



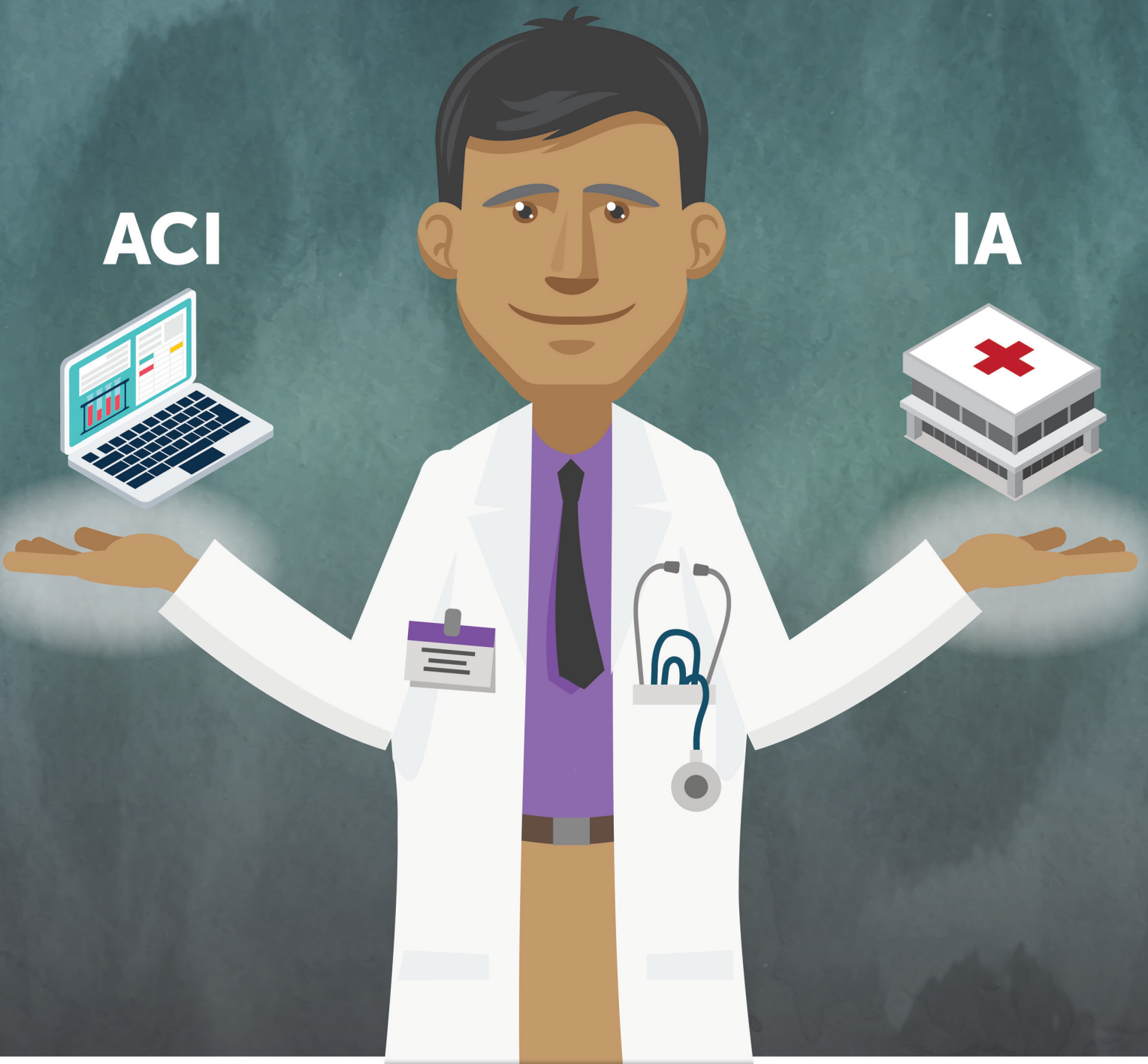
Making Sense of MACRA: Advancing Care Information (ACI) and Improvement Activities (IA)

Learn how to maximize your score
in the Quality Payment Program (QPP).

