



Medicare and Medicaid EHR Incentive Program Comparison of Measures for Modified Stage 2 through 2017, Stage 3, and Proposed ACI Requirements

NOTES:

1. **ACI vs MU:** ACI refers to Advancing Care Information which is the component of the Composite Performance Score (CPS) under MIPS that replaces the current MU requirements. The ACI category accounts for 25% of the total CPS under MIPS. ACI includes two parts: a set of requirements that must be met to receive a base score and a performance score. This document will focus largely on the base score.
2. **ACI Scoring System:**
 - A. **Base Score Primary vs. Base Score Alternative:** CMS proposes a “primary” vs an “alternate” ACI base score. For additional context please see the tables extracted from the proposed rule at the end of this document. The alternate proposal would only apply for 2017.
 - B. **Base score:** Worth 50 points. To receive the 50 points, a MIPS eligible clinician must report the numerator/denominator and yes/no for all objectives and measures; numerators must each include at least one patient and only “yes” responses will be counted. Failure to meet the entire base score results in failure of entire ACI category.
 - C. **Performance score:** Worth up to 80 points. Points awarded based on clinician performance on the measures they select. One additional bonus point is available for extra public health reporting.
 - D. **Total ACI Score:** Although the combined maximum points total 131, the ACI category score is capped at 100.
 - E. **CDS & CPOE:**
 - i. **Meeting measures tied to Stage 3 (column 5):** CDS and CPOE would not be required under the proposed “primary” base score. However, if you choose the “alternate” base score, you would have to meet CPOE and CDS measures.
 - ii. **Meeting measures tied to Modified Stage 2 (column 6):** Under either the primary or the alternate base score proposals, if you are meeting measures tied to Modified Stage 2, some measures under “Coordination of Care Through Patient Engagement” and “Health Information Exchange,” would not be required in 2017 (i.e. PGD).
3. **Reporting Period:** One year per statute with start date of January 1, 2019. Requirements laid out in reg are what a clinician would need to meet to report in 2017 for the 2019 payment year.
4. **CEHRT:** For 2017, MIPS eligible clinicians would be able to use EHR technology certified to either the 2014 or 2015 Edition certification criteria or a combination of both.
 - A. **2015 Edition CEHRT:** Those who only have 2015 Edition CEHRT can choose to report for ACI on the:
 - i. Objectives and measures specified which correlate to Stage 3 requirements as outlined below (5th column); or
 - ii. Alternate objectives and measures outlined below which correlate to Modified Stage 2 (6th column).
 - B. **Combo CEHRT:** Assuming you have the appropriate mix of technologies, those with a combination of 2015 Edition and 2014 Edition may choose to report for ACI on the:
 - i. Objectives and measures which correlate to Stage 3; or
 - ii. Alternate objectives and measures which correlate to modified Stage 2.
 - C. **2014 Edition CEHRT:** Those who only have technology certified to the 2014 Edition would not be able to report on any of the measures specified for the ACI performance category that correlate to Stage 3 measures which require 2015 Edition CEHRT. They would have to report under the alternate base score Modified Stage 2.

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1 Protect Patient Health Information	Measure: 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 created or maintained by CEHRT in accordance with requirements under 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 EP, eligible hospital, or CAH's risk management process.	None	Measure: Conduct or review a security risk analysis in accordance with the requirements under 45 CFR 164.308(a)(1), including addressing the security (including encryption) of data created or maintained by CEHRT in accordance with requirements under 45 CFR 164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), implement security updates as necessary, and correct identified security deficiencies as part of the provider's risk management process.	Required. Counts toward Base score, however, failure to meet means failure of entire ACI category. Measure: 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 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.	Required. Counts toward Base score, however, failure to meet means failure of entire ACI category. Measure: 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 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.
2 ePrescribing (eRx)	EP Measure: More than 50% of all permissible prescriptions, or all prescriptions, written by the EP are queried for a drug formulary and transmitted electronically using CEHRT. EP Exclusions: Any EP who: <ul style="list-style-type: none"> Writes fewer than 100 permissible prescriptions during the EHR reporting period; or 	Alternate Eligible Hospital/CAH Exclusion: If for the reporting period they were either scheduled to demonstrate	EP Measure: More than 60% of all permissible prescriptions written by the EP are queried for a drug formulary and transmitted electronically using CEHRT. EP Exclusions: Any EP who: (1) writes fewer than 100 permissible prescriptions during the EHR reporting period; or (2) does not have a pharmacy within their organization and there are no pharmacies that accept electronic prescriptions within 10 miles of	Included in Base Score. Must report at numerator (least one patient) and denominator but does not affect performance score. Measure: At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology. (option to include or exclude controlled substances)	Included in Base Score. Must report at numerator (least one patient) and denominator but does not affect performance score. Measure: At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.

