

# EARN A POSITIVE ADJUSTMENT

The Partial and Full Paths in 2017

amazingcharts

In 2017, under the partial or full path, you earn more points the more you do. The more points you earn, the larger positive adjustment you'll get in 2019.

QUALITY MEASURES

2-6 QUALITY MEASURES OR 1 MEASURE SET for at least 90 days

IMPROVEMENT ACTIVITY

1-4 ACTIVITIES for 90 days

ADVANCING CARE INFORMATION

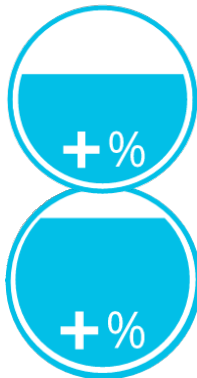
4 BASE AND any PERFORMANCE MEASURES for at least 90 days

## PARTIAL VS. FULL

What's the difference between partial and full?

Nothing really. While they are named different things, the Partial and Full paths really just lie on a continuum. The difference between the two is just a matter of your effort.

Basically, the more you do – the more quality measures, the more activities, the more advancing care information measures--the more points you'll get. And the better you do on your measures, the more points you'll get.



## COMPOSITE SCORING

QUALITY  
60%



Add up quality measure points using benchmark data (generally, up to 60 points total)

IMPROVEMENT  
ACTIVITIES  
15%



Add up activity points (up to 20 or 40 points)

ADVANCING CARE  
INFORMATION  
25%



Add up base, performance and bonus points (up to 100 points total)

THE COMPOSITE SCORE CAN ADD UP TO 100%

## WHAT YOU'LL EARN

How much you earn depends on two things: the number of points you get across the three categories (your "composite score") and how well others do.

MACRA/MIPS is a budget-neutral program. This means that the total amount of extra money earned by clinicians must equal the amount of money taken away from clinicians. The amount that you can earn therefore depends on how all other

clinicians who participate in MIPS do, and won't be known until everyone submits their data.

There have been some estimates of how points will relate to dollars.

MGMA ESTIMATES MOST CLINICIANS WILL EARN A **0.5% POSITIVE ADJUSTMENT**

Because of the low threshold you have to meet to avoid a payment adjustment, the MGMA has estimated that those who participate in MIPS, but fall below the "exceptional performance" level of 70 points, will receive only a 0.5% positive adjustment in 2019. Those who earn over 70 points and achieve exceptional performance can earn more.

# IMPROVEMENT ACTIVITIES

1-4 ACTIVITIES for 90 days

## HOW MANY ACTIVITIES and SCORING

In general, you have to complete **40 POINTS** worth of improvement activities.

**BUT**

If you're a small practice, rural practice, located in geographic health professional shortage area, or a non-patient facing MIPS eligible clinician, you need to complete **20 POINTS** of activities.

**Note:** If you're a certified Patient Centered Medical Home, you get full credit for this category.

**Note:** You can use any version of Amazing Charts, or no EHR at all, to complete improvement activities.

## ACTIVITIES EXAMPLES

### Care transition standard operational improvements

**MEDIUM**  
10 POINTS

One way to do this is to establish lines of communication with places empaneled patients receive care. You could ensure that clinicians patients are referred to send clinical summaries after patient's visits. You could call the patient after receiving the summary. You could import the summary into the chart. These actions may count as ensuring the flow of information is seamless in transitions in care.

### Implementation of improvements that contribute to more timely communication of test results

**MEDIUM**  
10 POINTS

Assign someone to communicate with the patient within a certain timeframe after an abnormal result is received. After notifying the patient (perhaps by using Secure Messages to the patient portal), add an Addendum to the patient's chart or to the lab result, keeping track of when the patient was notified.

### Implementation of medication management practice improvements\*

**MEDIUM**  
10 POINTS

One way to do this is to use Amazing Charts (perhaps the PHI Import feature specifically) to reconcile and coordinate medications and provide medication management across transitions of care settings.

