2019 Quality Payment Program
MIPS Alternative Payment Models

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 APM scoring standard is designed to account for activities that are already required by the APM. This eliminates the need for MIPS clinicians to submit performance data across multiple payer arrangements. 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 choose to participate as a MIPS APM participant using the special APM scoring standard to determine their MIPS composite performance score. A CRNA who is a Partial QP at the individual level may decide to report or not report MIPS, however, if one chooses to report MIPS he or she will be subject to all MIPS reporting requirements and payment adjustments. 

2019 Scoring Standard for MIPS APMs

Generally, most eligible clinicians (ECs) participating in MIPS APMs will have their performance categories weighted in the following manner: Quality=50%; Improvement Activities (IA)=20%; Promoting Interoperability (PI)=30% (formerly known as Advancing Care Information); and Cost=0%. ECs in MIPS APMs will be scored at the APM Entity Group level and each EC will receive the APM Entity Group’s final score. In addition, the MIPS payment adjustment will be applied at the TIN/NPI level for each EC in the MIPS APM. In all MIPS APMs, the Cost performance category will not be assessed under the APM Scoring Standard. For ECs in MIPS APMs not reporting Quality measures, their PI and IA performance categories will be reweighted.

Participation requirements for MIPS APM Eligible CRNAs:

MIPS APM Scoring Standard Criteria

1. APM Entities participate in the MIPS APM under an agreement with CMS;
2. The MIPS APM requires APM Entities to include at least one MIPS eligible clinician on a Participation List; and
3. The MIPS APM bases performance payment incentives on quality measures and cost/utilization. (Note: CMS updated this definition for CY 2019 to clarify that a MIPS APM must be designed in a way that participating APM entities are incentivized to reduce cost of care or utilization of services, or both. This change emphasizes that the cost/utilization policy is broader than simply requiring the use of cost/utilization measures.)

Participation Determinations—Snapshot Dates

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CMS will take four “snapshots” during the performance period to determine which eligible clinicians (ECs) are on a MIPS APM’s Participation List. CMS added a fourth “snapshot” date of December 31 that applies only to ECs in Medicare Shared Savings ACOs to determine which ECs joined the ACO between September 1st and December 31st of the performance year. This was done so that they can benefit from the APM scoring standard. The December 31st date will not be used to make QP determinations. If an eligible clinician is not on the Participation List on any of these dates, the APM scoring standard will not apply.

2019 MIPS APMs

- Next Generation ACO
- Bundles Payments for Care Improvement Advanced (BPCI)*
- Medicare Shared Savings Program Tracks (Basic and Enhanced)
- Comprehensive End Stage Renal Disease (ESRD) Model (all tracks)*
- Comprehensive Primary Care Plus (CPC+) (all tracks)*
- Oncology Care Model (OCM) (all tracks)*
- Maryland Total Cost of Care Model (Maryland Primary Care Program)*
- Vermont Medicare ACO Initiative (Vermont All-Payer ACO model)
- Independence at Home Demonstration*

* CMS will separately evaluate each distinct Track of an APM to determine whether it meets CMS’ criteria to be a MIPS APM. Under the QPP’s All-Payer Combination Option, these APMs may also be considered Other Payer Advanced APMs. Other Payer Advanced APMs include State Medicaid Agencies, Medicare Advantage and other Medicare Health Plans, as well as commercial and private payers participating in CMS-sponsored Multi-Payer arrangements. Performance Year 2019 is the first year CMS is including the All-Payer Combination Option, that includes Other Payer APMs in the QPP. Note: This list is subject to change, please consult qpp.cms.gov for updates.

CMS Redesigns Medicare Shared Savings Program—effects eligible MIPS APM MSSP ACOs

CMS significantly redesigned the Medicare Shared Savings Program (MSSP) on December 21, 2018 via a Final rule that outlined the Pathways to Success Initiative. Under this new initiative a MSSP Accountable Care Organization (ACO) may no longer participate in the program without taking on some financial risk. An ACO is an entity that agrees to joint accountability for the cost and quality of care delivered by a group of providers, which may include CRNAs, for an entire performance period in exchange for a portion of the savings it achieves. Because ACOs are a total cost of care model, all conditions/procedures for the ACO aligned beneficiaries will be included in the model, which may include anesthesia services. Under the new Pathways to Success Initiative, there will be two Tracks available for participation agreements that begin on July 1, 2019, and that last no less than 5 years—the Basic Track and the Enhanced Track. Importantly, although CRNAs may participate in an ACO, the new provisions under the Pathways to Success Initiative will minimally impact how CRNAs are reimbursed and provide anesthesia care services. The Final Rule detailing the Pathways to Success Initiative is available via this link.

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