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	<ul style="list-style-type: none"> Does not have a pharmacy within his or her organization and there are no pharmacies that accept electronic prescriptions within 10 miles of the EP's practice location at the start of his or her EHR reporting period. <p>EH Measure: More than 10% of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.</p> <p>EP Exclusions: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and is not located within 10 miles of any pharmacy that accepts electronic prescriptions at the start of their EHR reporting period.</p>	<p>Stage 2 but did not intend to select the Stage 2 eRx objective for the EHR reporting period in 2016.</p>	<p>the EP's practice location at the start of his or her EHR reporting period.</p> <p>Eligible Hospital/CAH Measure: More than 25% of hospital discharge medication orders for permissible prescriptions (for new and changed prescriptions) are queried for a drug formulary and transmitted electronically using CEHRT.</p> <p>Exclusion: Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period.</p>		
3. Clinical Decision Support	<p>Measure 1: Implement five CDS support interventions related to four or more clinical quality measures at a relevant point in patient care for the entire EHR reporting period. Absent four clinical quality measures related to an EP, eligible hospital, or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p>		<p>Measure 1: Implement five clinical decision support interventions related to four or more CQMs at a relevant point in patient care for the entire EHR reporting period. Absent four CQMs related to an EP, eligible hospital, or CAH's scope of practice or patient population, the clinical decision support interventions must be related to high-priority health conditions.</p>	<p>Not required.</p>	<p>Included in Base Score.</p> <p>Clinical Decision Support (CDS) Interventions Measure: Implement three clinical decision support interventions related to three CQMs at a relevant point in patient care for the entire performance period. Absent three CQMs related to a MIPS eligible clinician's scope of practice or patient population, the</p>

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	<p>Measure 2: The EP, eligible hospital or CAH has enabled and implemented the functionality for drug-drug and drug allergy interaction checks for the entire EHR reporting period.</p> <p>EP Exclusions: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.</p>		<p>Measure 2: The EP, eligible hospital, or CAH has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire EHR reporting period.</p> <p>EP Exclusion: For the second measure, any EP who writes fewer than 100 medication orders during the EHR reporting period.</p>		<p>clinical decision support interventions must be related to high priority health conditions.</p> <p>Drug Interaction and Drug-Allergy Checks Measure: The MIPS eligible clinician has enabled and implemented the functionality for drug-drug and drug-allergy interaction checks for the entire performance period.</p>
4 CPOE	<p>Measure 1: More than 60% of medication orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p>EP Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period.</p> <p>Measure 2: More than 30% of laboratory orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p>	<p>Alternate Exclusion for Measure 2: Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 2 (laboratory orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.</p>	<p>Measure 1: More than 60% of medication orders created by the EP or authorized providers of the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p>EP Exclusion: Any EP who writes fewer than 100 medication orders during the EHR reporting period.</p> <p>Measure 2: More than 60% of laboratory orders created by the EP or authorized providers of the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry; and</p>	<p>Not required.</p>	<p>Included in Base Score.</p> <p>Medication Orders Measure: At least one medication order created by the MIPS eligible clinician during the performance period is recorded using CPOE.</p> <p>Laboratory Orders Measure: At least one laboratory order created by the MIPS eligible clinician during the performance period is recorded using CPOE.</p> <p>Diagnostic Imaging Orders Measure: At least one diagnostic imaging order created by the MIPS eligible clinician during the performance period is recorded using CPOE.</p>