### Depression screening

**MEDIUM**  
10 POINTS

You'd need to participate in integrated prevention and treatment interventions, including depression screenings and follow-up plans for patients with co-occurring conditions of behavioral or mental health conditions. You could use the PHQ-9 questionnaire in Amazing Charts, or document other standard screenings. Your follow-up plan must include one of the following: additional evaluation for depression, Suicide Risk Assessment, referral to practitioner who is qualified to diagnose/treat depression, pharmacological interventions, or other interventions or follow-up for the diagnosis/treatment of depression.

### Consultation of the Prescription Drug Monitoring program

**HIGH**  
20 POINTS

Clinicians would attest they consulted a prescription drug monitoring program prior to issuing a 3-day or longer prescription for a Controlled Substance II (CSII) opioid.

### Collection and use of patient experience and satisfaction data on access

**MEDIUM**  
10 POINTS

Collection of patient experience and satisfaction data on access to care and development of an improvement plan, such as outlining steps for improving communications with patients to help understanding of urgent access needs.

### Improved practices that disseminate appropriate self-management materials\*

**MEDIUM**  
10 POINTS

Provide patient materials at the appropriate literacy level and in an appropriate language by right-clicking on medications, diagnoses and lab tests in Amazing Charts and selecting **Retrieve Patient Education**.

### Use of decision support and standardized treatment protocols\*

**MEDIUM**  
10 POINTS

Use the Clinical Decision Support tool in Amazing Charts to manage workflow in the team to meet patient needs.

Review all the activities: [gpp.cms.gov/measures/ia](http://gpp.cms.gov/measures/ia)

### Unhealthy alcohol use

**MEDIUM**  
10 POINTS

Clinicians would need to regularly integrate prevention and treatment interventions, including screening and brief counseling for patients with co-occurring conditions of behavioral or mental health conditions. Clinicians could use Amazing Charts Decision Support rules to ensure they're tracking alcohol use for all patients.

### Chronic care and preventative care management for empaneled patients\*

**MEDIUM**  
10 POINTS

One thing you can do is proactively manage chronic and preventative care for empaneled patients by running reports to determine which patients with certain diagnoses have Decision Support rules due. Then, you can use reminders and outreach (e.g., phone calls, emails, patient portal, etc.) to alert and educate patients about services due.

\*These measures, if completed with the help of Amazing Charts, can earn you an additional 5 points in the Advancing Care Information Category.

## SUBMISSION

**Attestation:** CMS is creating a website, like the prior MU attestation site, which you use to attest to completing activities.

**Note:** Some QCDRs will allow you to attest to activities, but most require you pay a yearly fee.

# QUALITY MEASURES

2-6

QUALITY MEASURES OR

1

MEASURE SET

for at least 90 days

## HOW MANY MEASURES

Complete at least  
**2-6 MEASURES**  
OR  
**1 MEASURE SET**

**AND**  
One of those  
measures must be an  
**OUTCOME  
MEASURE**

Though, if no outcome  
measure applies, do a  
**HIGH-PRIORITY MEASURE**  
High priority = outcome,  
appropriate use, patient safety,  
efficiency, patient experience,  
or care coordination measures.

**NOTE:** You don't have  
to meet numerator or  
denominator  
requirements.

**NOTE:** You should not  
use the Meaningful  
Use Wizard for quality  
calculations.

## SCORING BASICS

SCORING CONTINUED ON THE [NEXT SLIDE](#)

Each measure is worth up to  
**10 POINTS**

Just submitting a measure gets you  
**3 POINTS** automatically

## EXAMPLE QUALITY MEASURES

Review all the measures: [qpp.cms.gov/measures/quality](http://qpp.cms.gov/measures/quality)

### Use of High-Risk Medications in the Elderly

Percentage of patients 66 years of age and older who were ordered high-risk medications. Two rates are reported.

