Dignity Health

Best Practices for Reporting the MIPS Advancing Care Information Category in 2017

St. Rose Quality Care Network
A Dignity Health Member

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Overview of the Merit-Based Incentive Payment System (MIPS)

MIPS is a new reimbursement system for clinicians billing Medicare Part B. MIPS scores clinicians based on their performance on metrics in four categories: 1) Quality 2) Improvement Activities 3) Advancing Care Information and 4) Cost. Clinicians' performance under MIPS will begin to affect their Medicare fee for service reimbursement in 2019. 2019 reimbursement adjustments will be made based on clinician performance data collected in 2017.

What is the MIPS Advancing Care Information Category?

The Advancing Care Information category within MIPS replaces the Meaningful Use (Electronic Health Record Incentive) Program, and promotes the electronic exchange of health information. A clinician's score in the Advancing Care Information category makes up 25% of his or her final MIPS score in 2017. To meet the requirements of the category, clinicians must report data on a number of measures related to their use of electronic health records.

How Do I Report Data for the Advancing Care Information Category?

Clinicians can choose to report the measures in the Advancing Care Information category individually or as a group. A group is defined as two or more clinicians billing under the same Tax Identification Number (TIN). If two or more clinicians billing under the same TIN choose to report as a group, they must aggregate the measure data for each of the MIPS-eligible clinicians that bill under the group's TIN. The clinicians' combined performance will yield a single score for the MIPS Advancing Care Information category. All clinicians in the group's TIN will receive the same score.

To meet the Advancing Care Information measure requirements clinicians should follow these steps:

1. Contact your EHR vendor for guidance on how to meet the Advancing Care Information measure requirements using your specific EHR.
2. Determine which Advancing Care Information measure set you/your group should report, based on whether your EHR meets 2014 or 2015 Medicare certification requirements.
3. If you are reporting as a group, aggregate the measure data for each of the MIPS-eligible clinicians that bill under your group's TIN (data for certain clinicians can be excluded). If you are reporting individually, skip this step.
4. Report the measures via attestation, your EHR, a Qualified Clinical Data Registry, a Qualified Registry, or the Centers for Medicare and Medicaid Services Web Interface (for groups of 25 or more clinicians). Note that one of the required ACI measures is successful completion of a Security Risk Analysis.
5. In case of an audit, keep a binder with records of all the information related to reporting the Advancing Care Information measures.

In the pages below, SRQCN provides more detail on each of these steps.

The Merit-Based Incentive Payment System (MIPS) is a new reimbursement system for clinicians billing Medicare. MIPS scores clinicians on their performance in the following categories:

1. Quality
2. Cost
3. Improvement Activities (such as care coordination and population health management)
4. Advancing Care Information (use of electronic health records (EHR); replaces the Meaningful Use program).

Starting in 2019, clinicians' Medicare reimbursement will be adjusted based on their performance in these four categories. Performance data from 2017 will be used to determine payment adjustment in 2019.

Clinicians can choose to participate in MIPS as an individual or a group. A group is defined as two or more clinicians who bill under the same Tax Identification Number (TIN).

What is the MIPS Advancing Care Information Category?

The Advancing Care Information category within MIPS replaces the Meaningful Use (Electronic Health Record Incentive) Program, and promotes the electronic exchange of health information.

How is the MIPS Advancing Care Information Category Scored?

The Advancing Care Information score comprises 25% of a clinician's total MIPS score in Performance Year 2017.