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	<p>EP Exclusion: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.</p> <p>Measure 3: More than 30% of radiology orders created by the EP or by authorized providers of the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p>EP Exclusion: Any EP who writes fewer than 100 radiology orders during the EHR reporting period.</p>	<p>Alternate Exclusion for Measure 3: Providers scheduled to be in Stage 1 in 2016 may claim an exclusion for measure 3 (radiology orders) of the Stage 2 CPOE objective for an EHR reporting period in 2016.</p>	<p>EP Exclusion: Any EP who writes fewer than 100 laboratory orders during the EHR reporting period.</p> <p>Measure 3: More than 60% of diagnostic imaging orders created by the EP or authorized providers of the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period are recorded using computerized provider order entry.</p> <p>EP Exclusion: Any EP who writes fewer than 100 diagnostic imaging orders during the EHR reporting period.</p>		
<p>5 Health Information Exchange Exchange Summary (formerly Summary)</p>	<p>Measure: The EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care must-- (1) use CEHRT to create a summary of care record; and (2) electronically transmit such summary to a receiving provider for more than 10% of transitions of care and referrals.</p>		<p>Measure 1: For more than 50% of transitions of care and referrals, the EP, eligible hospital or CAH that transitions or refers their patient to another setting of care or provider of care:</p> <p>(1) Creates a summary of care record using CEHRT; and</p>	<p>Included in Base and Performance Scores. Under objective 5, the <i>Health Information Exchange</i>, objective.</p> <p>Patient Care Record Exchange Measure: For at least one transition of care or referral, the MIPS eligible clinician that transitions or refers their patient to</p>	<p>Included in Base and Performance Scores. Under objective 7, the <i>Health Information Exchange</i>, objective.</p> <p>Health Information Exchange Measure: The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care provider:</p>

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	<p>EP Exclusion: Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period.</p>		<p>(2) electronically exchanges the summary of care record. Exclusion: A provider may exclude from the measure if any of the following apply:</p> <ul style="list-style-type: none"> Any EP who transfers a patient to another setting or refers a patient to another provider less than 100 times during the EHR reporting period. Any EP that conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measures. Any EH or CAH will be excluded from the measure if it is located in a county that does not have 50% or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period. <p>Measure 2: For more than 40% of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP,</p>	<p>another setting of care or health care provider:</p> <p>(1) creates a summary of care record using certified EHR technology; and</p> <p>(2) electronically exchanges the summary of care record.</p> <p>Request/Accept Patient Care Record Measure: 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.</p> <p>Clinical Information Reconciliation Measure: 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 clinician must implement clinical information</p>	<p>(1) uses certified EHR technology to create a summary of care record; and</p> <p>(2) electronically transmits such summary to a receiving health care provider for at least one transition of care or referral.</p> <p>Medication Reconciliation Measure: 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.</p>

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			<p>eligible hospital or CAH incorporates into the patient’s EHR an electronic summary of care document.</p> <p>Exclusion: A provider may exclude from the measure if any of the following apply:</p> <ul style="list-style-type: none"> • Any EP, eligible hospital or CAH whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period is excluded from this measure. • Any EP that conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measures. • Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50% or more of their housing units with 4Mbps broadband availability according to the latest information 	<p>reconciliation for the following three clinical information sets:</p> <p>(1) Medication. Review of the patient’s medication, including the name, dosage, frequency, and route of each medication.</p> <p>(2) Medication allergy. Review of the patient’s known medication allergies.</p> <p>(3) Current Problem list. Review of the patient’s current and active diagnoses.</p>	

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			<p>available from the FCC at the start of the EHR reporting period.</p> <p>Measure 3: For more than 80% of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, the EP, eligible hospital, or CAH performs a clinical information reconciliation. The provider must implement clinical information reconciliation for the following three clinical information sets:</p> <p>(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.</p> <p>Exclusion: Any EP, eligible hospital or CAH for whom the total of transitions or referrals received and patient encounters in which the provider has never before encountered the patient, is fewer than 100 during the EHR reporting period is excluded from this measure.</p>		

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6 Patient Specific Education	<p>EP Measure: Patient-specific education resources identified by CEHRT are provided to patients for more than 10% of all unique patients with office visits seen by the EP during the EHR reporting period.</p> <p>Exclusion: Any EP who has no office visits during the EHR reporting period.</p> <p>EH Measure: More than 10% of all unique patients admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23) during the EHR reporting period are provided patient-specific education resources identified by CEHRT.</p>		<p>Measure 1: During the EHR reporting period, more than 10% of all unique patients (or their authorized representatives) seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) actively engage with the electronic health record made accessible by the provider and either:</p> <p>(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 provider's CEHRT; or (3) a combination of (1) and (2).</p> <ul style="list-style-type: none"> • Threshold for 2017: The resulting percentage must be more than 5%. • Threshold for 2018 and Subsequent Years: The resulting percentage must be more than 10%. <p>Measure 2: For more than 25% of all unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period, a secure message was sent using</p>	<p>Included in Base and Performance Score. Counts towards Base and Performance scores. Under objective #4, <i>Coordination of Care Through Patient Engagement</i>.</p> <p>View, Download, Transmit (VDT) Measure: 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. An MIPS eligible clinician may meet the measure by either—</p> <p>(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 certified EHR technology; or (3) a combination of (1) and (2).</p> <p>Secure Messaging Measure: 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 certified EHR technology to the patient (or the patient-authorized representative), or</p>	<p>Included in Base and Performance Score. Counts towards Base and Performance scores. Under objective #6, <i>Coordination of Care Through Patient Engagement</i>.</p> <p>Patient-Specific Education Measure: The MIPS eligible clinician must use clinically relevant information from certified EHR technology to identify patient-specific educational resources and provide access to those materials to at least one unique patient seen by the MIPS eligible clinician.</p> <p>Secure Messaging Measure: 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 certified EHR technology 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.</p>

