



Advancing Care Information: Tips, Tools & Support

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Kathy Wild, RN, Quality Insights MACRA/MIPS Network Task Lead



Learning Objectives

- Understand how the Advancing Care Information (ACI) measures are scored differently than they were for Meaningful Use
- Understand how the ACI category impacts the MIPS score
- Understand how to improve ACI performance rates to receive full credit for the ACI category

What's New in 2017?

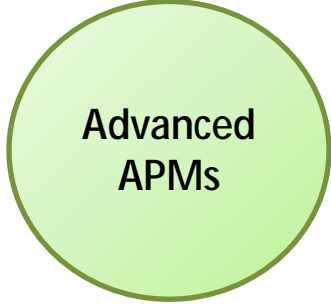
- The end of the following Medicare programs:
 - The Medicare EHR Incentive Program (Meaningful Use) for EPs
 - The PQRS program
 - The Value Based Modifier
- The beginning of the Quality Payment Program (QPP)
 - Merit-based Incentive Payment System (MIPS)
 - Advanced Alternative Payment Models (APMs)
- It's all about value-based payment with incentive to improve quality of care.

Two Tracks in the QPP



MIPS

- Clinicians/groups select and report measure(s) from 3 performance categories (4 categories in 2018)
- Medicare Part B reimbursement based on MIPS score, derived from measure performance rates

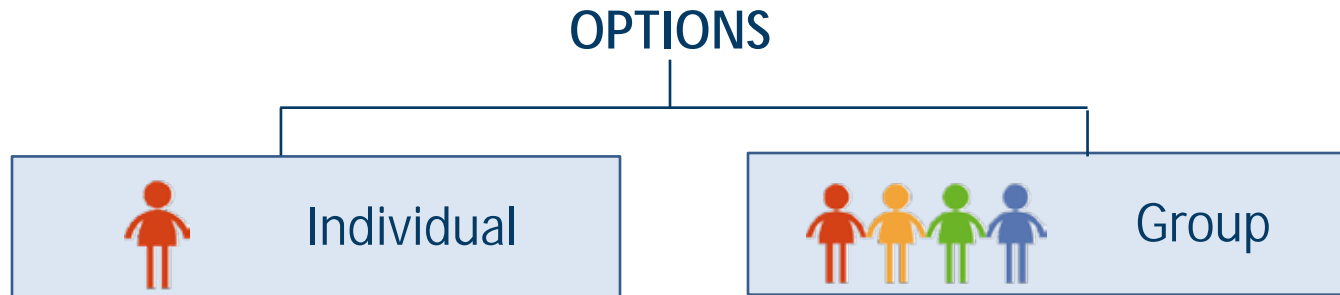


Advanced APMs

- Shared risk programs, such as Medicare shared savings ACOs, CPC+
- Avoid MIPS penalties and receive a 5 percent payment increase if deemed to be a 'qualifying' participant

Approximately 95 percent of clinicians will be subject to MIPS.

Individual vs. Group Reporting



- Practices must decide whether to report measures at the individual clinician level or as a group.
- **All** 3 MIPS categories must be reported at the same level.
- Practices in an ACO must report ACI measures as a group.

What is a MIPS Score?

- A MIPS score is similar to the Grade Point Average (GPA) we received in high school. The “subjects” that are scored are the three individual MIPS categories:
 1. Quality
 2. Advancing Care Information (ACI)
 3. Improvement Activity (IA)
- All three scores are added together to calculate the MIPS score. (In 2018 it will be four categories.)
- A perfect MIPS score equals 100 points.
- Clinicians (or groups) **will receive a negative or positive Medicare Part B payment adjustment in 2019** based on their 2017 MIPS score.



2017 MIPS Score

Below are default weights for 2017. The weights are adjusted in certain circumstances.



