

Reporting Base Measure Data for Advancing Care Information (ACI)

All practices participating in the MHACO Medicare Shared Savings Program (MSSP) are required by CMS to report Advancing Care Information (ACI) data for MIPS. The ACI category replaces the Medicare EHR Incentive (also known as Meaningful Use).

ACI is reported by aggregating individual provider data at the group Tax Identification Number (TIN) level. One ACO level composite score will be calculated using the weighted average of all TINs within the ACO.

Base measure reporting requirements must be met in order to receive a score. If a TIN is unable to report on any of the base measures, a score of "0" will be applied. The measures associated with the base score vary depending on edition of Certified EHR Technology (CEHRT).

If using 2014 Edition CEHRT, the following base measures must be met in order to receive a score ([2017 Advancing Care Information Transition Objectives and Measures](#)):

1. e-Prescribing
2. Health Information Exchange
3. Provide Patient Access
4. Security Risk Analysis

If using 2015 Edition CEHRT, the following base measures must be met in order to receive a score ([Advancing Care Information Objectives and Measures](#)):

1. e-Prescribing
2. Provide Patient Access
3. Request/Accept Summary of Care
4. Security Risk Analysis
5. Send a Summary of Care

In 2017, TINS have the option to exclude certain provider types from ACI reporting:

- Hospital-based clinicians
- Nurse Practitioners (NPs)
- Physician Assistants (PAs)
- Clinical Nurse Specialists (CNSs)
- Certified Registered Nurse Anesthetists (CRNAs)

If a TIN chooses to report results of providers whose participation in ACI measurement is optional, those results will be included in the calculation of an aggregate TIN level score along with those of required provider types.

For more information please contact [Gail Mazzone at the MaineHealth ACO](#).