



Advancing Care Information

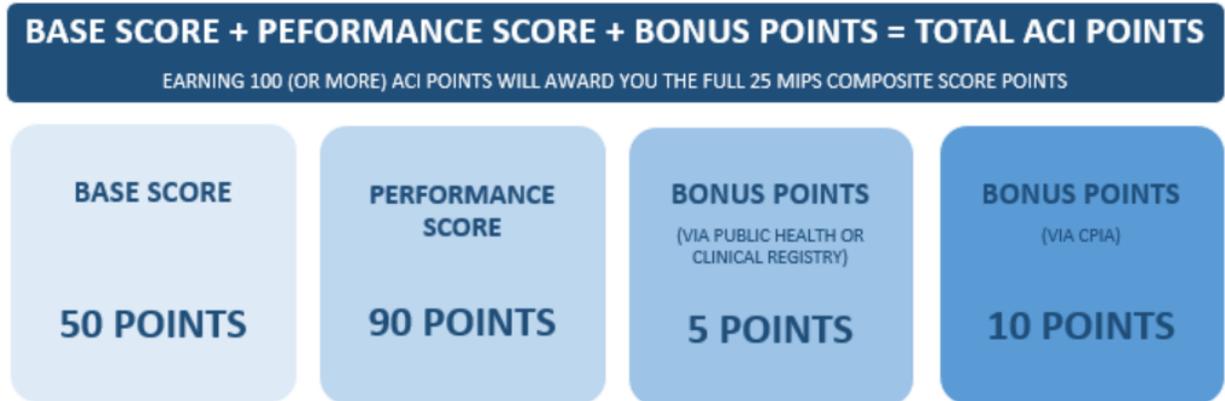
Advancing care information (ACI) is one of four categories within the Merit-based Incentive Payment System (MIPS), accounting for 25% of the provider's MIPS total quality score. ACI is based on the recently retired CMS EHR Incentive program, also known as Meaningful Use (MU). Importantly, there are several features that distinguish ACI from its predecessor program.

1. ACI is not an "all or none" program. Within the MU program, a nephrologist could do very well on the majority of the MU objectives, but if he or she just missed clearing the threshold target for a single objective, the provider would incur the maximum MU penalty. CMS takes a different approach with ACI by creating a baseline series of objectives and a performance series of objectives. While the baseline is mandatory, the performance objectives are optional. Importantly, the mandatory threshold requirements within MU are not present within ACI.
2. Quality is separately reported. Within MU, providers were compelled to report quality measures. Within the Quality Payment Program (QPP), quality is reported separately and therefore ACI does not include a quality reporting requirement.
3. Reporting ACI is optional for advanced practitioners (APs) in 2017; however, should an AP elect to not report ACI in 2017 the remaining categories of MIPS will be over weighted.
4. The "50 % Rule" is cast in a different light. Within the MU framework, many nephrologists successfully filed for a hardship exception, thereby avoiding participation in MU. The basis for the hardship was the fact that more than half of the nephrologist's outpatient encounters occurred in a venue of care not equipped with CEHRT (like a dialysis clinic) AND the decision to deploy CEHRT within that venue of care was outside the nephrologist's direct control. This hardship remains in place for ACI, but importantly ACI permits the nephrologist to report ACI for his or her office-based practice and does not compel the nephrologist to include the patients encountered in either a dialysis clinic or vascular access center. Filing for the hardship remains an option, but doing so substantially over weights the quality category of MIPS making the hardship less attractive for nephrologists.