A clinician's or group's ACI score will be calculated by adding together three score components: the base score, the performance score, and bonus points. These components are described in the table below:

SCORE COMPONENT	DESCRIPTION/REPORTING	
Base Score	Clinicians/Groups using the Advancing Care Information Objectives and Measures set (those with EHR technology certified to CMS's 2015 or 2014 requirements, or a combination of 2015/2014 Certified EHR technology that supports this measure set) MUST report for at least 90 days on ALL of these required measures: 1. Security Risk Analysis 2. E-Prescribing 3. Provide Patient Access 4. Send a Summary of Care 5. Request/Accept a Summary of Care In order to receive ANY credit in the ACI category, clinicians/groups must report data for ALL the measures that make up the base score.	Clinicians/Groups using the 2017 Advancing Care Information Transition Objectives and Measures set (those with EHR technology certified to CMS's 2014 requirements or a combination of 2015/2014 Certified EHR technology) MUST report for at least 90 days on ALL of these required measures: 1. Security Risk Analysis 2. E-Prescribing 3. Provide Patient Access 4. Health Information Exchange In order to receive ANY credit in the ACI category, clinicians/groups must report data for ALL the measures that make up the base score.
Performance Score	Clinicians/Groups can earn additional points if they perform well on the above base measures. In general, clinicians/groups that report the measure for a higher number of patients receive more points. For example, clinicians/groups that e-prescribe for a greater number of patients will receive more points (the measure numerator will be greater than "1"). Clinicians/groups can also score points by performing well on additional/menu measures listed in the measure tables below.	
Bonus Points	For bonus points, clinicians/groups have the option to: 1. Report Public Health and Clinical Data Registry Reporting Measures and/or 2. Use Certified Electronic Health Record Technology to report certain improvement activities in the Improvement Activities category of MIPS	

How Do I Report Data for the MIPS Advancing Care Information Category as an Individual?

Determine which measure set you should report, based on whether your EHR meets 2014 or 2015 CMS requirements.

In MIPS Performance Year 2017, clinicians will report on one of two possible ACI measure sets:

1. Clinicians that have EHR technology meeting CMS's 2015 requirements can report on the Advancing Care Information Objectives and Measures or the 2017 Advancing Care Information Transition Objectives and Measures
2. Clinicians that have EHR technology meeting CMS's 2014 requirements can report on the 2017 Advancing Care Information Transition Objectives and Measures
3. Clinicians that have a combination of EHR technologies meeting CMS's 2015 and/or 2014 requirements can report on the 2017 Advancing Care Information Transition Objectives and Measures or The Advancing Care Information Objectives and Measures (if their combination of technologies supports this measure set)

For help determining which requirements your EHR meets, please visit https://chpl.healthit.gov/#/search.

Contact your EHR Vendor for guidance on how to meet the Advancing Care Information measure requirements using your specific EHR system.

Your EHR vendor may be able to support you through the Advancing Care Information reporting process, and help you extract the correct data from your EHR system for each measure.

Report the measures via attestation, your EHR, a Qualified Clinical Data Registry, or a Qualified Registry.

1. Report either "Yes" or "No" for the Yes/No Statement measures, and report the numerator and denominator for the Numerator/Denominator measures.
2. It is advised that each clinician report measure data for as many patients as possible because, even though having only a "1" in the numerator allows the clinician to fulfill the ACI base score component requirements, the ACI performance score component requirements (and thus the overall ACI category score) can be improved through reporting data for a greater proportion of patients.

3. Advancing Care Information measure specifications for those submitting through EHR, QCDRs, or QRs are available here: https://qpp.cms.gov/resources/education.

4. In order to submit measures, you will need to request access the 'Physician Quality and Value Programs' application in the CMS Enterprise Portal using an Enterprise Identity Data Management (EIDM) account. If you already have an EIDM account, more information on requesting the access to this specific application is available here: https://qpp.cms.gov/docs/QPP_Existing_EIDM_Account.pdf If you do not yet have an EIDM account, you will need to set one up. Details setting the account up and requesting access to this application are available here: https://qpp.cms.gov/docs/QPP_New_EIDM_Account.pdf.

Document the whole process in case of an audit.

You should have a binder of all the information related to reporting the Advancing Care Information measures.

a. This includes screenshots, reports, and documents for each measure. CMS tends to check whether the information a clinician has in his/her EHR is what the clinicians entered into the CMS Portal for attestation.

b. Be sure to save all information related to the Security Risk Analysis including security policies and corrective actions taken.

