



2017 MIPS Calculator

For Non-APM and Non-CMS Web Interface Reporters

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2017 MIPS Calculator Tool

- The tool was developed by the Great Plains QIN (the Quality Innovation Network for Kansas, Nebraska, North Dakota and South Dakota) who then granted permission for Quality Insights QIN and others to use
- All calculations and data tables used are referenced in the Final Rule; however, the tool may need minor revisions when additional information becomes available
- Quality Insights will keep the most current version of the tool on the Quality Insights QIN website

Purpose of Calculator

- The tool was developed to facilitate strategic planning and conceptualize the financial impact of not participating in MIPS
- It is NOT a definitive calculation tool
- It can be used to monitor performance rates and assist in measure selections
- It is **not applicable** to practices that are in a MSSP Track 1 ACO or other APM because category weights differ
- Tool is also **not applicable** for practices that are going to report MIPS using the CMS Web Interface

Tab 1: Cover Tab



**Merit-based Incentive Payment System (MIPS)
Transitional Reporting Year 2017
Reimbursement Calculator
for non-APM entity, non-CMS Web Interface Reporters**

The information contained in this tool is pulled directly from the federal rule and specific paragraphs are noted for reference. The calculations provided in this tool are not a guarantee of payment and are intended to facilitate discussion and strategic planning.

For more information pertaining to this tool contact:

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This material was created by the Great Plains Quality Innovation Network and rebranded for use by Quality Insights, the Medicare Quality Innovation Network-Quality Improvement Organization for West Virginia, Pennsylvania, Delaware, New Jersey and Louisiana under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number QI-D1M-041717

There are nine tabs:








1. Cover Tab
2. MIPS
3. Quality
4. ACI
5. IA
6. Cost
7. Exit Report
8. Quality Benchmarks
9. QPP Measures

Tab 2: User Guide

- The user guide explains what the fields represent:
 - Orange: Input data
 - Purple: Check box or radio button
 - Light gray: Results auto-populate after data is entered
 - Blue: Include drop down lists
 - Red corner flag: Additional information available
- There is a **“Click Here to Get Started”** link that takes you to the MIPS tab


USER GUIDE

This calculator provides you with an estimate based on the Final Rule of the MACRA Legislation.

-  ← Hovering over the red-cornered shown in some cells will provide you with additional information.
-  ← Orange cells identify where to input numbers.
-  ← Light grey cell identify where the various calculation results will occur.
- Drop-down  ← Use to show listing of appropriate values to be selected.
-  ← Blue cells contain a drop-down list.
-  ← Use the options to select between available choices.
- Check Box ← Use checks to attest "Yes".
-  ← Purple cells contain option buttons or check boxes.
- [hyperlink](#) ← Click on the hyperlinks to view more information about the associated subject.

Click on the tabs at the bottom of this sheet to move from one sheet to the other.

Navigation tabs: Coversheet | **Guide** | MIPS | Quality | Adv Care Info | Improvement | Cost

Ready 

Calculation of quality performance does not account for measure sets that are less than 6 applicable measures for the clinician or those without an applicable high priority measure.

Tab 3: MIPS

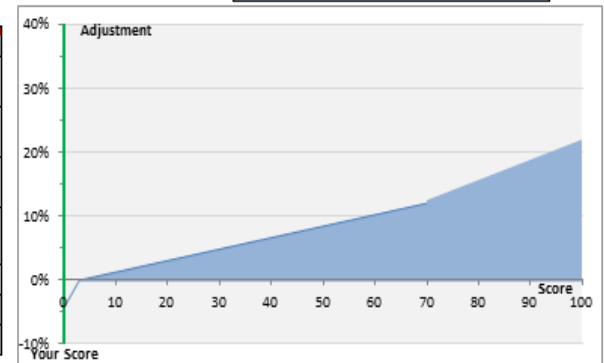
Number of MIPS eligible clinicians	Total Annual Medicare Part B Allowable Charges	Total Case Volume	Charges represent 100 or less beneficiaries per clinician
			<input type="radio"/> Yes <input checked="" type="radio"/> No



Practice is a rural practice or is a small practice or is located in a geographic health professional shortage area (HPSA)?	<input type="radio"/> Yes <input checked="" type="radio"/> No
---	---