'Pick Your Pace' in 2017

- Non-participation in the QPP in 2017 will result in a negative four percent payment adjustment in 2019.
- Submitting data for:
 - One measure in one category = neutral or small positive payment adjustment
 - 90 days for more than one measure = small positive payment adjustment
 - 91 to 365 days for all measures = modest positive payment adjustment



MIPS Eligible Clinicians in 2017

Physician
(MD, DO, DDS,
DDM, DPM,
OD, DC)

Physician
Assistant

Nurse
Practitioner

Clinical
Nurse
Specialist

Certified
Registered
Nurse
Anesthetist

- Must bill Medicare Part B using own NPI number
- Must bill Medicare Part B for more than \$30,000/year **AND** see > 100 Medicare patients/year
- Includes non-patient facing clinicians, such as pathologists, radiologists, anesthesiologists, and nuclear medicine

Non-Patient Facing Clinicians

- A non-patient facing MIPS EC is an individual who bills ≤ 100 patient-facing encounters (including Medicare telehealth services) during one of the determination periods.
- A non-patient facing group is when > 75 percent of the NPIs billing under the group's TIN meet the definition of a non-patient facing individual MIPS eligible clinician during one of the determination periods.
- The 2 determination periods when CMS will identify non-patient facing individuals and groups are:
9/1/15 through 8/31/16 and 9/1/16 through 8/31/17

Optional Clinicians for ACI in 2017

- Eligible clinicians (ECs) that were not eligible to participate in the Medicare EHR Incentive Program are optional ACI reporters in 2017:
 - Nurse Practitioners
 - Physician Assistants
 - Clinical Nurse Specialists
 - Certified Registered Nurse Anesthetists
 - Non-patient facing clinicians
 - Hospital-based physicians
($\geq 75\%$ of Part B services performed inpatient, in the ER, or in an on-campus outpatient department)



Optional Clinicians for ACI in 2017 (cont.)

- Optional ECs qualify for **automatic re-weighting**.
- CMS will reweight the ACI category to zero percent and increase the Quality category to 85 percent (MIPS score = 85% Quality + 15% Improvement Activity).
- If ACI data is submitted, CMS will score the ACI measures.

Are Hardship Exceptions Available for ACI?

- MIPS ECs can apply for an ACI category hardship exception on an annual basis.
- Applications will be approved for the following three reasons:
 1. Insufficient internet activity
 2. Extreme and uncontrollable circumstances
 3. Lack of control over the availability of CEHRT
- If the application is accepted, CMS will re-weight the ACI category to zero and increase the Quality category weight to 85 percent.

Certified EHR Technology Required

- In order to report measures for the ACI category and/or receive the electronic reporting bonus point for the Quality category, you must use an EHR certified as:
 - 2014 Edition, OR
 - 2015 Edition, OR
 - A combination of 2014 and 2015 Editions (i.e. EHR is upgraded during the reporting period)
- **Everyone must utilize 2015 Edition CEHRT in 2018.**

Selecting ACI Measures to Report

- In 2017, there are two measure set options:

ACI Measures

OR

ACI Transitional
Measures

- In 2018, everyone must report the ACI measure set because 2015 Edition CERHT is required beginning 1/1/18.

Option 1: ACI Measures

- Requires utilization of 2015 CEHRT during the reporting period - this includes an upgrade from 2014 to 2015 edition during the reporting period
- Includes **five** Base measures and **nine** Performance measures
- Three measures are new

Option 2: ACI Transitional Measures

- Can be selected if 2014 CEHRT, or 2015 CEHRT, or a combination of 2014 and 2015 CEHRT was used during the reporting period
- Includes **four** Base measures and **seven** Performance measures
- All measures previously reported for Meaningful Use

Individual Measure Requirements

- The measure descriptions that follow reflect the **2017 ACI Transition Measure Set** which most, if not all ECs and groups will report in 2017.
- Please contact your QIN practice coordinator if you would like to learn more about reporting the ACI Measure Set this year.