- Percentage of patients who were ordered at least one high-risk medication.
- Percentage of patients who were ordered at least two different high-risk medications.

Specifications for this measures: [Registry](#)

Registries we integrate with will look at what medications patients were prescribed as well as the CPT codes saved for visits.

### Appropriate Testing for Children with Pharyngitis

Percentage of children 3-18 years of age who were diagnosed with pharyngitis, ordered an antibiotic and received a group A streptococcus (strep) test for the episode.

Specifications for this measures: [Registry](#)

Registries we integrate with will look what medications the patient has been prescribed, their diagnoses, their Date of Service as well as Group A Streptococcus test results stored in the Plan, Physical Exam (as "Strep A Test Done Results: Positive" or "Strep A Test Done Results: Negative") or and/or as electronic lab results.

### Controlling High Blood Pressure

Percentage of patients 18-85 years of age who had an active diagnosis of hypertension and whose blood pressure was adequately controlled (<140/90mmHg) during the measurement period.

Specifications for this measures: [Claims](#) | [Registry](#)

Registries we integrate with will look at the Date of Service, the patient's diagnoses and the systolic and diastolic BPs.

### Breast Cancer Screening

Percentage of women 50 through 74 years of age who had a mammogram to screen for breast cancer within 27 months.

Specifications for this measures: [Claims](#) | [Registry](#)

Registries we integrate with will look at the patient's sex, the encounter date and CPT codes, as well as whether a mammogram was done (by looking at Decision Support Screenings completed and/or laboratory test results.

### Documentation of Current Medications in the Medical Record

Percentage of visits for patients aged 18 years and older for which the eligible professional attests to documenting a list of current medications using all immediate resources available on the date of the encounter. This list must include ALL known prescriptions, over-the-counters, herbals, and vitamin/mineral/dietary (nutritional) supplements AND must contain the medications' name, dosage, frequency and route of administration.

Specifications for this measures: [Claims](#) | [Registry](#)

Registries we integrate with will look at the CPT codes saved with an encounter as well as the patient's medication list. When documenting an encounter, you'll want to ensure you open the Current Medications list and click Confirm to mark the documentation as complete. Also, be sure to save all the necessary data for any medications entered via the Current Medications screen (name, dosage, frequency and route of administration).

### Preventive Care and Screening: Tobacco Use

Percentage of patients aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation counseling intervention if identified as a tobacco user.

Specifications for this measures: [Claims](#) | [Registry](#)

Registries we integrate with will look at the CPT codes saved for a patient's visit, the encounter dates, whether the Tobacco Use section is saved for a patient's encounter, whether the Decision Support rule for Tobacco Use Screening was completed and/or whether tobacco use cessation pharmacotherapy was used (via the med list).

# QUALITY MEASURES

2-6

QUALITY MEASURES OR

1

MEASURE SET for at least 90 days

## MORE ON SCORING

Each measure is worth up to  
**10 POINTS**

Simply submitting a measure earns you  
**3 POINTS** automatically

## EARNING MORE THAN 3 POINTS PER MEASURE

### FIRST: THREE REQUIREMENTS

The measure must have:

**1** a benchmark

Data for the measure must meet:

**2** data completeness  
(depends on submission method)

**3** case minimums  
(20 cases)

### SECOND: COMPARE PERCENT & BENCHMARK

Use benchmarks to determine the points you've earned. The better you do on a measure, the more points you get. Benchmarks differ **by measure** and by **submission method**. Data completeness and case minimum requirements differ by submission method.

