## Table 11: The 2017 ACI Transition Measure Set—At a Glance

If your EHR system is a 2014-edition CEHRT, it should have the functionality to support the 11 measures in the 2017 ACI transition measure set.

• The 4 red measures are base score measures. These are mandatory. You must successfully perform and report all 4 to get a base score of 50% (the maximum possible); fall short and you score 0% for both the base

score and vour whole ACI score.

- *The 7 italicized measures* are performance score measures. Two of them are also base score measures and are therefore mandatory; the other 5 are optional.
- The 2 blue measures are registry bonus measures. You only need to be successful with 1 of these 2 measures to earn the full 5% registry bonus.

Base Score	Measure	How to Report	Required or Optional?	Performance Score	Registry Bonus Score
0% or 50%	Security Risk Analysis	Yes/No	Required		
	e-Prescribing*	n/d	Required		
	Provide Patient Access	n/d	Required	0%-20%	
	Health Information Exchange*	n/d	Required	0%-20%	
	View, Download, or Transmit (VDT)	n/d	Optional	0%-10%	
	Patient-Specific Education	n/d	Optional	0%-10%	
	Secure Messaging	n/d	Optional	0%-10%	
	Medication Reconciliation	n/d	Optional	0%-10%	
	Immunization Registry Reporting	Yes/No	Optional	0% or 10%	
	Syndrome Surveillance Reporting	Yes/No	Optional		0% or 5% <sup>†</sup>
	Specialized Registry Reporting	Yes/No	Optional		0% or 5% <sup>†</sup>

How to report 2017 ACI transition measures. Some require you to attest that you did successfully perform the measure (attest "yes"); others require you to submit a

numerator (n) and a denominator (d). For most performance score measures, your score will be based on your performance rate (the n/d ratio).

Base score (0% or 50%) + *Performance score* (0%-90%) + registry bonus (0% or 5%) + CEHRT for improvement activities bonus (0% or 10%; see page 27) = ACI score (which is capped at 100%).

<sup>\*</sup> Under the proposed MIPS rule for 2018, CMS has included exclusions for these 2 measures that would apply retroactively to the 2017 performance year. If these exclusions are included in the final rule—which might not be published until October—clinicians who don't e-prescribe and who don't regularly refer or transition patients would be able to claim the exclusions and successfully attain the ACI base score. † Note: The registry bonus is capped at 5%.

## The 2017 ACI Transition Measure Set

Below are the CMS definitions for all 11 2017 ACI transition measures.

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 [electronic protected health information] data created or maintained by certified EHR technology in accordance with requirements in 45 CFR164.312(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. [Editor's note: Your EHR vendor may be able to provide you with a checklist for this measure.]

- · Required for base score.
- Contribution to performance score: 0%

**e-Prescribing.** At least 1 permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.

- · Required for base score.
- Contribution to performance score: 0%

**Editor's note:** Under the proposed MIPS rule for 2018, CMS has included an exclusion for the e-Prescribing measure that would—if included in the final rule—apply retroactively to the 2017 performance year.

**Provide Patient Access.** At least 1 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.

- · Required for base score.
- Contribution to performance score: 0%-20%

Health Information Exchange. The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician (1) uses CEHRT to create a summary of care record; and (2) electronically transmits

such summary to a receiving health care clinician for at least 1 transition of care or referral.

- · Required for base score.
- Contribution to performance score: 0%-20%

Editor's note: Under the proposed MIPS rule for 2018, CMS has included an exclusion for measures associated with the Health Information Exchange objective that would—if included in the final rule—apply retroactively to the 2017 performance year. These include the Health Information Exchange measure above and, from the ACI measure set on pages 30-31, the Send a Summary of Care and the Request/Accept a Summary of Care measures.

**View, Download, or Transmit (VDT).** At least 1 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.

Contribution to performance score: 0%-10%
 Patient-Specific Education. The MIPS eligible clinician must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide access to those materials to at least 1 unique patient seen by the MIPS eligible clinician.

Contribution to performance score: 0%-10%

Secure Messaging. For at least 1 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.

- Contribution to performance score: O%-10%
   Medication Reconciliation. The MIPS eligible clinician
   performs medication reconciliation for at least 1 transition
   of care in which the patient is transitioned into the care of
   the MIPS eligible clinician.
- Contribution to performance score: 0%-10% Immunization Registry Reporting. The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data.
- Contribution to performance score: 0% or 10% **Note:** The registry bonus is capped at 5%.

**Syndrome Surveillance Reporting.** The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data. Earn a 5 % bonus in the ACI performance category score for submitting to 1 or more public health or clinical data registries.

• Contribution to performance score: 0%

**Specialized Registry Reporting.** The MIPS eligible clinician is in active engagement to submit data to specialized registry. Earn a 5 % bonus in the ACI performance category score for submitting to 1 or more public health or clinical data registries.

Contribution to performance score: 0%