ACI Transitional Base Measures

- ALL Base measures must be met to receive points in the ACI category - this is an ALL or NOTHING requirement
- 50 points are awarded if ALL Base measures have at least a one in the numerator and the Privacy & Security Analysis is completed

1. Security Risk Analysis
2. e-Prescribing
3. Patient Electronic Access (also performance measure)
4. Health Information Exchange (also performance measure)

Base Measure #1: Privacy & Security Analysis

- Must be performed during 2017. It can no longer be performed during a different calendar year.
- Quality Insights can no longer perform P&S assessments.
- HealthIT.gov has a Security Risk Assessment Tool
<https://www.healthit.gov/providers-professionals/security-risk-assessment-tool>



Base Measure #2: Electronic Prescribing

- **Measure:** At least one permissible prescription written by the MIPS EC is queried for a drug formulary and transmitted electronically using CEHRT.
- **Exclusion:** Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the 2017 performance period.

Base Measure #3: Patient Electronic Access

- **Measure:** At least one patient seen by the MIPS EC during the performance period is provided timely 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.
- Timely access is within four business days.



Base Measure #4:

Health Information Exchange

- **Measure:** The MIPS EC that transitions or refers their patient to another setting of care or healthcare clinician uses CEHRT to create a **Summary of Care** record AND electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral.
- CMS defines a transition of care for health information exchange as one where the referring provider is under a different billing identity, such as a different NPI, TIN, or hospital CMS Certification Number (CCN) than the receiving provider, and where the providers do NOT share access to the same EHR.

ACI Transitional Performance Measures

1. Patient Electronic Access (also base measure)
2. Health Information Exchange (also base measure)
3. View/Download/Transmit
4. Patient Education
5. Secure Messaging
6. Medication Reconciliation
7. Immunization Registry Reporting

How are Performance Measures Scored?

- The score for the six measures with a numerator and denominator are determined by the performance rate.
- Most measures are worth 10 points, except two measures are worth 20 points (Patient Electronic Access and HIE).
- Immunization registry reporting is a “yes or no” measure and either zero or 10 points are awarded.
- The maximum number of points for the performance score is 90 points.

Points for Performance Measures

1. View/Download/Transmit
2. Patient Education
3. Secure Messaging
4. Med Reconciliation

1. Patient Electronic Access
2. Health Information Exchange

Performance Rate	Points	Points
1-10%	1 point	2 points
11-20%	2 points	4 points
21-30%	3 points	6 points
31-40%	4 points	8 points
41-50%	5 points	10 points
51-60%	6 points	12 points
61-70%	7 points	14 points
71-80%	8 points	16 points
81-90%	9 points	18 points
91-100%	10 points	20 points

Performance Measure #1: Patient Electronic Access

- **Measure:** At least one patient seen by the MIPS EC during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS EC's discretion to withhold certain information.
- Timely access is within four business days.
- The maximum number of points for this performance measure is 20 points.

Performance Measure #2: Health Information Exchange

- **Measure:** The MIPS EC that transitions or refers their patient to another setting of care or healthcare clinician uses CEHRT to create a **Summary of Care** record AND electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral.
- The maximum number of points for this performance measure is 20 points.



Performance Measure #3: View/Download/Transmit

- **Measure:** At least one patient seen by the MIPS EC during the performance period (or patient-authorized representative) views, downloads or transmits their health information to a third party during the performance period.
- The maximum number of points for this performance measure is 10 points.

Performance Measure #4: Patient Education

- **Measure:** The MIPS EC 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.
- The maximum number of points for this performance measure is 10 points.
- *Differs in ACI measure set

Performance Measure #5: Secure Messaging

- **Measure:** For at least one patient seen by the MIPS EC 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.
- The maximum number of points for this performance measure is 10 points.

