Understanding the MIPS Advancing Care Information Performance Category Continued

The Advancing Care Information Performance Category for MIPS APM: Key Points

- The Advancing Care Information (ACI) performance category replaces the Medicare EHR Incentive Program, also known as Meaningful Use.
- Each entity identified by a Tax ID Number (TIN) within the ACO should submit ACI data, unless specifically exempted.
- Some clinicians are exempt from providing ACI data (hospital-based, advanced practitioners [NPs, Pas, CRNAs, CNSs], non-patient facing, and providers that quality for a hardship exemption). Clinicians that are excluded from the ACI category will receive the same final score as clinicians who are included in reporting.
- To meet minimum requirements for the base score, a group must use Certified EHR Technology (CEHRT) and be able to report "yes" to the Security Risk Analysis measure and have 1 or more in the numerator for the other required measures. As long as a group as a whole can meet these requirements, it is not required that each individual within the group also meet these requirements. If a group uses CEHRT and has performed a Security Risk Analysis and at least 1 clinician in the group can report data for each measure in the base score, the group as a whole will meet the minimum reporting requirements.
- CMS will take each TIN's performance and calculate the weighted average of all TINs within the ACO to determine the ACO's composite performance score.
- Score comprised of **base score + performance score + bonus points** – earning 100% or more earns full credit.

Base Score – 50 %	Performance Score – 90 %	Bonus – 15 %
• Must report "yes" for yes/no measures • Must report a "1" for numerator/denominator measures • Reporting on all base measures is required	• Choose up to 9 additional measures	• Report to one or more public health or clinical registries – 5 % • Report designated improvement activity using CEHRT – 10 %

In 2017 there are 2 options for reporting based on your electronic health record edition (2014 or 2015 CEHRT). For 2018 only 2015 CEHRT will be permitted

Option 1

(Use this option is you have CEHRT to the 2015 Edition or a combination of technologies from 2014 and 2015 Editions that support these measures):

Measure Name	Objective Name	Required for Base Score?	Performance Score Weight
e-Prescribing	Electronic Prescribing	Yes	N/A
Health Information Exchange	Health Information Exchange	Yes	Up to 20%
Immunization Registry Reporting	Public Health Reporting	No	Up to 10%
Medication Reconciliation	Medication Reconciliation	No	Up to 10%
Patient-Specific Education	Patient Specific Education	No	Up to 10%
Provide Patient Access	Patient Electronic Access	Yes	Up to 20%
Secure Messaging	Secure Messaging	No	Up to 10%
Security Risk Analysis	Protect Patient Health Information	Yes	N/A
Specialized Registry Reporting	Public Health Reporting	No	Bonus
Syndromic Surveillance Reporting	Public Health Reporting	No	Bonus
View, Download and Transmit (VDT)	Patient Electronic Access	No	Up to 10%

Option 2

(Use this option if you have CEHRT to the 2015 Edition, CEHRT to the 2014 Edition or a combination of technologies from 2014 and 2015 Editions)

Measure Name	Objective Name	Required for Base Score?	Performance Score Weight
Clinical Data Registry Reporting	Public Health and Clinical Data Registry Reporting	No	Bonus
Clinical Information Reconciliation	Health Information Exchange	No	Up to 10%
e-Prescribing	Electronic Prescribing	Yes	N/A
Electronic Case Reporting	Public Health and Clinical Data Registry Reporting	No	N/A
Immunization Registry Reporting	Public Health and Clinical Data Registry Reporting	No	Up to 10%
Patient-Generated Health Data	Coordination of Care Through Patient Engagement	No	Up to 10%
Patient-Specific Education	Patient Electronic Access	No	Up to 10%
Provide Patient Access	Patient Electronic Access	Yes	Up to 10%
Public Health Registry Reporting	Public Health and Clinical Data Registry Reporting	No	Bonus
Request/Accept Summary of Care	Health Information Exchange	Yes	Up to 10%

Secure Messaging	Coordination of Care Through Patient Engagement	No	Up to 10%
Security Risk Analysis	Protected Patient Health Information	Yes	N/A
Send a Summary of Care	Health Information Exchange	Yes	Up to 10%
Syndromic Surveillance Reporting	Public Health and Clinical Data Registry Reporting	No	N/A
View, Download and Transmit (VDT)	Coordination of Care Through Patient Engagement	No	Up to 10%

For more information about ACI, check out the Quality Payment Program's Advancing Care Information fact sheet (https://qpp.cms.gov/docs/QPP_ACI_Fact_Sheet.pdf) or contact us at mhacoinfo@mmc.org.