

Guide to MIPS 2017, Part 3: How to Report Advancing Care Information

This year, most ophthalmologists will be participating in the Merit-Based Incentive Payment System (MIPS), which is part of Medicare's new Quality Payment Program. They will receive a final score based on 3 MIPS performance categories—including the advancing care information (ACI) performance category, which replaces the electronic health record (EHR) meaningful use program. Here's what you need to know about ACI.

6 Key Facts About ACI

1. You can only report ACI measures if you are using certified EHR technology (CEHRT). During the 2017 performance year, your EHR system must be either a 2014- or a 2015-certified CEHRT. Note: CMS plans to make 2015-certified CEHRT mandatory for ACI's 2018 performance year.

2. There are 2 levels of ACI participation. Under ACI, there is a base score and a performance score. The base score represents a mandatory core level of ACI participation. The performance score involves a second level of participation where you are rewarded for your performance rate.

First, you must achieve full marks for the ACI base score, which is worth 50% of your total ACI score. This mandatory level of participation involves:

- Reporting either 4 or 5 measures, depending on whether you're reporting 2017 ACI transition measures or

Introducing ACI

MIPS' ACI performance category evolved out of the EHR meaningful use program. Your ACI score is the sum of your base score, performance score, and 2 bonus scores, and is capped at 100%. ACI contributes up to 25 points to your MIPS final score (0-100 points). For instance, an ACI score of 80% contributes 20 points to your MIPS final score.

4 Scores Contribute to Your ACI Score		Key Points
Base score	0% or 50%	<i>Mandatory.</i> If your base score is 0%, your entire ACI score will be 0%. <i>All or nothing.</i> Successfully report 5 ACI measures or 4 2017 ACI transition measures (see "Two Sets of Measures for ACI," next page) for a 50% score; otherwise, your base score is 0%. <i>Reporting requirements are low.</i> For 1 measure, attest that you performed a security risk analysis; for the others, report a numerator of at least 1.
+ performance score	0%-90%	<i>Flexibility.</i> Report up to 9 ACI measures or up to 7 2017 ACI transition measures. Some measures are required, but most are optional.
+ registry bonus score	0% or 5%	<i>Use the IRIS Registry.</i> If you integrate your EHR system with the IRIS Registry, you can successfully report a registry bonus measure.
+ CEHRT for improvement activities bonus score	0% or 10%	<i>Two-for-one.</i> If you use CEHRT functionality to complete an improvement activity, that activity will contribute to your improvement activities score and earn a bonus for your ACI score.
ACI score	Capped at 100%	ACI score = base score + performance score + registry bonus score + CEHRT bonus score.

ACI measures (see box "Two Sets of Measures for ACI," next page). The Academy recommends that you report

the 2017 ACI transition measures.

- You will earn the full base score (50%) if you successfully report all the required measures; if you fall short, even if just for 1 measure, you will score 0% for both the base score and the overall ACI score.

Two Sets of Measures for ACI

2017 ACI Transition Measures The Academy recommends that you report the 2017 ACI transition measures. Four of these measures are mandatory and must be reported for the base score; 7 measures—including 2 of the mandatory measures—can be reported for the performance score; and 2 measures don't contribute to the base or performance scores but can earn you a bonus. You'll be able to report via the IRIS Registry.*

	Measure	Base Score	Performance Score	Registry Bonus	Reporting Requirement
Required	Security Risk Analysis	0% or 50% (all or nothing)	NA	NA	Yes/No statement [†]
	e-Prescribing				Numerator/denominator (n/d): • For base score, n of 1 is all you need • For performance score, your score is based on performance rate (e.g., if your n/d for the Medication Reconciliation measure is 85/100, your performance rate is 85% and that measure would contribute 9% to your ACI score)
	Provide Patient Access		0%-20%		
	Health Information Exchange		0%-20%		
Optional	View, Download, or Transmit (VDT)	NA	0%-10%	NA	Yes/No statement [†]
	Patient-Specific Education		0%-10%		
	Secure Messaging		0%-10%		
	Medication Reconciliation		0%-10%		
	Immunization Registry Reporting		0% or 10%		
	Syndrome Surveillance Reporting		NA	0% or 5% bonus	Yes/No statement: [†] Integrating your EHR with the IRIS Registry will earn you the full 5% bonus.*
	Specialized Registry Reporting		NA		

ACI Measures Five of these measures are mandatory and must be reported for the base score; 9 measures—including 3 of the mandatory measures—can be reported for the performance score; and there are 4 measures that don't contribute to the base or performance scores but can earn you a bonus. You'll be able to report via the IRIS Registry.*