### HOW TO USE THE BENCHMARKS

[Download the 2017 benchmark data](#)

In the benchmark data excel spreadsheet, find the measure you're looking for, and find the submission method you plan to use. The data will look like this:

Submission Method	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
<i>Total points you'll earn for the measure</i>	<i>3-3.9 points</i>	<i>4-4.9 points</i>	<i>5-5.9 points</i>	<i>6-6.9 points</i>	<i>7-7.9 points</i>	<i>8-8.9 points</i>	<i>9-9.9 points</i>	<i>10 points</i>
Claims	35.00 - 25.72%	25.71 - 20.32%	20.31 - 16.23%	16.22 - 13.05%	13.04 - 10.01%	10.00 - 7.42%	7.41 - 4.01%	<= 4.00%
Registry/QCDR	83.10 - 68.19%	68.18 - 53.14%	53.13 - 40.66%	40.65 - 30.20%	30.19 - 22.74%	22.73 - 16.82%	16.81 - 10.33%	<=10.32%

Find the range that includes the percentage you got for the measure. The deciles correspond to a certain number of points.

For example, if you got 17% on a measure, and you plan to submit via a registry/QCDR, you fall into Decile 8. You would receive between 8 – 8.9 points total for that measure.

**Note:** The deciles start at 3 because for percentages that fall into Decile 1 or 2, you'll still receive 3 points just for submitting the measure.

**Note:** The example above is for Diabetes: Hemoglobin A1c Poor Control, which is a reverse measure (aka the lower the percentage, the better you've done.)

## SUBMISSION

WE SUGGEST THE FOLLOWING OPTIONS FOR SUBMISSION

### Qualified Registry or Qualified Clinical Data Registry (QCDR)

Connect with a registry/QCDR now, add data manually or have it extracted from AC automatically, and submit that data via the registry/QCDR by 3/31/18. (*Registry enrollment and submission come at an extra cost.*)

Not sure what steps to take to get signed up with a registry? Contact Elixir. Elixir matches you to the appropriate registry, and pulls data from Amazing Charts and into an online dashboard.

Start your enrollment with ELIXIR by emailing [info@amazingcharts.elixirmd.com](mailto:info@amazingcharts.elixirmd.com), calling (815)-209-0574 or starting the process online at <https://amazingcharts.elixirmd.com>. Elixir estimates it takes at least 6 weeks before you will be up and running, so start sooner rather than later.

**Data Completeness requirement for registries/QCDRs**  
50% of MIPS eligible clinician's or groups patients across all payers for the performance period.

### Claims (only allowed if reporting as an individual)

Use Medicare Part B claims to submit. The codes included in the claim will mark the patient as in the denominator and numerator.

The following documents may help you:

- In this zip file, download the [QPP's Individual Claims Measure Guide](#)
- We've also created [a document that describes how to report via claims.](#)

**Data Completeness requirement for Claims:**  
50 percent of MIPS eligible clinician's Medicare Part B patients for the performance period.

**Note:** Download all the quality measures [specifications](#), which are included in this zip file. The specifications outline numerator and denominator calculations.

**Note:** Not sure which registry/QCDR to use? Ask your professional organization, watch our [Quality Category webinar](#), and/or [review our FAQ](#).

**REPORTING PERIOD FOR BASE MEASURES** No required time frame for base measures.

### SCORING BASICS



### FOUR BASE MEASURES

#### Provide Patient Access

Only need numerator of 1

One patient seen during the performance period by the eligible clinician must be provided timely access to view online, download, and transmit to a third party their health information.

##### Find it in the MU Wizard:

Stage 2: Core 7, Measure 1 | Modified Stage 2: Objective 8, Measure 1

##### What to do

1. [Make sure you've created a patient portal](#) in *Admin > Patient Portal and Direct Messaging*.
2. In *Demographics*, enter the patient's email, check the **Activate Portal** checkbox and click **Update Info/Save** for one patient.
3. Within 4 days of the date of service, go to the *Summary Sheet*, click **Clinical Summary**.
4. Select the "Full Patient Record" from the *Select Encounter Date* drop-down list. Then **Send to Portal**.
5. Make sure it sent in the *Demographics' Record Releases* area.

#### ePrescribing

Only need numerator of 1

One permissible prescription written by an eligible clinician must be queried for a drug formulary and transmitted electronically.

