

The 2017 Merit-based Incentive Payment System (MIPS) Under the New CMS Quality Payment Program

MIPS PERFORMANCE CATEGORIES

Quality

Accounts for 85% of MIPS Composite Score for MOST CRNAs

- Report on at least 6 measures for 50% of *all your patients*
- 1 measure should be an outcome or high priority measure
- Receive 3 to 10 points on each quality measure based on your performance against a benchmark
- More applicable anesthesia measures in a QCDR (*Example: Anesthesia Business Group (ABG) QCDR)
- Individual CRNAs or groups should report measures via a QCDR or Qualified Registry

Improvement Activities

Accounts for 15% of MIPS Composite Score for all Eligible Clinicians

- For non-patient-facing CRNAs, or CRNAs in groups with fewer than 15 providers, or CRNAs in a rural or health professional shortage area:
 - Try to complete and report 2 activities that add up to a total of 40 points
- For patient-facing CRNAs (eg, pain management):
 - Try to complete and report 4 activities that add up to a total of 40 points
- Individual CRNAs or groups should attest to improvement activities via a QCDR or Qualified Registry

Advancing Care Information

- Accounts for 0% of MIPS Composite Score for CRNAs who do not participate in this category
- CRNAs are NOT REQUIRED to participate in this performance category
- CRNAs with certified EHR systems AND applicable electronic measures may choose to participate under this category

Cost

- Accounts for 0% of MIPS Composite Score for all Eligible Clinicians
- Data will be collected through administrative claims but will not affect 2019 payment adjustment
- Clinicians do not select cost measures; instead, measures are calculated by CMS based on services delivered
- CRNAs should be aware that there are 5 episode based measures that incorporate anesthesia procedure codes.

Go to aana.com ► Resources ► Quality-Reimbursement to learn more about MIPS today

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