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			<p>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 their authorized representative. For an EHR reporting period in 2017, the threshold for this measure is 5% rather than 25%.</p> <p>Threshold in 2017: The resulting percentage must be more than 5% in order for an EP, eligible hospital, or CAH to meet this measure.</p> <p>Threshold in 2018 and Subsequent Years: The resulting percentage must be more than 25% in order for an EP, eligible hospital, or CAH to meet this measure.</p> <p>Measure 3: Patient generated health data or data from a nonclinical setting is incorporated into the CEHRT for more than 5 percent of all unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</p> <p>Threshold: The resulting percentage must be more than 5% in order for an EP, eligible hospital, or CAH to meet this measure.</p> <p>Exclusions: A provider may exclude the measures if one of the following apply:</p>	<p>in response to a secure message sent by the patient (or the patient-authorized representative).</p> <p>Patient-Generated Health Data Measure: Patient-generated health data or data from a non-clinical setting is incorporated into the certified EHR technology for at least one unique patient seen by the MIPS eligible clinician during the performance period.</p>	

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			<ul style="list-style-type: none"> • An EP may exclude from the measure if they have no office visits during the EHR reporting period. • Any EP that conducts 50 % or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure. • Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50 percent or more of their housing units with 4Mbps broadband availability according to the latest information available from the FCC at the start of the EHR reporting period. 		
7 Medication Reconciliation	Measure: The EP, eligible hospital or CAH performs medication reconciliation for more than 50% of transitions of care in which the patient is transitioned into the care of the EP or admitted to the eligible hospital's or CAH's inpatient or emergency department (POS 21 or 23).		See Health Information Exchange objective.	See Health Information Exchange objective.	See Health Information Exchange objective.

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	<p>EP Exclusion: Any EP who was not the recipient of any transitions of care during the EHR reporting period.</p>				
<p>8. Patient Electronic Access</p>	<p>EP Measure 1: More than 50% of all unique patients seen by the EP during the EHR reporting period are provided timely access to view online, download, and transmit to a third party their health information subject to the EP's discretion to withhold certain information.</p> <p>EP 2016 Measure 2: For an EHR reporting period in 2016, at least one patient seen by the EP during the EHR reporting period (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.</p> <p>EP Exclusions: Any EP who:</p> <ul style="list-style-type: none"> Neither orders nor creates any of the information listed for inclusion as part of the measures; or Conducts 50% or more of his or her patient encounters in a county that 		<p>Measure 1: For more than 80% of all unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23):</p> <p>(1) The patient (or the patient-authorized representative) is provided timely access to view online, download, and transmit his or her health information; and</p> <p>(2) The provider 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 API in the provider's CEHRT.</p> <p>Measure 2: The EP, eligible hospital or CAH must use clinically relevant information</p>	<p>Included in Base and Performance Scores.</p> <p>Patient Access Measure: For at least one unique patient seen by the MIPS eligible clinician:</p> <p>(1) The patient (or the patient authorized representative) is provided timely access to view online, download, and transmit his or her health information; and</p> <p>(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 certified EHR technology.</p>	<p>Included in Base and Performance Scores.</p> <p>Patient Access Measure: 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.</p> <p>View, Download, Transmit (VDT) Measure: 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.</p>