	Measure	Base Score	Performance Score	Registry Bonus	Reporting Requirement
Required	Security Risk Analysis	0% or 50% (all or nothing)	NA	NA	Yes/No statement [†]
	e-Prescribing				Numerator/denominator (n/d): • For base score, n of 1 is all you need • For performance score, your score is based on performance rate (e.g., if your n/d for a measure is 85/100, your performance rate is 85% and that measure would contribute 9% to your ACI score)
	Provide Patient Access		0%-10%		
	Send a Summary of Care		0%-10%		
	Request/Accept Summary of Care		0%-10%		
Optional	Patient-Specific Education	NA	0%-10%	NA	Yes/No statement [†]
	View, Download, or Transmit (VDT)		0%-10%		
	Secure Messaging		0%-10%		
	Patient-Generated Health Data		0%-10%		
	Clinical Information Reconciliation		0%-10%		
	Immunization Reporting		0% or 10%		
	Syndromic Surveillance Reporting		NA	0% or 5% bonus	Yes/No statement: [†] Integrating your EHR with the IRIS Registry will earn you the full 5% bonus.*
	Electronic Care Reporting				
	Public Health Registry Reporting				
	Clinical Data Registry Reporting				

- To report the Security Risk Analysis measure, indicate whether or not you conducted or reviewed a security risk analysis, implemented security updates as necessary, and corrected security deficiencies as part of your risk management process. You must attest “yes” to successfully report this measure.
- Other base score measures involve reporting a numerator and denominator; you need a numerator of just 1 to successfully report these measures. For the e-Prescribing measure, for example, the denominator is the number of prescriptions written for drugs during the performance period, and the numerator is the number of those prescriptions that were 1) generated, 2) queried for a drug formulary, and 3) transmitted using a certified EHR.

Note: A base score of 50% doesn’t indicate that you got only half of the points available for the base score; 50% is the maximum possible base score and represents 50% of the ACI score.

Next, you can earn an ACI performance score. You are eligible for the performance score only if you scored full marks (50%) for the base score.

- Typically, performance score measures involve reporting a numerator and a denominator. Most of these measures contribute 0%-10% to your performance score (2 measures contribute 0%-20%). Your score will depend on your performance rate—you earn 1% for a performance rate of 1%-10%, 2% for a performance rate of 11%-20%, 3% for a performance rate of 21%-30%, 4% for a performance rate of 31%-40%, etc. Suppose, for example, you report the Patient-Specific Education measure, which is worth up to 10%. During the performance period, perhaps you see 600 unique patients—this is the denominator. You provided patient-specific educational resources

.....

* Approval pending. CMS approves the IRIS Registry and other registries annually, and is expected to announce this year’s approvals in April or May; after some fine-tuning, the IRIS Registry expects to open its web portal to support ACI reporting in the summer.

† Must respond “Yes.”

to 200 of those patients (or to their authorized representatives) electronically using clinically relevant information identified from your EHR—this is your numerator. Your performance rate is 33.3% (200/600), and this measure will contribute 4% to your ACI score.

Performance score measures focus on 3 objectives. CMS believes that the performance score measures will support 3 of its priorities—patient electronic access, coordination of care through patient engagement, and information exchange. For instance, the Patient-Specific Education measure (mentioned above) promotes electronic access, the Secure Messaging measure supports patient engagement, and the Health Information Exchange measure—which is used during a transition of care or a referral—supports information exchange. CMS hopes that these measures will help lay the groundwork for increased interoperability.

3. In 2017, there are 2 different sets of measures. You will report measures from either the ACI measures or the 2017 ACI transition measures. If your EHR system is a 2014-certified CEHRT, you must report the 2017 ACI transition measures set; if it is a 2015-certified CEHRT, you can choose to report either the ACI measures or the 2017 ACI transition measures; if it is a modular system, with a mixture of 2014- and 2015-certified modules, you can choose to report either set of measures, provided your system is able to support the measures that you select.

MIPS tip: The Academy recommends that you report the 2017 ACI transition measures, which will be easier to achieve.

4. Pick a performance period of at least 90 days and no more than a calendar year. During the 2017 performance year, you will need to report at least 90 *consecutive* days of ACI data in order to get an ACI score. And because CMS anticipates that many practices will be moving from 2014- to 2015-certified CEHRT in the next year or so, the 2018 performance year also will have a performance period of at least 90 days. Ultimately, however, CMS plans to implement a 12-month performance period.

5. ACI’s scoring system provides

several pathways to a high score. Base score (contributes 50% of ACI score) + performance score (up to 90%) + bonuses (up to 15%) = ACI score (capped at 100%).

Base score. Reporting the base score measures is a prerequisite for ACI. If you report them all successfully, the base score contributes 50% to your ACI score; if you fail even just 1 base score measure, your base score and ACI score will both be 0%.

Performance score. You can top up your ACI score by reporting measures that contribute to your performance score. Most of these measures contribute up to 10%, but 2 2017 ACI transition measures can each contribute up to 20%. Because your base score has already given you an ACI score of 50%—and your bonus scores (see below) may have increased that to 65%—you can focus your efforts on those performance score measures where you’re most likely to be successful.

CEHRT bonus. Using CEHRT to satisfy the improvement activities performance category can contribute 10% to your ACI score (watch for “Guide to MIPS, Part 4: How to Report Improvement Activities,” in the April 2017 *EyeNet*). For instance, one of the improvement activities involves providing patients with 24/7 access to a provider. If your efforts to complete that activity include secure messaging using your CEHRT, that could contribute 10% to your ACI score.