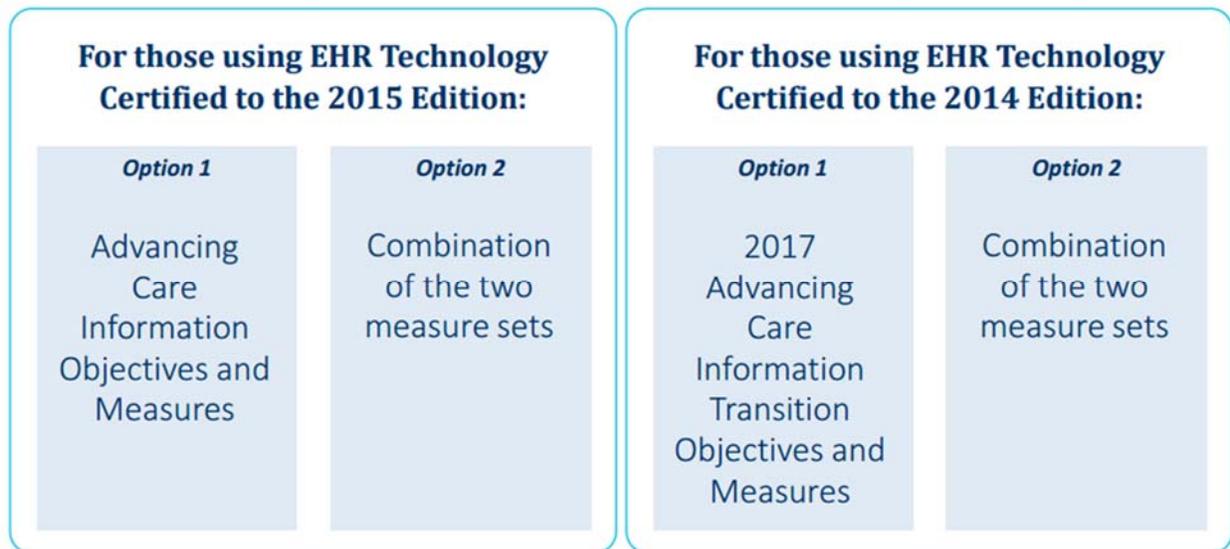


Scoring

ACI scoring occurs across several segments of the program:



While there are a total of 155 possible ACI points, to achieve the maximum ACI score for MIPS only requires receiving 100 ACI points. Perhaps the most confusing aspect of ACI is that what you report in 2017 is largely dependent on the certification status of your EHR. Some nephrologists are using a 2014 edition certified EHR, while others are using a 2015 edition certified EHR. You may use either to report ACI in 2017, but in 2018 and beyond you must use a 2015 edition certified EHR. CMS provides the following options based on which edition of certified EHR you have:



Base Score

The base score is made up of several familiar MU objectives four of which are required in 2017, with a fifth to be added in 2018 and beyond (see figure below):

Advancing Care Information Objectives and Measures:		2017 Advancing Care Information Transition Objectives and Measures:	
Base Score Required Measures		Base Score Required Measures	
Objective	Measure	Objective	Measure
Protect Patient Health Information	Security Risk Analysis	Protect Patient Health Information	Security Risk Analysis
Electronic Prescribing	e-Prescribing	Electronic Prescribing	e-Prescribing
Patient Electronic Access	Provide Patient Access	Patient Electronic Access	Provide Patient Access
Health Information Exchange	Send a Summary of Care	Health Information Exchange	Health Information Exchange
Health Information Exchange	Request/Accept a Summary of Care		

These base ACI objectives are the only mandatory part of ACI, but this is much easier to achieve than MU.

1. Performing a Security Risk Analysis (yes)
2. E-Prescribing (at least 1 patient)
3. Providing Patient Access to Their Data (at least 1 patient)
4. Sending Summary of Care via HIE (at least 1 patient)
5. Requesting/Accepting Summary of Care (only required in 2018 and beyond - at least 1 patient)

Importantly, failure to meet the reporting requirements for the base objectives will result in a base score of zero, and an Advancing Care Information performance score of zero.

Performance Score

ACI also includes an optional category. While optional, many of the ACI points will originate from the provider's score across the performance objectives below. As noted above, the actual objectives the nephrologist will face in the performance section depends on the EHR in use in the nephrologist's practice.



Advancing Care Information Objectives and Measures:

Performance Score* Measures

Objective	Measure
Patient Electronic Access	Provide Patient Access*
Patient Electronic Access	Patient-Specific Education
Coordination of Care through Patient Engagement	View, Download and Transmit (VDT)
Coordination of Care through Patient Engagement	Secure Messaging
Coordination of Care through Patient Engagement	Patient-Generated Health Data
Health Information Exchange	Send a Summary of Care*
Health Information Exchange	Request/Accept a Summary of Care*
Health Information Exchange	Clinical Information Reconciliation
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting

2017 Advancing Care Information Transition Objectives and Measures

Performance Score Measures

Objective	Measure
Patient Electronic Access	Provide Patient Access*
Patient Electronic Access	View, Download and Transmit (VDT)
Patient-Specific Education	Patient-Specific Education
Secure Messaging	Secure Messaging
Health Information Exchange	Health Information Exchange*
Medication Reconciliation	Medication Reconciliation
Public Health Reporting	Immunization Registry Reporting

*Performance Score: Additional achievement on measures above the base score requirements.