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	<p>does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.</p> <p>EP 2017 MEASURE 2: For an EHR reporting period in 2017, more than 5% of unique patients seen by the EP during the EHR reporting period (or his or her authorized representatives) view, download or transmit to a third party their health information during the EHR reporting period.</p> <p>Exclusions: Any EP who:</p> <ul style="list-style-type: none"> • Neither orders nor creates any of the information listed for inclusion as part of the measures; or • Conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period. <p>EH Objective: Provide patients the ability to view online, download, and transmit</p>		<p>from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to more than 35% of unique patients seen by the EP or discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23) during the EHR reporting period.</p> <p>Exclusions: A provider may exclude the measures if one of the following apply:</p> <ul style="list-style-type: none"> • An EP may exclude from the measure if they have no office visits during the EHR reporting period. • Any EP that conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period may exclude the measure. • Any eligible hospital or CAH will be excluded from the measure if it is located in a county that does not have 50% or more of their housing units with 4Mbps broadband availability 	<p>Patient-Specific Education Measure: The MIPS eligible clinician must use clinically relevant information from certified EHR technology 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.</p>	

Objectives	Final 2015-2017 Measures & Objectives & Measures	Final Alternate Measures, Exclusions	MU3 Objectives & Measures	ACI - Primary Base Score Based on Stage 3 (Can be used by those with 2015 Edition CEHRT) Does NOT apply to hospitals	ACI – 2017 Only – Alternate Base Score Based on Modified Stage 2 Does NOT apply to hospitals
	<p>their health information within 36 hours of hospital discharge.</p> <p>EH Measure 1: More than 50% of all unique patients who are discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH are provided timely access to view online, download and transmit to a third party their health information.</p> <p>EH 2016 Measure 2: For an EHR reporting period in 2016, at least one patient who is discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) views, downloads or transmits to a third party his or her health information during the EHR reporting period.</p> <p>EH Exclusion: Any eligible hospital or CAH that is located in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.</p> <p>EH 2017 Measure 2: For an EHR reporting period in 2017, more than 5% of unique</p>		<p>according to the latest information available from the FCC at the start of the EHR reporting period.</p>		

Objectives	Final 2015-2017 Measures & Objectives & Measures	Final Alternate Measures, Exclusions	MU3 Objectives & Measures	ACI - Primary Base Score Based on Stage 3 (Can be used by those with 2015 Edition CEHRT) Does NOT apply to hospitals	ACI – 2017 Only – Alternate Base Score Based on Modified Stage 2 Does NOT apply to hospitals
	<p>patients discharged from the inpatient or emergency department (POS 21 or 23) of an eligible hospital or CAH (or patient-authorized representative) view, download or transmit to a third party their health information during the EHR reporting period.</p> <p>EH Exclusion: Any eligible hospital or CAH that is located in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.</p>				
<p>9: Secure Electronic Messaging (EP Only)</p>	<p>2016 EP Measure: For an EHR reporting period in 2016, for at least 1 patient seen by the EP during the EHR reporting 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 EHR reporting period.</p> <p>2017 EP Measure: For an EHR reporting period in 2017, for more than 5% of unique patients seen by the EP during the EHR reporting period, a secure message was sent using the electronic messaging</p>		See Patient-specific education	See Coordination of Care Through Patient Engagement	See Coordination of Care Through Patient Engagement

Objectives	Final 2015-2017 Measures & Objectives & Measures	Final Alternate Measures, Exclusions	MU3 Objectives & Measures	ACI - Primary Base Score Based on Stage 3 (Can be used by those with 2015 Edition CEHRT) Does NOT apply to hospitals	ACI – 2017 Only – Alternate Base Score Based on Modified Stage 2 Does NOT apply to hospitals
	<p>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 EHR reporting period.</p> <p>EP Exclusion: Any EP who has no office visits during the EHR reporting period, or any EP who conducts 50% or more of his or her patient encounters in a county that does not have 50% or more of its housing units with 4Mbps broadband availability according to the latest information available from the FCC on the first day of the EHR reporting period.</p>				
<p>10 Public Health and Clinical Data Registry Reporting</p>	<ul style="list-style-type: none"> EPs required to meet two Measures EHs / CAHs required to meet three Measures <p>Measure 1 – Immunization Registry Reporting: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data.</p> <p>Exclusion: Any EP, eligible hospital, or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP, eligible hospital, or CAH:</p>		<p>EPs must pick from measures 1-5 and attest to any combination of two. EHs must pick from measures 1-6 and attest to any combination of four. Providers can attest to measure 4 and measure 5 more than once, and an exclusion to a measure does not count toward the total.</p> <p>Measure 1—Immunization Registry Reporting: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories</p>	<p>Immunization Registry Reporting included. Counts towards Base and Performance scores. Others optional.</p> <p>Immunization Registry Reporting Measure: 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). Previously adopted exclusions apply.</p>	<p>Immunization Registry Reporting Measure: The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data. Previously adopted exclusions apply.</p> <p>Syndromic Surveillance Registry Reporting Measure: The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data.</p> <p>Specialized Registry Reporting Measure: The MIPS eligible clinician is in active</p>

