

ACO #11 — Use of Certified EHR Technology

Measure Information Form (MIF)

Data Source

- ◆ Medicare Quality Payment Program (QPP) List of MIPS Eligible Clinicians (ECs) in all Shared Savings Program ACOs, regardless of track
- ◆ Medicare QPP Advancing Care Information (ACI) Performance Category Data

Measure Set ID

- ◆ ACO #11

Version Number and Effective Date

- ◆ Version 6.1, effective 1/1/2017

Care Setting

- ◆ Ambulatory

Unit of Measurement

- ◆ Accountable Care Organization (ACO)

Measurement Duration

- ◆ Calendar Year

Measurement Period

- ◆ Calendar Year

Measure Type

- ◆ Process

Measure Scoring

- ◆ Percentage

Payer Source

- ◆ Medicare Fee for Service (FFS)

Improvement Notation

- ◆ Higher percentage indicates better performance

Measure Steward

- ◆ Centers for Medicare and Medicaid Services (CMS)

Copyright/Disclaimer

- ◆ N/A

Measure Description

- ◆ Percentage of MIPS ECs participating in the ACO (regardless of track) who successfully meet the ACI Base Score requirements.

Rationale

Health information technology (IT) has been shown to improve quality of care by increasing adherence to guidelines, supporting disease surveillance and monitoring, and decreasing medication errors through decision support and data aggregation capabilities (Chaundry et al., 2006). According to a 2008 CBO study, in addition to enabling providers to deliver care more efficiently, there is a potential to gain both internal and external savings from widespread adoption of health IT (CBO, 2008).

The American Recovery and Reinvestment Act of 2009 (ARRA) established the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program which provides incentive payments for Medicare and Medicaid providers who “adopt, implement, upgrade, or meaningfully use certified electronic health records (EHR) technology.” These incentives are intended to significantly improve health care processes and outcomes, and are part of the larger Health Information Technology for Economic and Clinical Health (HITECH) Act (Blumenthal and Tavenner, 2010). The goal of the HITECH Act is to accelerate the adoption of health IT and utilization of qualified EHRs.

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) transitioned the Medicare EHR Incentive Program for Eligible Professionals into the ACI category of the Merit-based Incentive Payment System (MIPS) under the new QPP (CMS 2016). To qualify for the base score under this category, an eligible clinician using 2015 Edition CEHRT must report on 5 measures related to the abilities and usage of their EHR. If using 2014 Edition CEHRT, ECs must report on 4 measures related to the abilities and usage of their EHR.

Electronic data capture and information sharing is critical to good care coordination and high quality patient care. For the purposes of the QPP, ECs must use certified EHR technology. Certified EHR technology gives assurance to purchasers and other users that an EHR system or module offers the necessary technological capability, functionality, and security to help them meet the meaningful use criteria. Certification also helps providers and patients be confident that the health IT products and systems they use are secure, can maintain data confidentially, and can work with other systems to share information.

References

Blumenthal D, Tavenner M. The “Meaningful Use” Regulation for Electronic Health Records. *N Eng J Med* 2010;363(6):501.

Chaudhry B, Wang J, Wu S, Maglione M, Mojica W, Roth E, Morton SC, Shekelle PG. Systematic Review: Impact of Health Information Technology on Quality, Efficiency, and Costs of Medical Care. *Ann Intern Med* 2006;144:742-752.1c17 Provide references for the guideline used or studies if there is not a guideline.

Centers for Medicare and Medicaid. Quality Payment Program. (Last accessed November 10, 2016, from: <https://qpp.cms.gov/>).

Congressional Budget Office. Evidence on the Costs and Benefits of Health Information Technology. 2008 (Last accessed February 11, 2016, from <https://www.cbo.gov/publication/41690>).

Release Notes / Summary of Changes

- ◆ Version 6.1 will be effective for calendar year 2017.
- ◆ Clarification that MIPS ECs and those who are Qualifying Participants (QPs), will be included in the measure. Exclusions and exceptions will be applied as described below.
- ◆ The Quality Payment Program low-volume threshold (LVT) for providers participating in an ACO is determined at the ACO level of analysis (APM entity). Therefore, if a group practice or solo practitioner is below the LVT but is

participating in a ACO that is not below LVT, then these providers are subject to MIPS and will be included in the denominator of the measure.

- ◆ Regardless of approval for ACI reweighting, clinicians who meet the denominator criteria and successfully meet the ACI Base Score (numerator) will be included in the measure (numerator and denominator). Additionally, if their TIN reports ACI, then the entire TIN (including NPIs approved for reweighting) will have met the ACI base score.

Technical Specifications

Denominator

- ◆ Denominator Statement

All those meeting the MIPS EC definition and those meeting the QP definition. In other words, we include those who would otherwise meet the MIPS EC definition but are excepted because they meet Qualifying Participant status, who are participating in an ACO in the reporting year under the Shared Savings Program, regardless of ACO track. Exclusions and exceptions will be applied as described below. For more information on MIPS ECs please visit: <https://qpp.cms.gov/participation-lookup/about>.

- ◆ Denominator Exceptions and Exclusions, as determined by QPP and to the extent data is available, include but may not be limited to:
 1. MIPS ECs who are deceased
 2. MIPS ECs who applied for and were approved for ACI performance category reweighting and do not report ACI:
 - a. Insufficient Internet Connectivity
 - b. Extreme and Uncontrollable Circumstances
 - c. Lack of Control over the Availability of CEHRT
 3. MIPS ECs who automatically qualify for ACI performance category reweighting and do not report ACI:
 - a. Hospital-based clinicians as defined by QPP under §414.1305: a clinician who furnishes 75 percent or more of his or her covered professional services in sites of service identified by the Place of Service codes used in the HIPAA standard transaction as an inpatient hospital (POS 21), on-campus outpatient hospital (POS 22) or emergency room setting (POS 23) based on claims for a period prior to the performance period as specified by CMS.
 - b. Physician assistants
 - c. Nurse practitioners
 - d. Clinical nurse specialists
 - e. Certified registered nurse anesthetists
 - f. Clinicians who lack face-to-face interactions with patients.
 - g. Ambulatory Surgical Center-based MIPS eligible clinicians
 4. Clinicians participating in ACOs below the MIPS low-volume threshold or Physicians who are new to Medicare.
- ◆ Denominator Exceptions and Exclusions Details: see above and in the following Fact Sheet: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Advancing-Care-Information-Performance-Category-Fact-Sheet.pdf>.

Numerator

- ◆ Numerator Statement

MIPS ECs included in the denominator who successfully achieved the ACI Base Score for the reporting year.

- ◆ Numerator Details

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.

Stratification or Risk Adjustment

♦ N/A

Sampling

♦ N/A

Calculation Algorithm

1. Identify denominator. Obtain list of MIPS ECs participating in ACOs (regardless of track) from QPP.
2. Identify denominator exclusions. Determine if the MIPS EC in the denominator meet the exclusion criteria defined above.
3. Identify numerator. Determine if each MIPS EC remaining in the denominator satisfies the numerator criteria defined above.
4. Identify denominator exceptions. Determine if the MIPS EC who did not meet the numerator meets the exception criteria defined above.
5. Calculate performance. For each ACO, the measure performance (the percent of the ACO's MIPS ECs who successfully meet numerator requirements is equal to the ACO's numerator population divided by the ACO's denominator population (accounting for exclusions and exceptions)) multiplied by 100%:

$$ACO \text{ Performance (\%)} = \left(\frac{\# \text{ MIPS ECs meeting numerator requirements}}{\# \text{ MIPS ECs eligible for denominator}} \right) * 100\%$$