Within the performance section of ACI, each objective will be scored on a scale of 1-10. The relative contribution of the ACI performance objectives to the possible 90 points one may achieve is described in the table below:

2015 Edition CEHRT

Advancing Care Information Measures	
Measure	Performance Score
Provide Patient Access	Up to 10%
Patient-Specific Education	Up to 10%
View, Download and Transmit (VDT)	Up to 10%
Secure Messaging	Up to 10%
Patient-Generated Health Data	Up to 10%
Send a Summary of Care	Up to 10%
Request/Accept a Summary of Care	Up to 10%
Clinical Information Reconciliation	Up to 10%
Immunization Registry Reporting	0 or 10%

2014 Edition CEHRT

Advancing Care Information Transitional Measures	
Measure	Performance Score
Provide Patient Access	Up to 20%
Health Information Exchange	Up to 20%
View, Download, or Transmit	Up to 10%
Patient-Specific Education	Up to 10%
Secure Messaging	Up to 10%
Medication Reconciliation	Up to 10%
Immunization Registry Reporting	0 or 10%



Each of the objectives above will be scored based on the provider's performance within the specific objective. The scoring is based on performance deciles as noted below. Similar to quality scoring, the scoring for the performance section of ACI examines the provider's performance rate for a specific measure as noted in the table below.

Each measure is worth 10-20%.
The percentage score is based on the performance rate for each measure:

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

For example, if the provider provided patient education for 250 of 500 eligible patients, that's a 50% performance rate which is worth 5 percentage points in the performance category for the ACI Measures where that measure accounts for 10 percentage points, or it's worth 10 percentage points in the performance category for ACI Transitional Measures where that measure accounts for 20 percentage points.

Bonus Score

ACI bonus points are available to providers who use their CEHRT to report certain components within the Improvement Activities of MIPS via their EHR. In addition, ACI bonus points accrue to providers who use their CEHRT to submit specific data to a Public Health Authority (PHA) or to a Clinical Data Registry such as the RPA Kidney Quality Improvement Registry (a QCDR).



The Improvement Activities reportable through CEHRT and available for ACI bonus points include the following:

Improvement Activity Performance Category Subcategory	Activity Name	Weight
Expanded Practice Access	Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record	High
Population Management	Anticoagulant management improvements	High
Population Management	Glycemic management services	High
Population Management	Chronic care and preventative care management for empanelled patients	Medium
Population Management	Implementation of methodologies for improvements in longitudinal care management for high risk patients	Medium
Population Management	Implementation of episodic care management practice improvements	Medium
Population Management	Implementation of medication management practice improvements	Medium
Care Coordination	Implementation of use of specialist reports back to referring clinician or group to close referral loop	Medium
Care Coordination	Implementation of documentation improvements for practice/process improvements	Medium
Care Coordination	Implementation of practices/processes for developing regular individual care plans	Medium
Care Coordination	Practice improvements for bilateral exchange of patient information	Medium
Beneficiary Engagement	Use of certified EHR to capture patient reported outcomes	Medium
Beneficiary Engagement	Engagement of patients through implementation of improvements in patient portal	Medium
Beneficiary Engagement	Engagement of patients, family and caregivers in developing a plan of care	Medium
Patient Safety and Practice Assessment	Use of decision support and standardized treatment protocols	Medium
Achieving Health Equity	Leveraging a QCDR to standardize processes for screening	Medium
Integrated Behavioral and Mental Health	Implementation of integrated PCBH model	High
Integrated Behavioral and Mental Health	Electronic Health Record Enhancements for BH data capture	Medium ²⁶

PHA and Data Registry options include the following:

- Syndromic Surveillance Reporting (2014 and 2015 edition CEHRT)
- Specialized Registry Reporting (2014 edition CEHRT)
- Electronic Case Reporting (2015 edition CEHRT)
- Public Health Registry Reporting (2015 edition CEHRT)
- Clinical Data Registry Reporting (2015 edition CEHRT)

In summary, nephrologists can earn ACI bonus percentage points by doing the following:

- Reporting “yes” to 1 or more additional public health and clinical data registries beyond the Immunization Registry Reporting measure will result in a 5% bonus.
- Reporting “yes” to the completion of at least 1 of the specified Improvement Activities using CEHRT will result in a 10% bonus.



Summary

In summary, the 25 MIPS points that originate from the ACI category are comprised from the three sources in the table below. **Importantly, failure to meet the base score requirements will lead to zero MIPS points for ACI.**