Objectives	Final 2015-2017 Measures & Objectives & Measures	Final Alternate Measures, Exclusions	MU3 Objectives & Measures	ACI - Primary Base Score Based on Stage 3 (Can be used by those with 2015 Edition CEHRT) Does NOT apply to hospitals	ACI – 2017 Only – Alternate Base Score Based on Modified Stage 2 Does NOT apply to hospitals
	<ul style="list-style-type: none"> Does not administer any immunizations to any of the populations for which data is collected by its jurisdiction's immunization registry or immunization information system during the EHR reporting period; Operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; OR Operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data from the EP, eligible hospital, or CAH at the start of the EHR reporting period. <p>Measure 2—Syndromic Surveillance Reporting: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit syndromic surveillance data.</p> <p>EP Exclusion: Any EP meeting one or more of the following criteria may be</p>		<p>from the public health immunization registry/immunization information system (IIS).</p> <p>Exclusion for Measure 1: Any EP, eligible hospital, or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP, eligible hospital, or CAH: (1) Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction’s immunization registry or immunization information system during the EHR reporting period; (2) operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data as of 6 months prior to the start of the EHR reporting period.</p> <p>Measure 2—Syndromic Surveillance Reporting: The EP, eligible hospital, or CAH is in active engagement with a</p>	<p>(Optional) Syndromic Surveillance Reporting 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.</p> <p>(Optional) Electronic Case Reporting Measure: The MIPS eligible clinician is in active engagement with a public health agency to electronically submit case reporting of reportable conditions.</p> <p>(Optional) Public Health Registry Reporting Measure: The MIPS eligible clinician is in active engagement with a public health agency to submit data to public health registries.</p>	<p>engagement to submit data to a specialized registry.</p>

Objectives	Final 2015-2017 Measures & Objectives & Measures	Final Alternate Measures, Exclusions	MU3 Objectives & Measures	ACI - Primary Base Score Based on Stage 3 (Can be used by those with 2015 Edition CEHRT) Does NOT apply to hospitals	ACI – 2017 Only – Alternate Base Score Based on Modified Stage 2 Does NOT apply to hospitals
	<p>excluded from the syndromic surveillance reporting measure if the EP:</p> <ul style="list-style-type: none"> Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system; Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period. <p>EH Exclusion: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH:</p> <ul style="list-style-type: none"> Does not have an emergency or urgent care department; Operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific 		<p>public health agency to submit syndromic surveillance data from an urgent care setting.</p> <p>Exclusion for EPs for Measure 2: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP:</p> <p>(1) Is not in a category of providers from which ambulatory syndromic surveillance data is collected by their jurisdiction's syndromic surveillance system;</p> <p>(2) operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or</p> <p>(3) operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs as of 6 months prior to the start of the EHR reporting period.</p> <p>Exclusion for eligible hospitals/CAHs for Measure 2: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from</p>		

Objectives	Final 2015-2017 Measures & Objectives & Measures	Final Alternate Measures, Exclusions	MU3 Objectives & Measures	ACI - Primary Base Score Based on Stage 3 (Can be used by those with 2015 Edition CEHRT) Does NOT apply to hospitals	ACI – 2017 Only – Alternate Base Score Based on Modified Stage 2 Does NOT apply to hospitals
	<p>standards required to meet the CEHRT definition at the start of the</p> <ul style="list-style-type: none"> EHR reporting period; OR Operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period. <p>Measure 3—Specialized Registry Reporting: The EP, eligible hospital, or CAH is in active engagement to submit data to a specialized registry.</p> <p>Exclusions: Any EP, eligible hospital, or CAH meeting at least one of the following criteria may be excluded from the specialized registry reporting measure if the EP, eligible hospital, or CAH:</p> <ul style="list-style-type: none"> Does not diagnose or treat any disease or condition associated with or collect relevant data that is required by a specialized registry in their jurisdiction during the EHR reporting period; Operates in a jurisdiction for which no specialized registry is capable of accepting electronic registry transactions in the specific standards required to meet the 		<p>the syndromic surveillance reporting measure if the eligible hospital or CAH:</p> <ol style="list-style-type: none"> Does not have an emergency or urgent care department; operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs as of 6 months prior to the start of the EHR reporting period. <p>Measure 3—Electronic Case Reporting: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions. Exclusion for Measure 3: Any EP, eligible hospital, or CAH meeting one or more of the following criteria may be excluded from the case reporting measure if the EP, eligible hospital, or CAH:</p> <ol style="list-style-type: none"> Does not treat or diagnose any reportable diseases for which data is 		