The Medicare program typically audits 5-10% of providers.[i]

Note: Certain types of clinicians are not required to report the measures in the Advancing Care Information Category of MIPS. These clinicians include:

1. Hospital-based clinicians (defined as "clinicians who furnish 75% or more of their covered professional services in inpatient hospitals, on-campus outpatient hospitals, or emergency rooms")[ii]

2. Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists

3. Non-patient-facing clinicians (based on the number of patient-facing encounters the clinician billed during the performance period)[iii]

4. Clinicians who applied for and were granted a "Hardship Exemption" from the ACI category. Hardship Exemptions can be granted for clinicians who face:

a. Insufficient internet connectivity

b. Extreme and uncontrollable circumstances (like natural disasters, practice or hospital closure, severe financial distress, or EHR certification/vendor issues)

c. Lack of control over the availability of Certified EHR technology (defined as clinicians who demonstrate that a majority of their outpatient encounters occur in locations where they have no control over the health IT decisions of the facility.)

For more information on Hardship Exemptions and/or to submit an application for one, please visit https://qpp.cms.gov/about/hardship-exception. The deadline to apply for 2017 performance year has not yet been finalized, but if you know you qualify, you may want to apply now as CMS is reviewing these applications on a rolling basis.

How Do We Report Data for the MIPS Advancing Care Information Category as a Group?

Determine which measure set your group should report, based on whether your EHR meets 2014 or 2015 CMS requirements.

In MIPS Performance Year 2017, groups will report on one of two possible ACI measure sets:

1. Groups that have EHR technology meeting CMS's 2015 requirements can report on the Advancing Care Information Objectives and Measures or the 2017 Advancing Care Information Transition Objectives and Measures

2. Groups that have EHR technology meeting CMS's 2014 requirements can report on the 2017 Advancing Care Information Transition Objectives and Measures

3. Groups that have a combination of EHR technologies meeting CMS's 2015 and/or 2014 requirements can report on the 2017 Advancing Care Information Transition Objectives and Measures or The Advancing Care Information Objectives and Measures (if their combination of technologies supports this measure set)

For help determining which requirements your group meets, please visit https://chpl.healthit.gov/#/search.

Contact your EHR Vendor for guidance on how to meet the Advancing Care Information measure requirements using your specific EHR system.

Your EHR vendor may be able to support you through the Advancing Care Information reporting process, and help you extract the correct data from your EHR system for each measure.

Aggregate the measure data for each of the MIPS-eligible clinicians that bill under your group's TIN (data for certain clinicians can be excluded).

1. For each ACI measure, your group will need to aggregate the data for each of your MIPS-eligible clinicians. This is done by adding together the measure numerators and denominators for each MIPS-eligible clinician in the group's TIN. Your EHR may be capable of aggregating this data for you.
2. It is advised that each group report measure data for as many clinicians and patients as possible because, even though having only a "1" in the numerator allows the group to fulfill the ACI base score component requirements, the ACI performance score component requirements (and thus the overall ACI category score) can be improved through reporting data for a greater proportion of clinicians/patients.
3. When aggregating the data for all the clinicians in your group's TIN, your group can exclude data for clinicians for whom the ACI measures do not apply. This includes:

a. Hospital-based clinicians (defined as "clinicians who furnish 75% or more of their covered professional services in inpatient hospitals, on-campus outpatient hospitals, or emergency rooms")[iv]

b. Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists

c. Non-patient-facing clinicians (based on the number of patient-facing encounters the clinician billed during the performance period)[v]

d. Clinicians who applied for and were granted a "Hardship Exemption" from the ACI category.

Even if a clinician is excluded from the group's ACI data, they will still receive the same ACI score that all clinicians in the group will receive. Their data just will not be included when determining the ACI category score or the EHR measure in MSSP.

Report the measures via attestation, your EHR, a Qualified Clinical Data Registry, a Qualified Registry, or the CMS Web Interface.

