



## 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. 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.
4. Eligible clinicians (ECs) practicing in small practices, defined as those with 15 or fewer providers may file for a hardship exception. If successful, ACI is reweighted to 0, with the 25 MIPS points reallocated to the Quality category.



## Scoring

ACI scoring occurs across several segments of the program:

Using 2014 CEHRT or Combination of 2014 and 2015 CEHRT:

**Base Score + Performance Score + Bonus Points  
= Total ACI Points**

**Using 2014 CEHRT or  
Combination of 2014 & 2015 CEHRT**

**Base Score**  
50 points

**Performance  
Score**  
90 points

**Bonus Points**  
(via IA)  
5 points

**Bonus Points**  
(via Public Health or  
Clinical Registry)  
5 points

Using only 2015 CEHRT:

**Base Score + Performance Score + Bonus  
Points = Total ACI Points**

**Using Only 2015 CEHRT**

**Base Score**  
50 points

**Performance  
Score**  
90 points

**Bonus Points**  
(via IA)  
5 points

**Bonus Points**  
(using 2015  
CEHRT)  
10 points

**Bonus Points**  
(via Public Health  
or Clinical  
Registry)  
5 points



While there are a total of 165 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 2018 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. As in 2017, you may use either to report ACI in 2018, but in 2019 and beyond you must use a 2015 edition certified EHR. Importantly, should you use 2015 Edition CEHRT exclusively for ACI in 2018, you will collect a 10% bonus score within the ACI performance category. The performance period for 2018 is a minimum of 90 continuous days during calendar year 2018. 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 2018, with a fifth to be added in 2019 and beyond (see figure below):

<b>Advancing Care Information Transition Objectives and Measures (using 2014 CEHRT)</b>	
<b>Base Score Required Measures</b>	
<i>Objective</i>	<i>Measure</i>
Protect Patient Health Information	Security Risk Analysis
Electronic Prescribing	e-Prescribing
Patient Electronic Access	Provide Patient Access
Health Information Exchange	Send a Summary of Care

<b>Advancing Care Information Objectives and Measures (using 2015 CEHRT)</b>	
<b>Base Score Required Measures</b>	
<i>Objective</i>	<i>Measure</i>
Protect Patient Health Information	Security Risk Analysis
Electronic Prescribing	e-Prescribing
Patient Electronic Access	Provide Patient Access
Health Information Exchange	Send a Summary of Care
Health Information Exchange	Request/Accept 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) New for 2018, MIPS ECs who write fewer than 100 permissible prescriptions during the performance period are excluded from this measure.
3. Providing Patient Access to Their Data (at least 1 patient)
4. Sending Summary of Care via HIE (at least 1 patient) New for 2018, MIPS ECs who transition fewer than 100 patients during the performance period are excluded from this measure.
5. Requesting/Accepting Summary of Care (only required in 2019 and beyond - at least 1 patient) New for 2018, MIPS ECs who transition fewer than 100 patients during the performance period are excluded from this measure.

***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. There is one minor change in 2018 which relates to the public health reporting objective. In lieu of immunization registry reporting, ECs may use either syndromic surveillance reporting, electronic case reporting, public health registry reporting, or clinical data registry reporting.



<b>2018 Advancing Care Information Transition Objectives and Measures</b>	
<b>Performance Score* Measures</b>	
<i>Objective</i>	<i>Measure</i>
Patient Electronic Access	Provide Patient Access*
Patient Electronic Access	Patient-Specific Education
Patient Electronic Access	View, Download, or Transmit (VDT)
Secure Electronic Messaging	Secure Messaging
Medication Reconciliation	Medication Reconciliation
Health Information Exchange	Health Information Exchange*
Public Health Reporting	Specialized Registry Reporting
Public Health Reporting	Immunization Registry Reporting
Public Health Reporting	Syndromic Surveillance Reporting

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





<b>Advancing Care Information Objectives and Measures</b>	
<b>Performance Score* Measures</b>	
<i>Objective</i>	<i>Measure</i>
Patient Electronic Access	Provide Patient Access*
Patient Electronic Access	Patient-Specific Education
Coordination of Care Through Patient Engagement	View, Download, or Transmit (VDT)
Coordination of Care Through Patient Engagement	Provide Patient Access
Coordination of Care Through Patient Engagement	Secure Messaging
Coordination of Care Through Patient Engagement	Patient Generated Health Data
Health Information Exchange	Clinical Information Reconciliation
Health Information Exchange	Send a Summary of Care*
Health Information Exchange	Request/Accept Summary of Care*
Public Health and Clinical Data Registry Reporting	Specialized Registry Reporting
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting
Public Health and Clinical Data Registry Reporting	Syndromic Surveillance Reporting
Public Health and Clinical Data Registry Reporting	Electronic Case Reporting
Public Health and Clinical Data Registry Reporting	Public Health 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.