Performance Measure #6: Medication Reconciliation

- **Measure:** The MIPS EC performs medication reconciliation for at least one transition of care in which the patient is transitioned into the care of the MIPS EC.
- The maximum number of points for this performance measure is 10 points.
- *Differs in ACI measure set



Performance Measure #7: Immunization Registry Reporting

- **Measure:** The MIPS eligible clinician is in “active engagement” with a public health agency to submit immunization data.
- There are three phases of active engagement:
 - Phase 1: Completed registration to submit data
 - Phase 2: Testing and validation
 - Phase 3: Production
- 10 points are awarded for ECs in active engagement with an immunization registry.

Differences in the ACI Measure Set

- **Base measure added:**
 - Request and Accept a Summary of Care electronically *new
- **Performance measures added and/or revised:**
 - **Patient Education:** Must provide materials electronically
 - **Clinical Information Reconciliation:** In addition to reconciling meds, med allergies and problem list must be reconciled
 - **Patient Generated Health Data:** Incorporate data from patient or non-clinical setting into EHR *new
 - **Request and Accept a Summary of Care:** Electronically *new
- **All performance measures worth 10 points** (none worth 20 pts)

ACI Bonus Points



If you report to one of the following:

- Clinical Data Registry
- Specialized Registry
- Public Health Registry (cancer registry)
- Syndromic Surveillance
- Electronic Case Reporting



If you utilize CEHRT to complete one of the 18 Improvement Activities that is designated as an ACI bonus activity

Improvement Activities Eligible for ACI Bonus

- 18 of the 92 Improvement Activities (IA) award 10 bonus points to the ACI category if the IA is completed for 90 days.
- Additional bonus points cannot be earned for completing more than one ACI bonus designated activity.
- Six of the 18 activities directly relate to a 2017 ACI Transition measure.
- All activities are medium weight.

IAs for Patient Electronic Access

- **IA_BE_4:** Enhance patient portal to provide up to date information related to relevant chronic diseases or BP control, and include interactive feature that allows patients to enter health information and/or bidirectional communication about medication changes and adherence.



IAs for Patient Electronic Access (cont.)

- **IA_PM_13:** Proactively manage chronic and preventive care:
 1. Develop or update care plan with patient.
 2. Use pathways and evidence based protocols for chronic conditions.
 3. Use pre-visit planning to optimize preventive care for patients with chronic conditions.
 4. Use panel support tools (registry functionality) to identify services due.
 5. Use reminders and outreach (phone calls, emails, postcards, patient portals) to alert and educate patients about services due.
 6. Perform routine medication reconciliation.

IA for Patient Education

- **IA_BE_4:** Enhance patient portal to provide up to date information related to chronic diseases or BP control and include interactive feature that allows patients to enter health information and/or bidirectionally communicate about medication changes and adherence.

IAs for Health Information Exchange

- **IA_CC_13:** Ensure bilateral exchange of patient information to guide patient care that could include participation in a Health Information Exchange and/or use structured referral notes.
- **IA_CC_1:** Provide specialist reports back to the referring clinician or obtain specialist reports to close the referral loop.

