

**Table 15: The 2018 PI Transition Measure Set—At a Glance**

If your EHR system is a 2014- or 2015-edition CEHRT, it can support the 2018 PI transition measure set.

- **The 4 red measures** are base score measures. To get a base score of 50% (the maximum possible), you must (a) perform and report the 2 strictly mandatory measures and (b) either perform and report or claim an exclusion for the 2 other measures. Fall short and your base score and entire PI score will both be 0%.
- **The 7 italicized measures** are performance score measures; 2 of them are also base score measures.
- **The 2 blue measures** can contribute to your performance score if reported instead of the Immunization

Registry Reporting measure (see sidebar on page 36) and/or earn you a registry/agency bonus. If, for example, you engage with the IRIS Registry, reporting the Specialized Registry Reporting measure earns 10% for your performance score; engage with a second registry and the same measure can earn you a 5% registry/agency bonus.

**How to report 2018 PI 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	Measure	How to Report	Required or Optional?	Performance Score	Registry/Agency Bonus Score
0% or 50%	Security Risk Analysis	Yes/No	Strictly mandatory		
	e-Prescribing	n/d	Possible exclusion*		
	<i>Provide Patient Access</i>	n/d	<i>Strictly mandatory</i>	0%-20%	
	<i>Health Information Exchange</i>	n/d	<i>Possible exclusion*</i>	0%-20%	
	<i>View, Download, or Transmit (VDT)</i>	n/d	<i>Optional</i>	0%-10%	
	<i>Patient-Specific Education</i>	n/d	<i>Optional</i>	0%-10%	
	<i>Secure Messaging</i>	n/d	<i>Optional</i>	0%-10%	
	<i>Medication Reconciliation</i>	n/d	<i>Optional</i>	0%-10%	
	<i>Immunization Registry Reporting</i>	Yes/No	<i>Optional</i>	0% or 10%	
	Syndromic Surveillance Reporting	Yes/No	Optional	See sidebar on page 36	0% or 5% <sup>†</sup>
	Specialized Registry Reporting	Yes/No	Optional		0% or 5% <sup>†</sup>

**Base score (0% or 50%) + Performance score (0%-90%) + registry/agency bonus (0% or 5%) + CEHRT for improvement activities bonus (0% or 10%; see page 37) + 2015-edition CEHRT bonus (0% or 10%; see page 37) = PI score** (which is capped at 100%).

\* You may be able to claim an exclusion for this measure (see below). † Note: The registry bonus is capped at 5%.

## You May Be Able to Claim Exclusions for the e-Prescribing and Health Information Exchange 2018 PI Transition Measures

Toward the end of the 2017 performance year, CMS added exclusions for 2 base score measures from the 2018 PI transition measure set (see below) and for 3 base score measures from the PI measure set (see page 40). These exclusions have been carried over to the 2018 performance year. If you are eligible for a measure’s exclusion, you’ll be able to attain the base score even though you don’t meet the requirements of that measure.

**Exclusion for the Health Information Exchange measure** if you transfer a patient to another setting or refer a patient fewer than 100 times during your PI perfor-

mance period.

**Exclusion for e-Prescribing measure** if you write fewer than 100 prescriptions during your PI performance period. (This won’t apply to many ophthalmologists.)

**Are these exclusions available if you are reporting as part of a group?** Yes. When reporting as a group, you need to aggregate data for all the eligible clinicians in that group for whom you have data in CEHRT. If one of those clinicians meets the exclusion criteria for a measure, his or her data can be excluded from the calculation of that particular measure.

## The 2018 PI Transition Measure Set

### Base Score Measures

These 2 measures contribute to your base score.

**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 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. [Editor's note: If you are not fluent in CMS regulatory lingo, you can read a more digestible account of this measure at [aao.org/medicare/advancing-care-information-measure/aci\\_trans\\_pphi\\_1-security-risk-analysis](http://aao.org/medicare/advancing-care-information-measure/aci_trans_pphi_1-security-risk-analysis).]

**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.

- Exclusion available: See page 38.

### Base Score/Performance Score Measures

These 2 measures contribute to both your base score and your performance score.

**Provide Patient Access.** At least 1 patient seen by the MIPS eligible clinician during the performance period is provided timely (within 4 business days of being available to the MIPS eligible clinician) 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.

- 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 provider (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.

- Contribution to performance score: 0%-20%
- Exclusion available: See page 38.

### Performance Score Measures

These 5 measures contribute to your performance score.

**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: 0%-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%

**Alternative to Immunization Registry Reporting.** You can use 1 of the bonus/performance score measures to earn 10% toward your performance score (see page 36).

- Contribution to performance score: 0% or 10%

### Bonus/Performance Score Measures

These measures can earn you a 5% registry/agency bonus and, as an alternative to Immunization Registry Reporting, 10% toward your performance score. But note that:

- this bonus is capped at 5%, no matter how many agencies or registries you report to, and
- to earn the bonus, you can't report to the same registry or agency as you did for the Immunization Registry Reporting measure or its reporting alternative.

**Syndromic Surveillance Reporting.** The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data.

**Specialized Registry Reporting.** The MIPS eligible clinician is in active engagement to submit data to specialized registry