**TABLE 7: 2018 Performance Period Advancing Care Information Performance Category  
Scoring Methodology  
Advancing Care Information Objectives and Measures**

2018 Advancing Care Information Objective	2018 Advancing Care Information Measure	Required/ Not Required for Base Score (50%)	Performance Score (up to 90%)	Reporting Requirement
Protect Patient Health Information	Security Risk Analysis	Required	0	Yes/No Statement
Electronic Prescribing	e-Prescribing **	Required	0	Numerator/ Denominator
Patient Electronic Access	Provide Patient Access	Required	Up to 10%	Numerator/ Denominator
	Patient-Specific Education	Not Required	Up to 10%	Numerator/ Denominator
Coordination of Care Through Patient Engagement	View, Download, or Transmit (VDT)	Not Required	Up to 10%	Numerator/ Denominator
	Secure Messaging	Not Required	Up to 10%	Numerator/ Denominator
	Patient-Generated Health Data	Not Required	Up to 10%	Numerator/ Denominator
Health Information Exchange	Send a Summary of Care **	Required	Up to 10%	Numerator/ Denominator
	Request/Accept Summary of Care **	Required	Up to 10%	Numerator/ Denominator
	Clinical Information Reconciliation	Not Required	Up to 10%	Numerator/ Denominator
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting	Not Required	0 or 10%*	Yes/No Statement
	Syndromic Surveillance Reporting	Not Required	0 or 10%*	Yes/No Statement
	Electronic Case Reporting	Not Required	0 or 10%*	Yes/No Statement
	Public Health Registry Reporting	Not Required	0 or 10%*	Yes/No Statement
	Clinical Data Registry Reporting	Not Required	0 or 10%*	Yes/No Statement
<b>Bonus (up to 25%)</b>				
Report to one or more additional public health agencies or clinical data registries beyond the one identified for the performance score		5% bonus		Yes/No Statement
Report improvement activities using CEHRT		10% bonus		Yes/No Statement
Report using only 2015 Edition CEHRT		10% bonus		Based on measures submitted

\* A MIPS eligible clinician may earn 10 percent for each public health agency or clinical data registry to which the clinician reports, up to a maximum of 10 percent under the performance score.

\*\* Exclusions are available for these measures.



**TABLE 8: 2018 Performance Period Advancing Care Information Performance Category Scoring Methodology for 2018 Advancing Care Information Transition Objectives and Measures**

2018 Advancing Care Information Transition Objective	2018 Advancing Care Information Transition Measure	Required/ Not Required for Base Score (50%)	Performance Score (Up to 90%)	Reporting Requirement
Protect Patient Health Information	Security Risk Analysis	Required	0	Yes/No Statement
Electronic Prescribing	E-Prescribing**	Required	0	Numerator/Denominator
Patient Electronic Access	Provide Patient Access	Required	Up to 20%	Numerator/Denominator
	View, Download, or Transmit (VDT)	Not Required	Up to 10%	Numerator/Denominator
Patient-Specific Education	Patient-Specific Education	Not Required	Up to 10%	Numerator/Denominator
Secure Messaging	Secure Messaging	Not Required	Up to 10%	Numerator/Denominator
Health Information Exchange	Health Information** Exchange	Required	Up to 20%	Numerator/Denominator
Medication Reconciliation	Medication Reconciliation	Not Required	Up to 10%	Numerator/Denominator
Public Health Reporting	Immunization Registry Reporting	Not Required	0 or 10%*	Yes/No Statement
	Syndromic Surveillance Reporting	Not Required	0 or 10%*	Yes/No Statement
	Specialized Registry Reporting	Not Required	0 or 10%*	Yes/No Statement
<b>Bonus up to 15%</b>				
Report to one or more additional public health agencies or clinical data registries beyond the one identified for the performance score			5% bonus	Yes/No Statement
Report improvement activities using CEHRT			10% bonus	Yes/No Statement

\* A MIPS eligible clinician may earn 10% for each public health agency or clinical data registry to which the clinician reports, up to a maximum of 10% under the performance score.

\*\* Exclusions are available for these measures.

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 may be found on the [CMS website](#).

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 public health reporting measure selected under the performance category 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.
- Utilizing 2015 Edition CEHRT exclusively for ACI in 2018 will result in a 10% bonus score

## 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.**