IAs for Medication Reconciliation

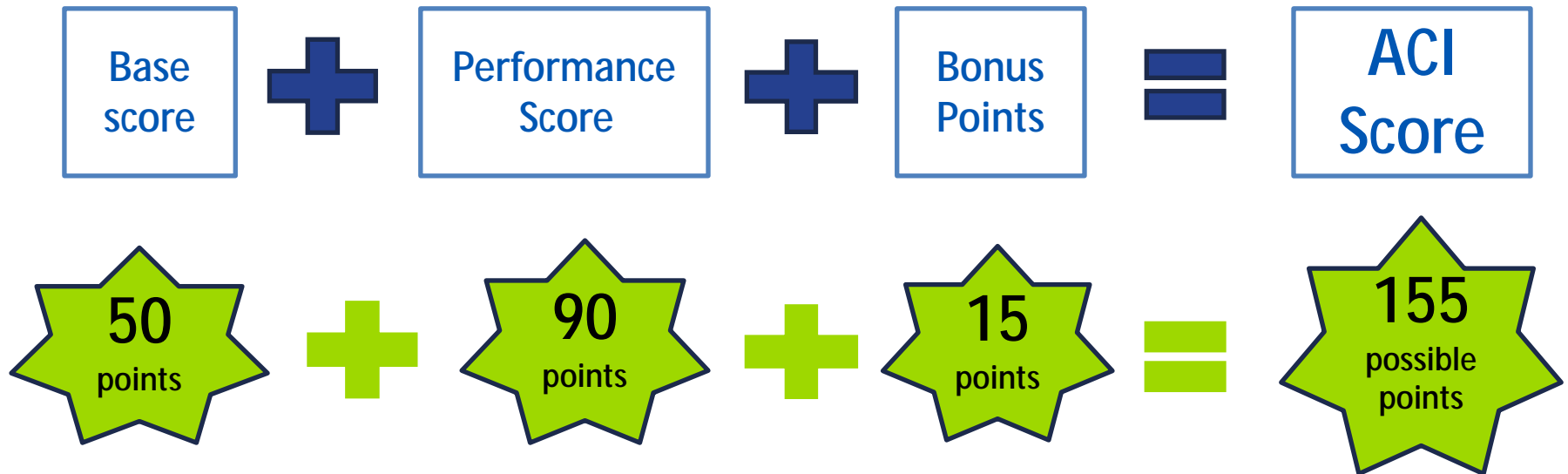
- **IA_PM_16:** Manage medications to maximize efficiency, effectiveness and safety:
 1. Medication reconciliation across transitions of care;
 2. Integrate a pharmacist into the care team; and/or
 3. Conduct periodic, structured medication reviews.



IAs for Medication Reconciliation (cont.)

- **IA_PM_13:** Proactively manage chronic and preventive care:
 1. Develop or update care plan with patient.
 2. Use pathways and evidence based protocols for chronic conditions.
 3. Use pre-visit planning to optimize preventive care for patients with chronic conditions.
 4. Use panel support tools (registry functionality) to identify services due.
 5. Use reminders and outreach (phone calls, emails, postcards, patient portals) to alert and educate patients about services due.
 6. Perform routine medication reconciliation.

How is ACI Category Scored?



- Full credit for this category is achieved with any score above 100 points.
- CMS created 55 extra points to ensure clinicians have flexibility to focus on measures that are most relevant to them and their practices.

Converting ACI Score to MIPS Points

- ACI Score \times 0.25 = MIPS points for ACI category
- Maximum MIPS points for ACI category = 25 points
- Examples:

ACI Score	Multiply by 0.25	MIPS Points
100	Multiply by 0.25	25
83	Multiply by 0.25	20.75
134	Multiply by 0.25	25

ACI Scoring: Example 1 - Full Credit

ACI Score = 101 ACI points

101 ACI points x .25 = 25 MIPS points (full credit)

		ACI Points
Base Score with ACI Transitional Measures: 50 of 50 points		
Security Risk Analysis	yes	50
E Prescribing	670/731	
Provide Patient Access	235/236	
HIE (Summary of Care)	14/103	
Performance Score with ACI Transitional Measures: 51 of 90 points		Rate
Provide Patient Access	99.0 %	20
HIE	13.0%	4
View/Download/Transmit	30.0%	3
Patient Education	22.0%	3
Secure Messaging	10.0%	1
Medication Reconciliation	100.0%	10
Immunization Registry reporting	reporting	10
Bonus Points: 0 of 15 points		
Public Health/Clinical Data reporting	not reporting	0
Use CEHRT to complete Improvement Activity	No	0
Total ACI points		101