Objectives	Final 2015-2017 Measures & Objectives & Measures	Final Alternate Measures, Exclusions	MU3 Objectives & Measures	ACI - Primary Base Score Based on Stage 3 (Can be used by those with 2015 Edition CEHRT) Does NOT apply to hospitals	ACI – 2017 Only – Alternate Base Score Based on Modified Stage 2 Does NOT apply to hospitals
	<ul style="list-style-type: none"> CEHRT definition at the start of the EHR reporting period; OR Operates in a jurisdiction where no specialized registry for which the EP, eligible hospital, or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period. <p>Measure 4 – Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory (ERL) results.</p> <p>Exclusion: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH:</p> <ul style="list-style-type: none"> Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period; Operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the CEHRT definition 		<p>collected by their jurisdiction’s reportable disease system during the EHR reporting period;</p> <p>(2) operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or</p> <p>(3) operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data as of 6 months prior to the start of the EHR reporting period.</p> <p>Measure 4—Public Health Registry Reporting: The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit data to public health registries.</p> <p>Exclusions for Measure 4: Any EP, eligible hospital, or CAH meeting at least one of the following criteria may be excluded from the public health registry reporting measure if the EP, eligible hospital, or CAH:</p> <p>(1) Does not diagnose or directly treat any disease or condition associated with a</p>		

Objectives	Final 2015-2017 Measures & Objectives & Measures	Final Alternate Measures, Exclusions	MU3 Objectives & Measures	ACI - Primary Base Score Based on Stage 3 (Can be used by those with 2015 Edition CEHRT) Does NOT apply to hospitals	ACI – 2017 Only – Alternate Base Score Based on Modified Stage 2 Does NOT apply to hospitals
	<p>at the start of the EHR reporting period; OR</p> <p>Operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from eligible hospitals or CAHs at the start of the EHR reporting period.</p>		<p>public health registry in their jurisdiction during the EHR reporting period;</p> <p>(2) operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period;</p> <p>or</p> <p>(3) operates in a jurisdiction where no public health registry for which the EP, eligible hospital, or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.</p> <p>Measure 5—Clinical Data Registry Reporting: The EP, eligible hospital, or CAH is in active engagement to submit data to a clinical data registry.</p> <p>Proposed Exclusions for Measure 5: Any EP, eligible hospital, or CAH meeting at least one of the following criteria may be excluded from the clinical data registry reporting measure if the EP, eligible hospital, or CAH:</p> <p>(1) Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction</p>		

Objectives	Final 2015-2017 Measures & Objectives & Measures	Final Alternate Measures, Exclusions	MU3 Objectives & Measures	ACI - Primary Base Score Based on Stage 3 (Can be used by those with 2015 Edition CEHRT) Does NOT apply to hospitals	ACI – 2017 Only – Alternate Base Score Based on Modified Stage 2 Does NOT apply to hospitals
			<p>during the EHR reporting period; (2) operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no clinical data registry for which the EP, eligible hospital, or CAH is eligible has declared readiness to receive electronic registry transactions as of 6 months prior to the start of the EHR reporting period.</p> <p>Measure 6—Electronic Reportable Laboratory Result Reporting: The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results.</p> <p>Exclusion for Measure 6: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH: (1) Does not perform or order laboratory tests that are reportable in their</p>		

Objectives	Final 2015-2017 Measures & Objectives & Measures	Final Alternate Measures, Exclusions	MU3 Objectives & Measures	ACI - Primary Base Score Based on Stage 3 (Can be used by those with 2015 Edition CEHRT) Does NOT apply to hospitals	ACI – 2017 Only – Alternate Base Score Based on Modified Stage 2 Does NOT apply to hospitals
			<p>jurisdiction during the EHR reporting period;</p> <p>(2) operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or</p> <p>(3) operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from an eligible hospital or CAH as of 6 months prior to the start of the EHR reporting period.</p>		

