2017 Quality Payment Program
MIPS Alternative Payment Models

Full Participation Requirements for MIPS APM Eligible CRNAs:

MIPS APMs are a subset of APMs that utilize a special scoring standard to determine a group practice's MIPS composite performance score. The scoring standard is designed to account for activities that are already required by the APM which eliminates the need for MIPS clinicians to submit performance data multiple times. CRNAs with a signed MIPS APM Participation Agreement will have their MIPS performance data submitted on their behalf as required by the terms set forth by the APM Entity's agreement with CMS. Performance will be assessed using the MIPS APM scoring standard for their final composite performance score. CRNAs who are in an Advanced APM who do not qualify as a full Qualified Participant (QP), but do qualify as a Partial QP may still *choose* to participate as a MIPS APM participant using the special APM scoring standard to determine their MIPS composite performance score. A CRNA who does not qualify as a Partial QP, or who is not on the Participation List on one of the snapshot dates, will not have the special APM scoring standard apply and he or she *must* report performance data according to regular MIPS reporting requirements to avoid the penalty. For more information on Advanced APMs, QP and partial QPs please reference the **Advanced APM Fact Sheet**.

Participation Determinations

MAR	JUN	AUG
31	**30**	**31**

CMS will take three "snapshots" during the performance period to determine which eligible clinicians are on a MIPS APM's Participation List. If an eligible clinician is not on the Participation List on one of these dates, the APM scoring standard will not apply.

MIPS Alternative Payment Model (APM) Criteria

1. APM Entities participate in the APM under an agreement with CMS;

2. APM requires that APM Entities include at least one MIPS clinician on a Participation List; and

3. APM bases performance payment incentives on cost/utilization and quality measures.

2017 MIPS APMS

Next Generation ACO*

Medicare Shared Savings Program Tracks 1,2* and 3*

Medicare-Medicaid ACO (MMACO) Tracks 1,2* and 3*

Comprehensive End Stage Renal Disease Model (LDO)

Comprehensive End Stage Renal Disease Model (non-LDO 1 sided and 2* sided risk)

Oncology Care Model (OCM) (1 and 2* sided risk)

Vermont Medicare ACO Initiative*

*Advanced APM depends on QP or partial QP status

	Quality	Advancing Care Information (ACI)	Improvement Activities (IA)	Cost
Medicare Shared Savings ACOs	ACO submits *Quality* measures via CMS Web interface for its MIPS eligible clinicians. MIPS *Quality* performance requirements and benchmarks are used to score *Quality* at ACO level. Weight = 50% .	All TINS participating in the ACO submit data per the MIPS group reporting requirements. All ACO participating TIN scores will be combined as a weighted average based on the number of MIPS clinicians in each TIN to produce one APM group score. Weight = 30%	No additional reporting required. CMS to assign same *AI* score to each APM Entity based on the activities required by the Shared Savings ACO. Weight = 20%	*Cost* is not assessed for the 2017 performance period . Weight = 0%
Next Generation ACOs	ACO submits *Quality* measures via CMS Web interface for its MIPS eligible clinicians. MIPS *Quality* performance requirements and benchmarks are used to score *Quality* at ACO level. Weight = 50%	Each MIPS clinician in the APM Entity reports *ACI* data as an individual or part of a group TIN. CMS will attribute one score to each MIPS clinician in the APM entity that is the highest score attributable to each TIN/NPI combination. The scores will be averaged for a single APM entity group score. Weight = 30%	No additional reporting required. CMS will assign the same *AI* score to each APM Entity based on the activities required by the Next Generation ACO. Weight = 20%	*Cost* is not assessed for the 2017 performance period. Weight = 0%
All Other MIPS APMS (Refer to 2017 MIPS APMS Table above)	APM entity will not be assessed on *Quality* for the 2017 performance period. Weight = 0%.	Each MIPS clinician in the APM Entity reports *ACI* data as an individual or part of a group TIN. CMS will attribute one score to each MIPS clinician in the APM entity that is the highest score attributable to each TIN/NPI combination. The scores will be averaged for a single APM entity group score. Weight = 75%	No additional reporting required. CMS will assign the same *AI* score to each APM Entity based on the activities required by the MIPS APM. Weight = 25%	*Cost* is not assessed for the 2017 performance period. Weight = 0%