Graph Adjustment Year (2019-2022)
2019

Performance Categories	Weight	Input for Category Estimates			Final Points
Quality • Quality Measures	60%	Points (Out of 60)	End-to-end electronically reported quality measures using CEHRT	High Priority Bonus	0.00
Advancing Care Information • Meaningful use of certified EHR	25%	Base Score (Out of 50)	Performance Score (Out of 90)	Bonus Points	0.00
Improvement Activities • Clinical practice improvement activities	15%	Number of high-weighted activities	medium-weighted activities		0.00
Cost • Resource Use	0%	Will not be counted until 2018			
<input checked="" type="radio"/> Select if using this score -----> Final Score Standard Calculation					0.00
<input type="radio"/> Select if using this score -----> Final Score with Reweighted Advancing Care Information Performance Category					0.00
<input type="radio"/> Select if using this score -----> Final Score with Fully Credited Improvement Activities Performance Category					3.00



Reporting Year	Adjustment Year	Performance Thresholds			Annual Change in Final Score	Final Score	Applicable Percent	Adjustment Factor		Adjusted Reimbursement		Reimbursement Per Clinician (equal weighting)	
		Neutral	Exceptional	Minimum				Base	Addit.	Base	Additional	Base	Additional
2017	2019	3	70.0	0.75	0.00	4%							
2018	2020		0.00	0.00	0.00	5%							
2019	2021		0.00	0.00	0.00	7%							
2020	2022		0.00	0.00	0.00	9%							
Total MIPS incentives													
Prior MIPS													
After MIPS Estimate													

Tab 3: MIPS (cont.)

- These fields only need to be completed if you want to see Medicare reimbursement values
 - Enter a “1” when reporting individual data or # ECs in practice if reporting group data. This field does not impact how many points are awarded for a medium or high weight IA.
 - Enter 2016 Medicare charges (of individual or group) to see financial impact of reporting MIPS.

**Number of MIPS
eligible clinicians**

**Total Annual Medicare
Part B Allowable Charges**

Tab 3: MIPS (cont.)

- These fields only need to be completed if you want to see Medicare reimbursement values
 - Enter total # of Medicare cases seen in 2016 if practice has >15 ECs and plans to report as a group. If >200 cases, then a readmission measure will be calculated by CMS.
 - If YES selected, EC or group would not be MIPS eligible.

Total Case Volume

Charges represent 100 or less beneficiaries per clinician
<input type="radio"/> Yes <input checked="" type="radio"/> No

Tab 3: MIPS (cont.)

Practice is a rural practice or is a small practice or is located in a geographic health professional shortage area ([HPSA](#))?

Yes
 No

- Select appropriate radio button YES or NO. ***This field assigns how many points are awarded for a high weight and medium weight Improvement Activity.**

Tab 3: MIPS (cont.)

Practice is a rural practice or is a small practice or is located in a geographic health professional shortage area (HPSA)?

Yes
 No

- Select YES if any of the following apply:
 - Practice has 15 or fewer MIPS ECs
 - Practice is located in a city with a rural zip code. If practice has multiple locations, ALL addresses must have a rural zip code to answer YES.
 - Check 'rural zip code' tab at bottom of the Improvement Activities Assessment Tool located on Quality Insights QIN website resources tab
 - Practice is located in a Health Professional Shortage Area (HPSA). If practice has multiple locations, ALL addresses must be located in a HPSA to answer YES.
 - Check 'HPSA' tab at bottom of the Improvement Activities Assessment Tool located on Quality Insights QIN website resources
 - You are reporting at the individual level and are a non-patient facing clinician

Tab 3: MIPS (cont.)

**End-to-end electronically reported
quality measures using CEHRT**

- If your EHR vendor is going to submit Quality Measures for you, enter the number of quality measures that you will be reporting. One bonus point is awarded for each quality measure that is submitted using CEHRT.

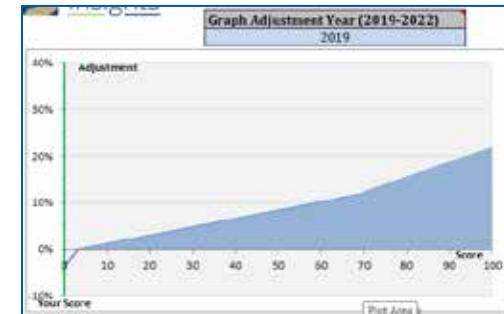
Tab 3: MIPS (cont.)