##### Find it in the MU Wizard

Stage 2: Core 2 | Modified Stage 2: Objective 4

##### What to do

1. Make sure electronic prescribing is on (included in Support).
2. When ePrescribing, click **Formulary** after selecting a medication.
3. Transmit the prescription to an electronic pharmacy. If the prescription is delivered, the numerator will increment.

#### Health Information Exchange

Only need numerator of 1

For at least one transition of care, the MIPS eligible clinician that transitions/refers a patient must create a Transition of Care (TOC) and electronically transmit it to that setting/clinician.

##### Find it in the MU Wizard:

Stage 2: Core 15, Measure 2 | Modified Stage 2: Objective 5

##### What to do

1. In the *Admin Patient Portal and Direct Messaging*, click **Activate Users** to [create direct messaging accounts](#).
2. For a patient you're referring to another provider, create a **Referral** in the *Demographics*.
3. In the *Summary Sheet* by clicking the **Transfer of Care** button.
4. In the *Transfer of Care* screen that opens, select the **referral** the TOC is for and click **Send Direct**.
5. In the **Send Direct** screen that opens, enter the physician's Direct email address, add a subject and message, and click **Send**. (*Best Practice: Do not enter a "regular" email address, like one from gmail. You need to use a Direct email address.*)
6. Track if the TOC is sent successfully in the *Record Releases* tab in the *Demographics* screen. If you forget to link the referral to the TOC, make sure to do this in *Demographics Referrals & Consultants*.

#### Security Risk Analysis

Attest yes

Must attest "yes." Not sure what to do? We can direct you to [companies](#) that can help. Fill out [this form](#) and we'll contact you with more information.

**Note:** For 2017, you should use version 9.0+ for Advancing Care Information.

**REPORTING PERIOD FOR PERFORMANCE MEASURES** for at least 90 days, up to a full year

### THE PERFORMANCE MEASURES

THESE TWO MEASURES ARE BOTH BASE MEASURES AND PERFORMANCE MEASURES



#### Provide Patient Access

Same directions as on previous slide, but for as many patients as possible.

Earn up to 20 points

#### Health Information Exchange

Same directions as on previous slide, but for as many transfers as possible.

Earn up to 20 points

#### Secure Messaging

Earn up to 10 points

During the reporting period, send a secure message to patients seen during the reporting period (or to a patient-authorized representative) using the electronic messaging function in Amazing Charts (or reply to a message sent by that patient).

#### Find it in the MU Wizard:

Stage 2: Core 17 | Modified Stage 2: Objective 9

#### What to do

Make sure portal exists and create patient account

1. [Make sure you've created a patient portal](#) in *Admin > Patient Portal and Direct Messaging*.
2. In *Demographics*, make sure you've created a patient portal: enter the patient's email, check the **Activate Portal** checkbox and click **Update Info/Save** for one patient.

#### To write a message:

1. In the *Summary Sheet*, click **Secure Message**. Type in the subject and body and click **Send**.

#### To reply to one:

1. From the Amazing Charts home screen, click the **Secure** button.
2. Find the message from the patient in your inbox. Click **Reply**, type your response and click **Send**.

#### 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 one unique patient seen by the MIPS eligible clinician.

#### Find it in the MU Wizard:

Stage 2: Core 13 | Modified Stage 2: Core 6

#### What to do (You have 4 options):

For each method, you must check the "Patient Ed Given" checkbox in the Most Recent Encounter before signing off on the patient's visit.

- **#1 Manual:** Provide education directly to patient via print-outs, worksheets, Practice Documents, etc.
- **#2 Problems:** In the *Summary Sheet*, right-click on a patient's **problem** and select **Retrieve Patient Education**. R
- **#3 Medications:** In the *Write Scripts* screen, right-click on a **medication** in the *Current Medications* list and select **Retrieve Patient Education**.
- **#4 Labs:** In the *Imported Items* screen, if you're viewing a result imported from an electronic interface, click the menu option **For This Test** and select **Retrieve patient education**.