Registry bonus. If you integrate your EHR with the IRIS Registry, you can report either the Specialized Registry Reporting measure (from the 2017 ACI transition measures set) or the Clinical Data Registry Reporting measure (from the ACI measure set). This will contribute 5% to your ACI score.

6. In very limited circumstances, you may be exempt from ACI. Under certain circumstances, ACI’s weighting toward your MIPS final score could be reduced to 0, with that weight transferred to the quality performance category, which would now contribute up to 85 points toward your final score. This reweighting *might* apply to:

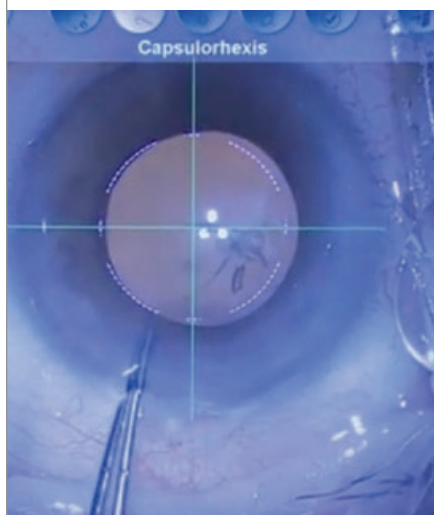
- Clinicians facing a significant hardship, such as insufficient Internet access



AMERICAN ACADEMY™
OF OPHTHALMOLOGY

EyeNet Gives You the Full Picture

Get Extra Insights at
aao.org/eyenet



Enrich your *EyeNet® Magazine* reading experience—go online each month for material that supplements the print issue.

View Web Extras, which can include text, photos, videos, graphs and slideshows that provide further detail and insight.

Comment on articles to voice your opinion or discuss research and techniques with your peers.

Explore the archives for more articles that can enhance your patient care.

Visit Us Online
aao.org/eyenet

Write to Us
eyenet@aao.org

Protecting Sight. Empowering Lives.™

ACI's Place Within MIPS

Your 2017 MIPS final score (0-100 points) is typically based on 3 scores.

Quality score contributes up to 60 points to your MIPS final score. The quality performance category replaces the PQRS.

Advancing care information (ACI) score contributes up to 25 points.

Improvement activities score contributes up to 15 points. This category is entirely new.

For more on MIPS, go to aao.org/medicare, aao.org/mips, and—for additional installments of *EyeNet's* Guide to MIPS—aao.org/eyenet.

or extreme and uncontrollable circumstances (e.g., a natural disaster).

- Hospital-based clinicians because they may not have enough applicable measures and may not have control over the type of CEHRT available.
- Nurse practitioners, physician assistants, clinical nurse specialists, and certified registered nurse anesthetists, who can opt out of ACI for the 2017 performance year by simply not reporting any ACI measures.

However, not having an EHR system won't usually be enough to have the ACI score reweighted. In most circumstances, if you don't have an EHR system, your ACI score would be 0 and your maximum possible MIPS final score would be 75 points (60 points for quality and 15 points for improvement activities).

Use the IRIS Registry

This summer, the IRIS Registry (aao.org/iris-registry/medicare-reporting) plans to open its web portal to support ACI reporting. At that time, you will be able to submit your ACI attestation and also report the 2 other performance categories—quality and improvement activities—that will contribute to your MIPS final score for the 2017 performance year. (Note: IRIS Registry participation is not sufficient to satisfy ACI's requirements; you must use your CEHRT to meet ACI's required measures.)

IRIS Registry deadlines. If you haven't already integrated your EHR system with the IRIS Registry, sign up by June 1, 2017, and complete integration by Aug. 1, 2017. Next, enter your ACI information into the IRIS Registry web portal no later than Jan. 15, 2018.

MIPS vs. EHR MU

ACI evolved out of the EHR meaningful use program, and CMS deliberately tried to preserve a high degree of continuity—though you will notice some welcome changes.

MU had been ratcheting up the reporting requirements, but ACI introduces some flexibility. Under ACI, reporting thresholds have largely been eliminated. Reporting thresholds do still apply for the base score measures, but they are set at a fairly low level (for instance, the requirements for the Provide Patient Access measure have to be satisfied just 1 time for just 1 patient).

The ACI requirements differ from the MU requirements in several other respects, including:

- Measures related to MU's Clinical Decision Support and Computerized Provider Order Entry objectives have been eliminated, which means scribe certification is no longer required.
- The patient portal measures—Secure Messaging and View, Download, and Transmit—are now optional.
- Clinical quality measures are not reported for the ACI performance category, though you will still report them for the quality performance category.
- You can report ACI measures either as an individual or as part of a group, whereas for the EHR meaningful use program you could only report as an individual. You must report in the same way (as an individual or a group) for all 3 performance categories (ACI, quality, and improvement activities).
- You have more options for reporting ACI measures—as with MU, you can report via a CMS web portal, but you also can report via the IRIS Registry or EHR vendors.