<input checked="" type="radio"/> Select if using this score ----->	Final Score Standard Calculation	0.00
<input type="radio"/> Select if using this score ----->	Final Score with Reweighted Advancing Care Information Performance Category	0.00
<input type="radio"/> Select if using this score ----->	Final Score with Fully Credited Improvement Activities Performance Category	3.00

- Select radio button if a special circumstance scoring methodology applies:
 - Final Score Standard Calculations (default)
 - Final Score with Re-Weighted ACI category: Select this radio button if NP, PA, CNS, CRNA, or a non-patient facing clinician is going to report as an individual and will not submit ACI data
 - Final score with Fully Credited IA category: Select this radio button if PCMH, MSSP Track 1 ACO, or other APM

Tab 3: MIPS (cont.)

	Adjusted Reimbursement		Reimbursement Per Clinician (equal weighting)	
	Base	Additional	Base	Additional
Prior MIPS				
After MIPS Estimate				
MIPS + Addit. Bonus				
Total Medicare Reimbursement for 2017				



Reporting Year	Adjustment Year	Performance Thresholds			Annual Change in Final Score	Final Score	Applicable Percent	Adjustment Factor	
		Neutral	Exceptional	Minimum				Base	Addit.
2017	2019	3	70.0	0.75		0.00	4%		
2018	2020		0.00	0.00		0.00	5%		
2019	2021		0.00	0.00		0.00	7%		
2020	2022		0.00	0.00		0.00	9%		

- These three sections populate after data is entered
- Approximate Medicare reimbursement will be displayed based on MIPS score

Tab 4: Quality

Measure ID	Measure Name	High Priority	Outcome Type	Submission Method	Performance Rate	Estimated Points	Needed Rate for Maximum Points

Tab 4: Quality (cont.)

Measure ID	Measure Name	High Priority	Outcome Type

- Select measures by clicking on arrow in left corner of the blue Measure ID column or type in Measure ID #
- Three fields automatically populate after ID # is entered:
 - Measure Name
 - High Priority – yes is populated for high priority measure
 - Outcome Type – yes is populated for outcome or patient experience measures

Tab 4: Quality (cont.)

Submission Method	Pe
EHR	
Claims	
EHR	
Registry/QCQR	

- Select submission method from the drop down list (arrow appears in bottom right corner)
- All quality measures must be reported using the same submission method
- Message will appear in the estimated points column if you select a submission method that is not available for a particular measure

Tab 4: Quality (cont.)

Performance Rate	Estimated Points	Needed Rate for Maximum Points

- Enter performance rate for each measure in the Performance Rate category
- The “Estimated Points” and “Needed Rate for Maximum Points” fields are populated after performance rate is entered
- A message will appear in the “Needed Rate for Maximum Points” column if a benchmark is not currently available

Special Notes Regarding Quality Score

- Please note:
 - Calculation of quality score does not account for measure sets that have <6 applicable measures or those without an applicable high priority measure
 - One bonus point is awarded for each additional high-priority quality measure if 6 measures are submitted – although one bonus point is also available for each additional high-priority measure when less than six measures are reported, the tool is unable to determine the number of applicable measures to award the bonus point because a claims validation process must be completed by CMS first
 - CMS will be truncating values to keep scores within the assigned decile, so some of the rounding near the upper bound of each decile may change



Tab 5: Advancing Care Information (ACI)