ACI



IA



The Medicare Access and CHIP Reauthorization Act (MACRA) was passed into law in April 2015. The law established two new tracks for physician Medicare Part B payment: the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (AAPMs). The MIPS and AAPM tracks are collectively referred to as the Quality Payment Program (QPP).

Through the MIPS track, Medicare Part B payments are adjusted based on performance in four performance categories: quality, cost, advancing care information (ACI), and improvement activities. Scores in each category are weighted, added together to obtain a MIPS final score, and compared to a performance threshold.

This supplement summarizes components and scoring of the ACI (aafp.org/mips-aci) and improvement activities (aafp.org/mips-ia) categories.

ADVANCING CARE INFORMATION (ACI)

The ACI performance category replaces meaningful use. Similar to meaningful use, eligible clinicians (ECs) must use certified electronic health record technology (CEHRT) to report for the ACI performance category. Physicians without an EHR are eligible to participate in MIPS, but will not be able to receive any points in the ACI category.

Measure Set Options

For 2017 reporting, there are two sets of objectives and measures within the ACI category. The measures correspond to the version of CEHRT you are using (2014, 2015, or a combination of both). However, since the 2015 edition of CEHRT is not required to be in place until 2018, early adopters of 2015 CEHRT have a choice of which set of measures to use.

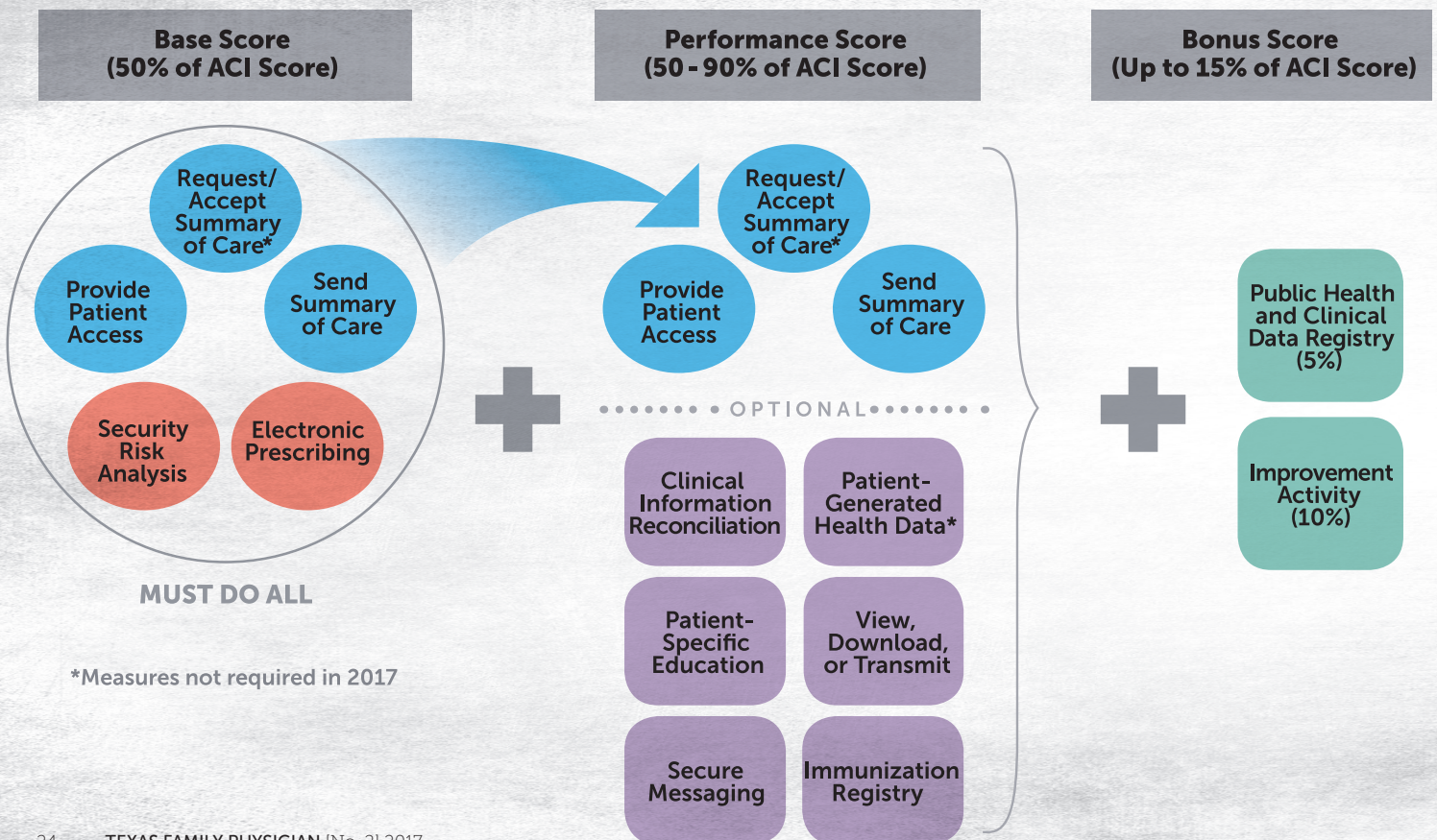
ACI Measures

The ACI measures consist of five required base score measures and six additional performance score measures (three of the base scores can be calculated for the performance score). Due to the transition year in 2017, clinicians are only required to report four base score measures, and have the option to report additional performance score measures.

ACI Scoring

