

# Clinical Integration Educational Series

## MIPS Advancing Care Information Reporting for Medicare Shared Savings Program Track 1 Accountable Care Organizations



### Introduction

The Medicare Access and CHIP Reauthorization Act (MACRA) establishes a new clinician reimbursement mechanism with two payment tracks: the Merit-Based Incentive Payment System (MIPS) track and the Advanced Alternative Payment Model (APM) track.

So far in this educational series we've reviewed MACRA, the timing of implementation, and the impact of MIPS on clinician reimbursement. MIPS adjusts clinician payments based on their performance across four categories. Over the last few weeks we described the MIPS Quality and Improvement Activities categories.

This week, we will describe the MIPS Advancing Care Information category and the impact that your Track 1 MSSP ACO participation has on your reporting requirements for this category.



### 2017 MIPS Advancing Care Information Scoring for Clinicians in MSSP Track 1 ACOs

The Advancing Care Information category within MIPS replaces the Meaningful Use (Electronic Health Record Incentive) Program, and promotes the electronic exchange of health information. The Advancing Care Information score comprises 30% of a clinician's total MIPS score in Performance Year 2017. As a reminder, clinician performance under MIPS in 2017 impacts payment in 2019.

Every clinician in the SRQCN MSSP ACO is required to report on the Advancing Care Information category. Clinician scores will be aggregated, yielding one score for the entire ACO. All clinicians in the ACO will receive the same score.

There are 155 points available under the Advancing Care Information category, but if you score 100 points or more, you receive full credit for the category. Your total category score in 2017 will be calculated by adding your base score, performance score, and bonus points together. Those components will be described below.

### 2017 MIPS Advancing Care Information Measures for Clinicians in MSSP Track 1 ACOs

In 2017, clinicians will report on 1 of 2 possible measure sets. Clinicians who have EHR technology meeting CMS's 2015 requirements use one set of measures, and clinicians who have EHR technology meeting CMS's 2014 requirements use the other set. For help determining which EHR requirements you meet, please visit

<https://qpp.cms.gov/measures/aci>.

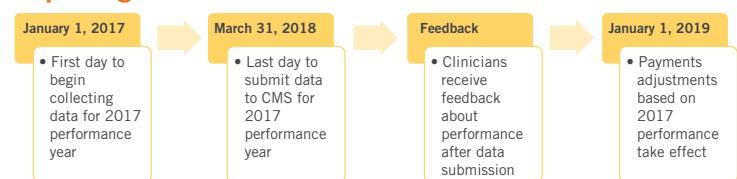
*This informational series will be distributed every other week to help clinicians stay updated on MACRA and other initiatives. The next topic will be an overview of the Cost category under the Merit-Based Incentive Payment System (MIPS) for Medicare Shared Savings Program Track 1 Accountable Care Organizations. SRQCN will be publishing a MIPS Playbook in January 2017 which will outline the network's MIPS strategy and will facilitate strong performance in the Quality Payment Program. In the meantime, for more details on MACRA and to explore measures please contact your Physician Practice Liaison or visit <https://qpp.cms.gov/measures/aci>.*

Clinicians may qualify for a hardship exemption from the Advancing Care Information Category if they (a) did not participate in Meaningful Use the previous year, (b) have insufficient internet connectivity, (c) lack control over the availability of CEHRT, (d) lack face-to-face patient interaction, or (e) face uncontrollable circumstances (like natural disasters, practice or hospital closure, severe financial distress, EHR certification/vendor issues). Such clinicians can apply to have the Advancing Care Information category not count toward their final MIPS score. If you do not qualify for the above exemptions and do not report on the Advancing Care Information measures, you will receive no points for the category.

### 2017 MIPS Advancing Care Information Reporting for Clinicians in MSSP Track 1 ACOs

Score Component	Description/Reporting	
<b>Base Score</b>	<p><b>2015 EHR Technology</b></p> <p>You must report for at least 90 days on ALL of these required measures if you have 2015 EHR technology:</p> <ol style="list-style-type: none"> <li>1. Security Risk Analysis</li> <li>2. E-Prescribing</li> <li>3. Provide Patient Access</li> <li>4. Send a Summary of Care</li> <li>5. Request/Accept a Summary of Care</li> </ol> <p>Some measures require a "yes" to receive credit, and others require a numerator of at least 1. (For example, you sent a summary of care for at least 1 patient).</p>	<p><b>2014 EHR Technology</b></p> <p>You must report for at least 90 days on ALL of these required measures if you have 2014 EHR technology:</p> <ol style="list-style-type: none"> <li>1. Security Risk Analysis</li> <li>2. E-Prescribing</li> <li>3. Provide Patient Access</li> <li>4. Health Information Exchange</li> </ol> <p>Some measures require a "yes" to receive credit, and others require a numerator of at least 1. (For example, you wrote an e-prescription for at least 1 patient).</p>
<b>Performance Score</b>	<p>You earn points on this portion of your overall score by performing well on the above measures. In general, "performing well" means that you report the measure for a higher number of patients. You can also score points by performing well on additional measures not listed above.</p>	
<b>Bonus Points</b>	<p>For bonus points, you have the option to:</p> <ol style="list-style-type: none"> <li>1. Report Public Health and Clinical Data Registry Reporting Measures and/or</li> <li>2. Use Certified Electronic Health Record Technology to complete certain improvement activities in the Improvement Activities category of MIPS</li> </ol>	

### Reporting Timeline



### Reporting Mechanisms

Advancing Care Information data for MIPS can be reported through:

1. Qualified Clinical Data Registries
2. Qualified Registry
3. Electronic Health Records
4. Attestation

Groups with 25 or more clinicians may report through the CMS Web Interface. You may only use one method to submit all your Advancing Care Information data. A combination of methods is not allowed.