ACI Scoring: Example 2 - Some Points

ACI Score = 92 ACI points

92 ACI points x .25 = 23 MIPS points

		ACI Points
Base Score with ACI Transitional Measures: 50 of 50 points		
Security Risk Analysis	yes	50
E Prescribing	2498/2644	
Provide Patient Access	288/411	
HIE (Summary of Care)	2/30	
Performance Score with ACI Transitional Measures: 42 of 90 points		Rate
Provide Patient Access	70.0%	14
HIE	6.6%	2
View/Download/Transmit	48.0%	5
Patient Education	13.0%	2
Secure Messaging	11.5%	2
Medication Reconciliation	64.3%	7
Immunization Registry reporting	reporting	10
Bonus Points: 0 of 15 points		
Public Health/Clinical Data reporting	not reporting	0
Use CEHRT to complete Improvement Activity	No	0
Total ACI points		92

ACI Scoring: Example 3 - No Points

ACI Score = 0

*If 1 Summary of Care Record was sent electronically, ACI Score would be 109 points which is FULL CREDIT

		ACI Points
Base Score with ACI Transitional Measures: 0 of 50 points		
Security Risk Analysis	yes	0
E Prescribing	2498/2644	
Provide Patient Access	411/411	
HIE (Summary of Care)	0/1	
Performance Score with ACI Transitional Measures: 49 of 90 points		Rate
Provide Patient Access	100.0%	20
HIE	0.0%	0
View/Download/Transmit	48.0%	5
Patient Education	13.0%	2
Secure Messaging	13.0%	2
Medication Reconciliation	99.0%	10
Immunization Registry reporting	reporting	10
Bonus Points: 10 of 15 points		
Public Health/Clinical Data reporting	not reporting	0
Use CEHRT to complete Improvement Activity	yes	10
Total ACI points		0

ACI Submission Methods



INDIVIDUAL	GROUP
Attestation	Attestation
Registry	Registry
EHR	EHR
	CMS Web Interface (groups of 25 or more)

Group Reporting for ACI Category

- The ACI score for a group is based on performance rates of ALL clinicians in the TIN.
- Hospital-based clinicians and ACI 'optional' reporting clinicians do not need to report ACI measures, but if data is submitted, it will be scored.
- All MIPS categories must be reported the same way.
- Practices in an ACO must submit ACI measures as a group.

2017 Reporting = 2019 Payment Adjustments

MIPS Score	Payment Adjustment
0 points	4% negative payment adjustment
3 points	No payment adjustment
4-69 points	Positive payment adjustment up to 4%
≥ 70 points	Positive payment adjustment up to 4% AND eligible for exceptional performance bonus with a minimum of additional 0.5%

Bonus for Exceptional Performers

- Clinicians/groups with a MIPS score of at **least 70 points** are eligible to receive an additional positive payment adjustment funded from a pool of \$500 million.
- The exceptional performer bonus is available for the first 6 years of the program (2019-2024).

MIPS Calculator

- Quality Insights will soon be releasing a MIPS Calculator to assist you in tracking your MIPS score.
- All you need to do is enter numerators and denominators for the ACI measures you want to report and you will receive a real time ACI score.
- You can also add information about your practice size and location as well Quality measure rates and Improvement Activities to see your real-time total MIPS score.

New! ACI Webinar by CMS Next Week

- Title: **MIPS Advancing Care Information Deep Dive**
- Date: Tuesday, April 4, 2017
- Time: 1:00 p.m. to 2:30 p.m. ET

- Registration link:
<https://engage.vevent.com/rt/cms/index.jsp?seid=759>

Contacts

- **Delaware:** [Kathy Wild](#)
877.987.4687, Ext. 108
- **Louisiana:** [Debra Rushing](#)
225.248.7072
- **New Jersey:** [Maureen Kelsey](#)
732.238.5570, Ext. 2030
- **Pennsylvania:** [Joe Pinto](#)
877.346.6180, Ext. 7817
- **West Virginia:** [Debbie Hennen](#)
800.642.8686, Ext. 4222



Websites

- Quality Insights website: www.qualityinsights-qin.org
- Quality Payment Program website: www.qpp.cms.gov



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