The ACI category accounts for 25 percent of your MIPS final score in 2017. The ACI score is achieved by combining the total of the required base score (50 percent), performance score (up to 90 percent), and bonus score (up to 15 percent). While ECs could technically earn a score up to 155 percent, scores above 100 percent will only be calculated at 100 percent.

Calculate Your ACI Category Score



Must Do: Base Score (50 percent of total ACI score)

To receive a base score in the ACI category, ECs must attest “yes” to the security risk analysis measure, and submit a numerator and denominator (that is above zero) for the remaining required base score measures. Failure to meet requirements for even one base score measure will result in a score of zero for the entire ACI category.

Optional: Performance Score (50-90 percent of total ACI score)

If the base score is achieved, additional performance measures are available to enable ECs to earn a higher ACI score (based on performance rates for each individual measure reported). Three of the base measures are also considered performance measures. A clinician’s performance on these measures can also be included in the performance score. While additional points are available that would put your score above 100 percent in the ACI category, an EC’s score in the category is capped at 100 percent.

Unlike scoring in the quality performance category, in which performance is compared to a threshold and broken into deciles [see The Value of Quality and Cost supplement (aafp.org/value-quality-cost)], each performance score measure in the ACI category can contribute up to 10 percent to the score. For example, if an EC submits a numerator of 82 and a denominator of 100 for the Patient-Specific Education measure, the performance rate would be 82 percent. The performance score for that individual measure would be 9 percent out of a possible 10 percent. See the table to the right for how performance rates translate to percentage points in the performance score portion of the ACI category.

Performance Rates for Performance Measures – Worth up to 10% Points per Measure	
1-10% = 1%	51-60% = 6%
11-20% = 2%	61-70% = 7%
21-30% = 3%	71-80% = 8%
31-40% = 4%	81-90% = 9%
41-50% = 5%	91-100% = 10%

