weight of zero would be assigned only in the event that an NP, PA, CRNA or CNS does not

submit any data for any of the measures specified. CMS encourages all NPs, PAs, CRNAs and CNSs to report on these measures to the extent they are applicable and available; however, CMS states that it understands that some NPs, PAs, CRNAs and CNSs may choose to accept a weight of zero for this performance category if they are unable to fully report the Advancing Care Information measures.

Medicaid

CMS does not propose any changes to the objectives and measures previously established in rule making for the Medicaid EHR Incentive Program, and thus eligible professionals participating in that program must continue to report on the objectives and measures under the guidelines and regulations of that program. Accordingly, reporting on the measures specified for the Advancing Care Information performance category under MIPS cannot be used as a demonstration of meaningful use for the Medicaid EHR Incentive Programs. Similarly, a demonstration of meaningful use in the Medicaid EHR Incentive Programs cannot be used for purposes of reporting under MIPS.

Support for Health Information Exchange and the Prevention of Information Blocking

MACRA requires that an eligible clinician, EP, eligible hospital or CAH must demonstrate that it did not knowingly and willfully take action to limit or restrict the compatibility or interoperability of the certified EHR technology. CMS is proposing to require a three-part attestation from all eligible clinicians under the Advancing Care Information performance category of MIPS, including eligible clinicians who report on the Advancing Care Information performance category as part of an APM Entity group under the APM Scoring Standard.

First, the eligible clinician, EP, eligible hospital or CAH would be required to attest that it did not knowingly and willfully take action (such as to disable functionality) to limit or restrict the compatibility or interoperability of certified EHR technology.

Second, the eligible clinician, EP, eligible hospital or CAH would be required to attest that it implemented technologies, standards, policies, practices and agreements reasonably calculated to ensure, to the greatest extent practicable and permitted by law, that the certified EHR technology was at all relevant times: connected in accordance with applicable law; compliant with all standards applicable to the exchange of information, including the standards, implementation specifications, and certification criteria; implemented in a manner that allowed for timely access by patients to their electronic health information (including the ability to view, download, and transmit this information); and implemented in a manner that allowed for the timely, secure and trusted bi-directional exchange of structured electronic health information with other healthcare providers, including unaffiliated providers, and with disparate certified EHR technology and vendors.

Third, the eligible clinician, EP, eligible hospital or CAH would be required to attest that it responded in good faith and in a timely manner to requests to retrieve or exchange electronic health information, including from patients, healthcare providers and other persons, regardless of the requestor's affiliation or technology vendor.