Earn up to 10 points

#### View Download Transmit

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.

#### Where to find it in the MU Wizard:

- Stage 2: Core 7, Measure 2
- Modified Stage 2: Objective 8, Measure 2 (2017)

#### What to do:

This is the measure that relies on the patient to act. After you send them their clinical summary, the patient must login to the patient portal, click on the **Records** tab, and click to **View, Download** or **Transmit** the file.

Earn up to 10 points

Patient Action Required

#### Medication Reconciliation

Earn up to 10 points

The EP who receives a patient from another setting of care or provider of care or believes an encounter is relevant should perform medication reconciliation.

#### Find it in the MU Wizard:

Stage 2: Core 14 | Modified Stage 2: Objective 7

#### What to do (You have two options)

##### Manually:

1. On the *Most Recent Encounters* screen, before signing the encounter, double-click in the **Current Medications** textbox.
2. Check both the "Transfer of care into practice" and "Medication Reconciliation Complete" checkboxes.
3. Click **Save**.

##### Automatically:

1. If you import a CCD (Transfer of Care) via the PHI Importer (open via the Home Screen > **File > Import/Export > Import PHI**), you'll be able to import medication, problem, and allergy information, and reconcile that information with what was in the chart prior to importing the CCD, either by selecting to **Import and Reconcile Now** or **Import and Reconcile Later**.
2. When you reconcile the medications, make sure to check the "Transfer of care into practice" checkbox before clicking **Move to Chart** or **Keep Medications The Way They Are**. Both actions will count as reconciling the medications.

**Note:** The specification sheets for this measure suggests that medications, allergies and problems all must be reconciled for this measure, but the QPP staff have informed Amazing Charts that this is a mistake and that clinicians only need to reconcile medications for this measure (just like in past MU years)

**REPORTING PERIOD FOR PERFORMANCE MEASURES** for at least 90 days, up to a full year

### THE PERFORMANCE MEASURES

#### Syndromic Surveillance Registry Reporting

0 or 10 points

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

#### Where to find it in the MU Wizard:

This is an attestation measure, so you don't need to use the Wizard.

#### What to do

- You'll need to follow some of the same steps as you did for the immunization registry: **Activate the Registry in AC Client Portal (under Miscellaneous instead of Immunization Registries)**, and then **Enroll with the Registry/Activate it in Amazing Charts**. In Amazing Charts, follow the same steps as described for the Immunization registry, except you do not need an Organizational or Site ID, and you should activate the general Meaningful Use Public Health Registry interface.
- To export the file, in a patient's Summary Sheet, click **File > Export > Export to State Public Health Registry**. If you were given a username or password, you would enter it here. The file will export for you.
- You'll need to provide the file to your state registry.

**Note:** Amazing Charts passed the certification test with its Syndromic Surveillance file, but many states were not ready at the time to test with the file. Therefore, our Syndromic Surveillance file, while meeting the ONC requirements, is very general, and it may not work for all states. Many of our users who have done Meaningful Use in the past have claimed an exclusion for this measure. Please note: these exclusions are not included in MIPS (as this measure is voluntary).

#### Specialized Registry Reporting

The MIPS eligible clinician is in active engagement to submit data to a specialized registry.

**Where to find it in the MU Wizard:** Since this is an attestation measure, you do not need to track it in the MU Wizard.

**What to do:** You would be able to claim you completed this measure if you used a QCDR to report on your Quality Measures

0 or 5 points

#### Immunization Registry Reporting

The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data.

**Where to find it in the MU Wizard:** This is an attestation measure, so you don't need to use the Wizard.

#### What to do

##### Activate the Registry

- Activate the immunization registry in the [Amazing Charts Client Portal](#).
- When you log in, click **Buy Interfaces**. Expand the **State Immunization Registries**. Select your **interface** and click **Continue**.
- You'll be asked to enter your credit card information; you will not be charged for the immunization interface, but it is required to activate the interface. Click **Save to Account** and click **Continue**.
- Finally, confirm the information to finish the process. When completed, you'll receive a license/activation code. Keep this code handy.