1. Aggregate the data for the MIPS-eligible clinicians in your group 's TIN as described above
2. Report either "Yes" or "No" for the Yes/No Statement measures, and report the numerator and denominator for the Numerator/Denominator measures.
3. Advancing Care Information measure specifications for those submitting through EHR, QCDRs, or QRs are available here: https://qpp.cms.gov/resources/education
4. Groups who plan to report via the CMS Web Interface (those with 25 or more clinicians) must register by June 30. For more information, please visit https://qpp.cms.gov/docs/QPP_Web_Interface_Registration_Guide.pdf

Document the whole process in case of an audit.

Your group should have a binder of all the information related to reporting the Advancing Care Information measures.

1. This includes screenshots, reports, and documents for each measure. CMS tends to check whether the information a group has in its EHR is what the group entered into the CMS Portal for attestation.
2. Be sure to save all information related to the Security Risk Analysis including security policies and corrective actions taken.

The Medicare program typically audits 5-10% of providers.[vi]

Advancing Care Information Transition Objectives and Measures Set

This measure set is for clinicians/groups with EHR technology certified to CMS's 2015 or 2014 requirements, or a combination of 2015/2014 Certified EHR technology that supports this measure set.

ACI MEASURE	SCORE COMPONENT	REPORTING REQUIREMENT
Security Risk Analysis	Base	Yes/No Statement Note: Appendix A contains additional details on how to report this measure.
e-Prescribing	Base	Numerator/Denominator
Provide Patient Access	Base	Numerator/Denominator
Send a Summary of Care	Base	Numerator/Denominator
Request/Accept Summary of Care	Base	Numerator/Denominator
Immunization Registry Reporting	Performance	Yes/No Statement
Syndromic Surveillance Reporting	Performance	Yes/No Statement
Electronic Case Reporting	Performance	Yes/No Statement
Public Health Registry Reporting	Performance	Yes/No Statement
Clinical Data Registry Reporting	Performance	Yes/No Statement
Patient-Specific Education	Performance	Numerator/Denominator
View, Download, or Transmit (VDT)	Performance	Numerator/Denominator
Secure Messaging	Performance	Numerator/Denominator
Patient-Generated Health Data	Performance	Numerator/Denominator
Clinical Information Reconciliation	Performance	Numerator/Denominator

2017 Advancing Care Information Transition Objectives and Measures Set

This measure set is for clinicians/groups with EHR technology certified to CMS's 2014 requirements or a combination of 2015/2014 Certified EHR technology.

ACI TRANSITION MEASURE	REQUIRED/NOT REQUIRED FOR BASE SCORE	REPORTING REQUIREMENT
Security Risk Analysis	Base	Yes/No Statement Note: Appendix A contains additional details on how to report this measure.
e-Prescribing	Base	Numerator/Denominator
Provide Patient Access	Base	Numerator/Denominator
Health Information Exchange	Base	Numerator/Denominator
Immunization Registry Reporting	Performance	Yes/No Statement
Syndromic Surveillance Reporting	Performance	Yes/No Statement
Specialized Registry Reporting	Performance	Yes/No Statement
View, Download, or Transmit (VDT)	Performance	Numerator/Denominator
Patient-Specific Education	Performance	Numerator/Denominator
Secure Messaging	Performance	Numerator/Denominator
Medication Reconciliation	Performance	Numerator/Denominator

Appendix A: Additional Resources

1. Because each EHR system and edition is different, you should contact your EHR Vendor for guidance on how to meet the measure requirements using your specific EHR system.
2. The Medicare program partners with organizations to assist clinicians in implementing EHR and fulfilling the MIPS Advancing Care Information category requirements. For assistance, you can contact DeeAnne McCallin-Program Director at California Health Information Partnership and Services Organization at (510) 302-3364
3. MIPS is part of a larger Medicare reimbursement system called the Quality Payment Program. For more information about MIPS and the measures that fall under the Advancing Care Information category, please visit the Quality Payment Program website at https://qpp.cms.gov/
4. Advancing Care Information Fact Sheet created by the Medicare program: https://qpp.cms.gov/docs/QPP_ACI_Fact_Sheet.pdf
5. Medicare-approved MIPS reporting assistance for small practices: https://qpp.cms.gov/docs/QPP_Support_for_Small_Practices.pdf
6. CMS Audit Documentation Fact Sheet (Note: this fact sheet was created for the Meaningful Use program, but many of the tips will still be useful): https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/AppealsAudits_2015through2017SupportDoc.pdf

Appendix B: Security Risk Analysis Measure

The Advancing Care Information category of the Merit-Based Incentive Payment System promotes the electronic exchange of patient health information. The category requires clinicians/groups to fulfill a variety of measures, including a Security Risk Analysis Measure.