Certified EHR Technology edition		2014
Required Measures and Objectives		
Have you followed the proper steps to secure your patient's ePHI data in CEHRT?		<input type="radio"/> Yes <input checked="" type="radio"/> No
e-Prescribing: Using CEHRT to electronically transmit permissible prescriptions.	Num.	Den.
Denominator: Number of prescriptions written (other than controlled substances). Numerator: Number of prescriptions electronically transmitted.		
	Rate	
Patient Access: Providing patients timely online access to their PHI.	Num.	Den.
Denominator: Number of unique patients. Numerator: Number provided online ability to view, download, and transmit their PHI to a third-party.		
	Rate	
Health Information Exchange: Electronically exchange summaries of care created within CEHRT.	Num.	Den.
Denominator: Number of patient care transitions as the transferring or referring clinician. Numerator: Number of CEHRT created summaries of care that were also electronically exchanged.		
	Rate	
Optional Measures and Objectives		
View, Download, Transmit (VDT): Patients access provided online PHI.	Num.	Den.
Denominator: Number of unique patients. Numerator: Number of patients (or authorized rep.) accessing their online PHI to view, download, or transmit to third-		
	Rate	
Patient-Specific Education: Using CEHRT to identify resources through clinically relevant data.	Num.	Den.
Denominator: Number of unique patients. Numerator: Number of patients provided access to education materials identified by CEHRT.		
	Rate	
Secure Messaging: Using CEHRT's electronic messaging function to contact or respond to patients.	Num.	Den.
Denominator: Number of unique patients. Numerator: Number of patients (or authorized rep.) sent or responded to using a secure electronic message		
	Rate	
Immunization Registry Reporting: Actively engaged with public health agency to submit immunization data.		<input type="radio"/> Yes <input checked="" type="radio"/> No
Medication Reconciliation: Performing reconciliations for received transitions of care.	Num.	Den.
Denominator: Number of received patient care transitions (or unencountered patient). Numerator: Number of those received where clinical information reconciliations of medication list, medication allergy list, and current problem list were performed.		
	Rate	
Bonus Measures and Objectives		
Are you reporting improvement activities using CEHRT?		No
Are you in active participation with a public health agency (or clinical data registry) beyond the one referenced above for any of the activities listed below?		<input type="radio"/> Yes <input checked="" type="radio"/> No
<ul style="list-style-type: none"> Submitting syndromic surveillance data. Submitting data to a specialized registry. 		

Tab 5: ACI (cont.)

Certified EHR Technology edition 2014

- Select 2014 or 2015 from the drop down list to show what edition EHR you used during the reporting period
- **Quality Insights recommends that everyone select 2014**
- The tool will automatically display the **2017 ACI Transition measure set** if 2014 is selected and the ACI measure set if 2015 is selected.
- The ACI score is composed of base measures + performance measures + bonus points - the tool identifies base measures as “required” and performance measures as “optional”
- The total number of available ACI points is 155, but the tool caps the total at 100 points because that is all that is needed to earn full credit



Tab 5: ACI (Base Measure Section)

Required Measures and Objectives		
Have you followed the proper steps to secure your patient's ePHI data in CEHRT?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
e-Prescribing: Using CEHRT to electronically transmit permissible prescriptions.	Num.	Den.
Denominator: Number of prescriptions written (other than controlled substances).		
Numerator: Number of prescriptions electronically transmitted.		
	Rate	
Patient Access: Providing patients timely online access to their PHI.	Num.	Den.
Denominator: Number of unique patients.		
Numerator: Number provided online ability to view, download, and transmit their PHI to a third-party.		
	Rate	
Health Information Exchange: Electronically exchange summaries of care created within CEHRT.	Num.	Den.
Denominator: Number of patient care transitions as the transferring or referring clinician.		
Numerator: Number of CEHRT created summaries of care that were also electronically exchanged.		
	Rate	

- Must select YES for radio button "Have you followed the proper steps to secure your patient's electronic PHI data in CEHRT?" The P&S Risk Analysis is a base measure and must be completed during 2017 to earn any ACI points.
- Enter numerator and denominator for the other three base measures:
 - eRx:** There must be a 1 in the numerator unless you qualify for the exclusion - the red corner in the denominator notes the exclusion: if you order <100 permissible prescriptions during the reporting period, ENTER a ZERO in the denominator.
 - Patient Access:** There must be a 1 in the numerator
 - HIE:** There must be a 1 in the numerator - **CMS has stated that they will add an exclusion to the HIE measure when there are < 100 transitions of care, but rule has not been proposed or finalized yet, so tool does not reflect this*

Tab 5: ACI (Performance Measure Section)

Optional Measures and Objectives		
View, Download, Transmit (VDT): Patients access provided online PHI.	Num.	Den.
Denominator: Number of unique patients.		
Numerator: Number of patients (or authorized rep.) accessing their online PHI to view, download, or transmit to third-party.	Rate	
Patient-Specific Education: Using CEHRT to identify resources through clinically relevant data.	Num.	Den.
Denominator: Number of unique patients.		
Numerator: Number of patients provided access to education materials identified by CEHRT.	Rate	
Secure Messaging: Using CEHRT's electronic messaging function to contact or respond to patients.	Num.	Den.
Denominator: Number of unique patients.		
Numerator: Number of patients (or authorized rep.) sent or responded to using a secure electronic message	Rate	
Immunization Registry Reporting: Actively engaged with public health agency to submit immunization data.	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Medication Reconciliation: Performing reconciliations for received transitions of care.	Num.	Den.
Denominator: Number of received patient care transitions (or unencountered patient).		
Numerator: Number of those received where clinical information reconciliations of medication list, medication allergy list, and current problem list were performed.	Rate	