TABLES ON ACI EXTRACTED FROM THE PROPOSED RULE

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	

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 Patient Engagement	View, Download or Transmit (VDT)	
		Secure Messaging	
		Patient-Generated Health Data	
7	Health Information Exchange	Patient Care Record Exchange	
		Request/Accept Patient Care Record	
		Clinical Information Reconciliation	
8	Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting	
		(Optional) Syndromic Surveillance Reporting	
		(Optional) Electronic Case Reporting	
		(Optional) Clinical Data Registry Reporting	

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	
	Drug Interaction and Drug-Allergy Checks	
Computerized Provider Order Entry (CPOE)*	Medication Orders	
	Laboratory Orders	
	Diagnostic Imaging Orders	
Patient Electronic Access	Patient Access	
	View, Download, or Transmit (VDT)	
Patient-Specific Education	Patient-Specific Education	
Secure Messaging	Secure Messaging	
Health Information Exchange	Health Information Exchange	
Medication Reconciliation	Medication Reconciliation	
Public Health Reporting	Immunization Registry Reporting	
	Syndromic Surveillance Reporting	
	Specialized Registry Reporting	

*Included in base score alternate proposal only.

TABLE 9: Sample Performance Score

Objectives	Patient Electronic Access		Coordination of Care Through Patient Engagement			Health Information Exchange (HIE)		
Measures	Patient Access	Patient Specific Education	VDT	Secure Messaging	Patient-Generated Health Data	Patient Care Record Exchange	Request/Accept Patient Care Record	Clinical Information Reconciliation
Performance Rate Score								
	95%							
		65%						
								57%
			33%	31%			38%	
					25%	21%		
	Percentage Points Earned	9.5%	6.5%	3.3%	3.1%	2.5%	2.1%	3.8%
Performance Score = 36.5 percent								

CHIME TABLES

Proposed Requirements under MIPS ACI Category Depending on Version of Certified EHR you Have

For 2017 (For 2018 all must be using V2015)

Version CEHRT (applies to)	MU / ACI Requirements You'd have to Meet	Corresponding Proposed Reg Table (reg page)	Differences between what is required in Primary vs Alternate Proposal
V2015	ACI requirements that correspond to Stage 3 OR Alternate ACI objectives/measures that correspond to Modified Stage 2	Table 7 (page	Base: No CDS, no CPOE
Combo V14 & V15	ACI requirements that correspond to Stage 3 OR Modified Stage 2 NOTE: Must have the appropriate mix of technologies to support each measure selected	Table 8 (page 212)	Same for primary or alternative proposals. Only difference from those using just V15 is with measures required under Coordination of Care Through Patient Engagement and Health Information Exchange objectives. They say the public health and clinical data reporting are the same as the but measures are described differently (see tables 7 & 8)
V2014 only	No Stage 3 measures that require V15 CEHRT. Would be required to report on Alternate objectives/measures which relate to Modified Stage 2		Measures that require 2015 Edition CEHRT would not be required (i.e. PGD)

Proposed Requirements under MIPS ACI Category: Primary vs Alternative and Stage 3 vs Modified Stage 2

	Measure	Base			Performance
		Primary (Table 6)	Alternative (Table 7)	Primary & Alternate	Table 9
		Based on: Stage 3		Based on: Modified Stage 2 (2017 only)	
Protect Patient Health Information	Security Risk Analysis	x	x	x	NO but failure to meet under base means failure of entire ACI
Electronic Prescribing	ePrescribing	x	x	x	NO
Clinical Decision Support (CDS)	Clinical Decision Support (CDS) Interventions	NO	x	x	NO
	Drug Interaction and Drug-Allergy Checks	NO	x	x	NO
Computerized Provider Order Entry (CPOE)	Medication Orders	NO	x	x	NO
	Lab Orders	NO	x	x	NO
	Diagnostic Imaging Orders	NO	x	x	NO
Patient Electronic Access	Patient Access	x	x	x	x
	Patient-Specific Education	x	x	x	x
Coordination of Care Through Patient Engagement	View, Download or Transmit (VDT)	x	x	x	x
	Secure Messaging	x	x	x	x
	Patient-Generated Health Data	x	x	NO	x
Health Information Exchange	Patient Care Record Exchange	x	x	x	x
	Request/Accept Patient Care Record	x	x	NO	x
	Clinical Information Reconciliation	x	x	JUST MEDS	x
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting	x	x	x	NO
	Optional) Syndromic Surveillance Reporting	x	x	x	NO
	(Optional) Electronic Case Reporting	x	x	Must meet specialized registry reporting	NO
	(Optional) Public Health Registry Reporting	x	x		NO
	(Optional) Clinical Data Registry Reporting	x	x		NO