##### Enroll with Registry & Activate in AC

- From the *Amazing Charts Home Screen*, select **View > Administrative Options**. Click **Interfaces**.
- Under the *Vaccine Registries* section, select your state's **registry**.
- Click **Sign Up** to go to the registry's website and enroll. When your registry is ready, they will provide you with information you need, including the Organizational ID, and possibly a Site ID and username/password.
- Enter the Organization ID, the Site ID (or Organizational ID again if a Site ID is not provided) in the Admin Interfaces screen
- Enter the activation code from the Amazing Charts Client Portal.  
*Note: If your registry is in development contact Amazing Charts or your State's immunization registry to begin the registration process. Once the interface is active, you can begin exporting data to the registry.*
- Set the **Consent** option.
- Click **Install Files**.

##### Send immunizations

- From the *Amazing Charts Home Screen*, click the **File** menu.
- Select **Import/Export** and select **Export to State Registry**. You may need to enter your username and password provided by the registry here.
- Follow the instructions on the screen to export files.
- Ensure files are being sent correctly in the Immunizations Transactions log. From the Amazing Charts Home screen, select **File > Import/Export > View Immunization Transactions**.

**What does "active engagement" mean?** CMS says active engagement means that the provider is in the process of moving towards sending 'production data' to a public health agency or clinical data registry, or is sending production data to a public health agency or clinical data registry. [LEARN MORE HERE.](#)

**ADVANCING CARE INFORMATION SCORING CONTINUED**

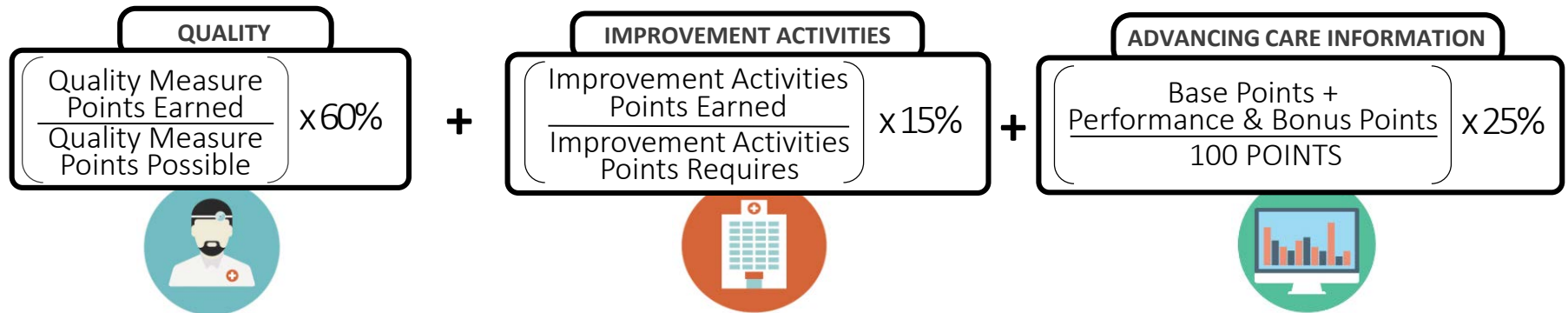


**SUBMISSION**

**Attestation.** CMS will be creating an attestation website, like the one for Meaningful Use in the past. You can use this website when it is released to attest to completing the measures.

**Note:** Some QCDRs will also allow you to attest to advancing care information, but most require you pay them a yearly fee.

**PUTTING IT ALL TOGETHER: THE COMPOSITE SCORE**



**= TOTAL COMPOSITE SCORE (WHICH YOUR INCENTIVE IS BASED ON)**