- Enter the numerator and denominator for four measures. Although there are six performance measures that require a numerator and denominator, two are also base measures (Patient Access and HIE), so data was entered in the previous section.
- The 7th measure for the **2017 ACI Transition measure set** is reporting to a state immunization registry - select YES or NO. If reporting as a group and practice has multiple locations, only one location needs to submit immunizations to select YES.
- When reporting measures using 2014 CEHRT, the calculator will award up to 20 points for the Patient Access and HIE measures and up to 10 points for the other measures.

Tab 5: ACI (Bonus Points Section)

Bonus Measures and Objectives	
Are you reporting improvement activities using CEHRT?	<input type="text" value="No"/>
Are you in active participation with a public health agency (or clinical data registry) beyond the one referenced above for any of the activities listed below?	<input type="radio"/> Yes <input checked="" type="radio"/> No
<ul style="list-style-type: none">• Submitting syndromic surveillance data.• Submitting data to a specialized registry.	

- The “Are you reporting Improvement Activities using CEHRT?” box is pre-populated based on Improvement Activities selected in the Improvement Activity tab.
 - There are 18 activities designated for a 10 point ACI bonus when CEHRT is used. If one of these activities is checked, 10 bonus points will automatically be added to the ACI score (if all base measures are met).
- Select YES radio button if you are “in active participation with a public health agency or clinical data registry to report syndromic surveillance or data to a specialized registry.” Immunization registry reporting does NOT count as a YES. Five bonus points will automatically be added to the ACI score if yes is selected and all base measures are met.

Tab 6: Improvement Activities (IA)

Expanded Practice Access		
Weighting	Activity	Engaged
High	<p>Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (e.g., eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record) that could include one or more of the following:</p> <ul style="list-style-type: none"> Expanded hours in evenings and weekends with access to the patient medical record (e.g., coordinate with small practices to provide alternate hour office visits and urgent care); Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits, group visits, home visits and alternate locations (e.g., senior centers and assisted living centers); and/or Provision of same-day or next-day access to a consistent MIPS eligible clinician, group or care team when needed for urgent care or transition management. 	<input type="checkbox"/> Yes <input type="checkbox"/> Used CEHRT
Medium	Use of telehealth services and analysis of data for quality improvement, such as participation in remote specialty care consults, or teleaudiology pilots that assess ability to still deliver quality care to patients.	<input type="checkbox"/> Yes
Medium	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.	<input type="checkbox"/> Yes

- Check YES box next to the 1, 2, 3, or 4 activities that you completed for 90 days (*Prescription Drug Monitoring Program requires a minimum of 6 months)
- The maximum number of points needed for full credit for the IA category is 40

Tab 6: IA (cont.)

Practice is a rural practice or is a small practice or is located in a geographic health professional shortage area (HPSA)?	<input type="radio"/> Yes
	<input checked="" type="radio"/> No

- Points assigned for the activity weight are based on the question on the MIPS page “Practice is a rural practice or a small practice or is located in a geographic HPSA”?
- Select YES to receive 40 points for high weight and 20 points for medium weight if any of the following are applicable:
 - Practice has ≤ 15 MIPS ECs
 - Practice has a rural zip code. The number of ECs in the practice does not matter. If the practice has more than one office, then all addresses must have a rural zip code to qualify for this scoring.
 - Practice is located within a Health Professional Shortage Area (HPSA). The number of ECs in the practice does not matter. If the practice has more than one office, then all offices must be located in a HPSA to qualify for this scoring.
 - EC is a non-patient facing clinician and will report MIPS individually.
- Select NO if practice has > 15 clinicians and none of the above apply. High weight activities equal 20 points and medium weight activities equal 10 points.

Tab 6: IA (cont.)