For clinicians/groups that store and transmit patient health information electronically, it is important to ensure the security of that information. A Security Risk Analysis helps clinicians/groups understand where risks to the security of their electronic protected health information might exist.

What is a Security Risk Analysis?

According to the Federal Government, a Security Risk Analysis is "an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity and availability of electronic protected health information" held by a clinician/group. In other words, it is an analysis of how well the clinician/group is ensuring the security of patient health information.

How Do I Fulfill the ACI Security Risk Analysis Measure?

Though the ACI Risk Analysis measure does not provide concrete steps for performing a Security Risk Analysis, we have outlined a basic process to help you/your group understand and fulfill the measure.

If you/your group is already adhering to the HIPAA Security Rule, which also requires clinicians/groups to perform a Security Risk Analysis, you are on your way to fulfilling the ACI Risk Analysis measure requirements.

The basic process by which clinicians/groups fulfill the ACI Security Risk Analysis measure is:

1. Contact your EHR Vendor for guidance on how to meet the Security Risk Analysis measure requirements using your specific EHR system.
2. Conduct a Security Risk Analysis that reviews current security infrastructure of electronic protected health information contained within your EHR, and identifies areas where protected health information might be at risk.

The Risk Analysis must address:

- Physical Safeguards (the mechanisms needed to protect electronic data such as computer screen shields, controlling access to portable devices, locked offices, alarm systems)
- Administrative Safeguards (administrative functions to ensure security such as staff training, monthly review of user activities to control access, policy enforcement)
- Technical Safeguards (automated process to control access to data such as controls on access to EHR, audit logs, secure passwords, backing-up data, virus checks, data encryption)
- Policies and Procedures (written protocols to ensure security compliance such as documentation of security measures, written protocols on authorizing users, record retention)
- Organizational Requirements (Business Associate Agreements (i.e. plan for identifying and managing vendors who access, create or store PHI))

3. Correct security deficiencies identified during the Risk Analysis.

The measure only requires progress in improving the security of the clinician's/group's electronic protected health information, not complete elimination of security risks.

All steps must be completed by the end of the performance year, 12/31/2017.

Since all clinicians and groups are unique, you are ultimately responsible for adopting and implementing security and privacy measures that are appropriate and reasonable for your/your group's needs and capabilities. While the Security Risk Analysis is an annual requirement, any security risk should be addressed as soon as possible.

CMS Security Risk Analysis Tool and Videos

CMS has released a tool to help clinicians conduct and document a comprehensive assessment to identify risks in their organizations. The Security Risk Analysis Tool also produces a report that can be useful for audits. Both paper and electronic versions of the tool are available here:

https://www.healthit.gov/providers-professionals/security-risk-assessment-tool

CMS-produced instructional videos regarding conducting a Security Risk Analysis are available here:

https://www.healthit.gov/providers-professionals/security-risk-assessment-videos

[i] https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/VendorWorkgroupCall_June13.pdf

[ii] Quote from MIPS final rule page 77050 available at https://www.gpo.gov/fdsys/pkg/FR-2016-11-04/pdf/2016-25240.pdf

[iii] Patient-facing encounter codes available here: https://qpp.cms.gov/resources/education listed as "Quality Measure Encounter Codes"

[iv] Quote from MIPS final rule page 77050 available at https://www.gpo.gov/fdsys/pkg/FR-2016-11-04/pdf/2016-25240.pdf

[v] Patient-facing encounter codes available here: https://qpp.cms.gov/resources/education listed as "Quality Measure Encounter Codes"

[vi] https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/VendorWorkgroupCall_June13.pdf