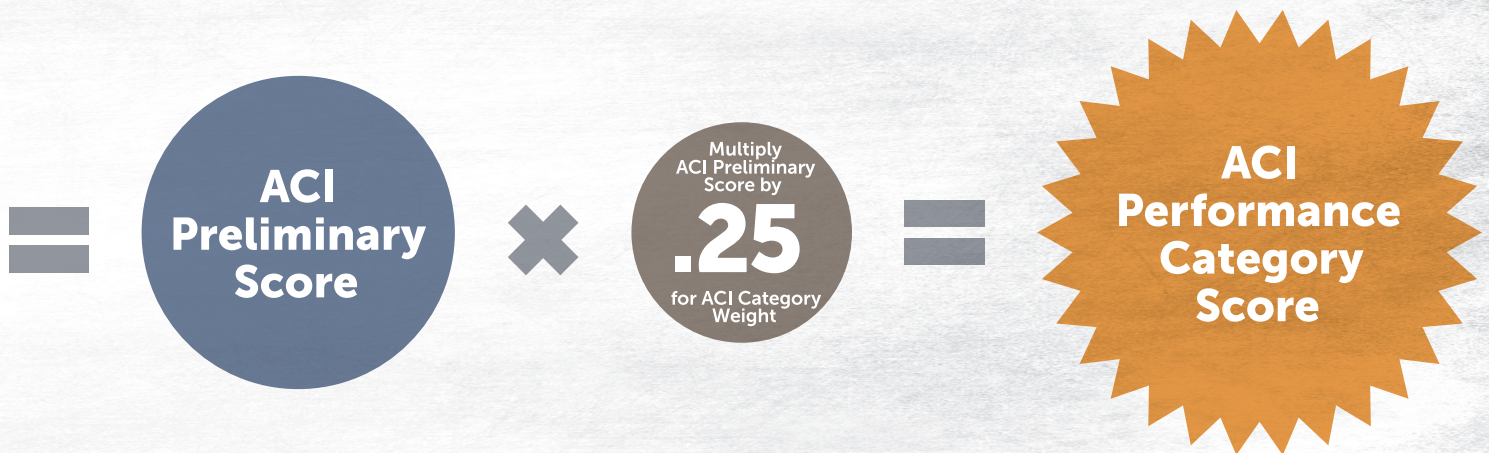
In contrast to meaningful use, groups are allowed to report to the ACI category. If reporting as a group, ECs in the group would combine their performance data under the tax identification number (TIN), and the performance score would be calculated as a group.

Extra Credit: Bonus Score (up to 15 percent of total ACI score)

A maximum 5 percent bonus can be earned by attesting that you have reported to one or more additional registries under the Public Health and Clinical Data Registry reporting objective. Additionally, up to a 10 percent bonus can be earned by using CEHRT to perform at least one of a handful of specific MIPS improvement activities.

Hardship Exceptions

Hardship exceptions from ACI are available (with an annual application and approval) for those who demonstrate insufficient internet connectivity or extreme and uncontrollable circumstances.



IMPROVEMENT ACTIVITIES

The improvement activities performance category accounts for 15 percent of your MIPS final score in 2017. While the improvement activities category is new, the functions within it should be familiar to family physicians. Improvement activities are defined as activities that improve clinical practice or care delivery and are likely to result in improved health outcomes.

Practices recognized or certified as a patient-centered medical home (PCMH) by the following entities will automatically receive full credit.

- National Committee on Quality Assurance (NCQA)
- The Joint Commission (TJC)
- URAC
- Accreditation Association for Ambulatory Health Care (AAAHC)
- Accrediting bodies that have certified 500 or more practices

Eligible clinicians not in a recognized PCMH can select from a list of 92 improvement activities within the following overarching categories:

- Expanded Practice Access
- Population Management
- Care Coordination
- Beneficiary Engagement
- Patient Safety and Practice Assessment
- Achieving Health Equity
- Emergency Response and Preparedness
- Integrated Behavioral and Mental Health

Each activity is rated as either high (20 points) or medium (10 points). With a maximum score of 40 points in this category, most ECs will need to attest that they completed two high-weighted activities, four medium-weighted activities, or a combination to equal 40 points for a minimum of 90 consecutive days during the performance period.

If a group has 15 or fewer clinicians, is located in a rural, or health professional shortage area (HPSA), or is non-patient facing, they will receive double the points for each activity, and will only need to complete two medium-weighted activities or one high-weighted activity. There are 18 technology-based improvement activities that also qualify for bonus points under the ACI category.

Submitting Data for ACI and Improvement Activities

ACI and improvement activities cannot be submitted using claims. Reporting for both the improvement activities category and the ACI category may be submitted through:

- Qualified registry;
- Qualified clinical data registry (QCDR);
- Via attestation;
- Electronic health record (EHR); or
- CMS Web Interface (groups of 25 or more ECs only).

CMS will issue additional guidance on how data is to be submitted for the improvement activities category. 