<input type="radio"/> Select if using this score ----->	Final Score Standard Calculation	0.00
<input type="radio"/> Select if using this score ----->	Final Score with Reweighted Advancing Care Information Performance Category	0.00
<input checked="" type="radio"/> Select if using this score ----->	Final Score with Fully Credited Improvement Activities Performance Category	3.00

- Full credit for the IA category is given to practices that are a PCMH, MSSP Track 1 ACO, or other APM in 2017. This is captured on the MIPS tab by selecting the radio button “Final Score with Fully Credited IA Performance Category”.
- **NOTE:** The current version of the tool does not add 10 ACI bonus points for completing an IA that requires CEHRT when you select the radio button “Final Score with Fully Credited IA Performance Category”; however, if a practice is a PCMH, MSSP ACO, or APM and completes a CEHRT designated IA, 10 ACI points should be awarded. This will be corrected in a future version of the tool.

Tab 7: Cost

Cost Performance Category

No data submission required for 2017. This data will be calculated from adjudicated claims.

Citations to Final Rule verbiage:

<https://www.federalregister.gov/d/2016-25240/>



(Final rule with comment period)

<https://www.federalregister.gov/d/2016-25240/p-2112>

(Category removal from final score contribution for transitional year 2017)

- No data entry is required for the cost category
- CMS calculates cost measures based on claims
- The cost category will not impact the MIPS score in 2017, but performance rates will be provided as educational feedback

Tab 8: Exit Report

The calculations provided in this tool are not a guarantee of payment and are intended to facilitate discussion and strategic planning only.

? eligible clinicians with ? total annual allowable Medicare Part B charges.

Final scoring calculated using standard calculations.

Quality Category

Reporting 0 measure.
Scoring based on 0 measure.
Receiving 0 bonus points.

Category's final score points: 0.00

Advancing Care Information Category

Measure set based on Certified EHR Technology Edition 2014
Required measures have not been met.
Reporting on 0 optional measures.
Receiving 0 bonus points.

Category's final score points: 0.00

Improvement Activities Category

Full participation requires 2 high, 4 medium, or 1 high plus 2 medium weighted activities.
Engaged in 0 high weighted activities.
Engaged in 0 medium weighted activities.
Using CDHRT for Advancing Care Information bonus for 0 activities.

Category's final score points: 0.00

Cost Category

Category will not count towards final score until 2028

Adjustment Year	Neutral Threshold	MIPS Final Score	Total Adjustment Factor	Adjusted Reimbursement	Scaled Adjustment Factor Range	Scaled Adjusted Reimbursement Range
2019	3	0.00				
2020		0.00				
2021		0.00				
2022		0.00				
			0.00%	\$ -		\$ -

For more information please contact:
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This tool was developed within Great Plains Quality Innovation Network while under contract with the Centers for Medicare & Medicaid Services (CMS). The content presented do not necessarily reflect CMS policy. [1130W-GPQIN-43-01-47/0417]

- The Exit Report displays the final points earned in each category and shows the range of possible adjustments that may occur from \$0 to the maximum positive adjustment or the negative adjustment that is calculated based upon the hypothetical performance thresholds
- **NOTE:** Adjustment rates are only approximate values

Tabs 9 & 10 - Reference Documents

- Tab 9: **Quality Benchmarks** - The 2017 Quality Benchmarks file from the QPP website on the Education and Tools page
- Tab 10: **QPP Measures** - The list of 271 quality measures from the QPP website on the Explore Measures page includes the quality measure ID, name, description, type, steward, and specialty measure set

2017 MIPS Calculator

- Visit www.qualityinsights-qin.org
- Click on “**Resources**” tab
- Select “**MACRA/MIPS**” in ‘category’ field
- Webinar recording and slides will be posted on the “**Events**” tab under “**Archived Events**” - <http://www.qualityinsights-qin.org/Events/Archived-Events.aspx>



2017 MIPS Worksheet for Non-APM Entities

- Created for practices that want to use a one-page hardcopy worksheet to record measures, track performance, and share data with clinicians
- Can be utilized in conjunction with the 2017 MIPS Calculator
- Posted on the Resources page on the Quality Insights QIN website, under the “MACRA/MIPS” category:

<https://www.qualityinsights-qin.org/Resources.aspx>

Thank You



This material was prepared by Quality Insights, the Medicare Quality Innovation Network-Quality Improvement Organization for West Virginia, Pennsylvania, Delaware, New Jersey and Louisiana under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents presented do not necessarily reflect CMS policy. Publication number QI-D1M-052417