

Merit-Based Incentive Payment System Advancing Care Information FAQs for Medicare Shared Savings Program ACO Participants

1. When reporting ACI as a group, whom do we include in our aggregated denominator/numerator?

Groups are required to aggregate for all Merit-based Incentive Payment System (MIPS)-eligible clinicians (ECs) within the group during the performance period. This includes MIPS-eligible clinicians who may qualify for a zero percent weighting of the Advancing Care Information (ACI) performance category (such as an EC with a significant hardship or other type of exception, hospital-based or ambulatory surgery center (ASC)-based status) or certain types of non-physician practitioners (nurse practitioners, physician assistants, clinical nurse specialists, and certified registered nurse anesthetists) as long as they have data in certified electronic health records technology (CEHRT). If these MIPS-eligible clinicians are part of a group, then they will be scored on the ACI performance category like all other MIPS-eligible clinicians.

2. If a practice has multiple CEHRT systems, and one or more of them is certified to the criteria for an inpatient setting, does the practice have to report on the one or more that are certified to the inpatient setting, in addition to reporting on the CEHRT that has capabilities to satisfy the advancing care information measures?

No, if the CEHRT is not equipped with all the capabilities necessary for an EC to satisfy the ACI measures, or is part of a CEHRT specific to an inpatient setting, the EC does not need to include data from that CEHRT in their calculations.

3. When reporting ACI as a group, how does the TIN meet the ACI base score requirements through a single NPI's contribution to the TIN score?

Under MIPS, the group must indicate that every National Provider Identifier (NPI) met the security risk assessment component in order to receive any points on the measure. Once that requirement is satisfied, then for the other ACI components, such as E-prescribing, even if only one NPI in the group meets the ACI base score requirements, the taxpayer identification number (TIN) as a whole will have met the ACI base score requirements. In order to receive performance and bonus points in addition to meeting the 50 percent base score, review the [ACI Performance Category Fact Sheet](#) on how a TIN can qualify for a 100 percent score within the ACI category.

The Medicare Shared Savings Program uses the MIPS ACI-reported data to calculate the ACO-11 measure for all ACOs regardless of track. ACO participant TINs regardless of track must report ACI through the data submission system on the [Quality Payment Program website](#) at the TIN level. These data are used to calculate the ACO-11 measure. For the purpose of the ACO-11 measure, as long as at least one NPI in the TIN meets the ACI base score (and all NPIs have met the security risk assessment required to achieve the base score), we will consider all NPIs in the TIN to have met the ACI base score requirement when calculating the performance rate for ACO-11.

4. From the MIPS Alternative Payment Model (APM) scoring perspective, what happens if one of our TINs does not report ACI?

MIPS will aggregate the ACI scores across all TINs in an ACO. A TIN that doesn't report will contribute a zero toward the aggregate. The aggregated ACO-level ACI score will then be applied to all eligible clinicians.

5. For the purposes of calculating ACO-11, how does CMS know who is in the aggregated numerator?

CMS will determine which NPIs have met the ACI base score (ACO-11 numerator) via one of their TINs by looking at who is determined by the Quality Payment Program to have billed under the TIN or have reassigned their billing rights to the TIN as of one of the snapshot dates. NPIs will be included in the numerator if the NPI achieved the ACI base score through any TIN through which they have billed claims during the performance year.

6. What happens to our ACO's ACO-11 performance rate if one of our TINs does not report ACI?

The NPIs that bill through the TIN that did not report will not be counted in the numerator of ACO-11. (This assumes the NPIs did not also bill through another compliant TIN.) For 2018, the ACO-11 measure is pay-for-reporting, and so long as one TIN within the ACO is determined to have met the ACI base score under the Quality Payment Program, the ACO will receive credit for the measure. Beginning in 2019, the measure will be pay-for-performance, so a non-reporting TIN in the ACO's numerator would negatively affect the ACO's performance rate on the measure.