Quality Payment Program Year 2: 2018 MIPS Participation

An Introductory Guide for CRNAs in 2018
Quality Payment Program (QPP)

• The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) established the new QPP for clinicians participating in Medicare Part B

• This program began in 2017 as a transition year with flexible participation options. There are new reporting requirements in 2018 for successful participation.

• Consolidates and replaces previous quality programs created by CMS:
  – Physician Quality Reporting System (PQRS),
  – Medicare EHR Incentive/Meaningful Use, and
  – Value-Based Modifier
Quality Payment Program (QPP)

Two tracks to choose from:

**Merit-based Incentive Payment System (MIPS)**
- Earn a performance-based payment adjustment
- Most eligible CRNAs will participate in the QPP via MIPS

**Alternative Payment Model (APM)**
- Earn an incentive payment for participating in an innovative payment model
- CRNAs who belong to an APM can participate in the QPP using this method
Merit-Based Incentive Payment System (MIPS) Consolidates Previous CMS Programs

Combined legacy programs into a single, improved program referred to as the Merit-based Incentive Payment System (MIPS).

- Quality
- Advancing Care Information
- Cost
- Improvement Activities

NEW
Merit-based Incentive Payment System (MIPS) 2018 Overview

Quick Overview of MIPS Performance Categories for Year 2 (2018)

- Comprised of four performance categories in 2018.
- The points from each performance category are added together to give you a MIPS Final Score.
- The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a positive, negative, or neutral payment adjustment.
Are CRNAs Required to Participate in MIPS in 2018?

CRNAs are defined as “eligible clinicians” and will automatically receive a **5% penalty** in 2020 if they do not participate in the QPP during the 2018 program year.

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**Who is exempt from MIPS in 2018?**

- CRNAs newly enrolled in Medicare (e.g., 1st year practitioners)
- CRNAs with **less than $90,000** in Medicare billings OR **200 or fewer** Medicare Part B patients
  - *CMS has expanded the low-volume thresholds in 2018; more CRNAs will be exempt than in 2017 (<$30K, <100 Part B Patients).*
- CRNAs significantly participating in *Advanced APMs* *

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*Advanced APMs are a subset of APMs and let practices earn more for taking on some risk related to patient outcomes. You may earn a 5% Medicare incentive payment during 2020 through 2024 and be exempt from MIPS reporting requirements and payment adjustments if you have sufficient participation in an *Advanced APM.*
MIPS Year 2 (2018)

Timeline

Performance period
- Performance period opens January 1, 2018.
- Closes December 31, 2018.

March 31, 2019
Data Submission
- Deadline for submitting data is March 31, 2019.
- Clinicians are encouraged to submit data early.

Feedback available
- CMS provides performance feedback after the data is submitted.
- Historically clinicians receive feedback in September before the start of the payment year.

January 1, 2020
Payment Adjustment
- ±5% MIPS payment adjustments are prospectively applied to each claim beginning January 1, 2020.
# 2018 MIPS - QPP Year 2 Reporting Requirements

**Performance Period**

*Change: Increase to Performance Period*

## Test Year 1 (2017) Final

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Minimum Performance Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>Option: 1 day; 90-days; 12 months</td>
</tr>
<tr>
<td>Cost</td>
<td>Not included. 12-months for feedback only.</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>90-days</td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>90-days</td>
</tr>
</tbody>
</table>

## Year 2 (2018) Final

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Minimum Performance Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>12-months</td>
</tr>
<tr>
<td>Cost</td>
<td>12-months</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>90-days</td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>90-days</td>
</tr>
</tbody>
</table>
MIPS Year 2 (2018)
Reporting Options

OPTIONS

1. Individual—under an National Provider Identifier (NPI) number and Taxpayer Identification Number (TIN) where they reassign benefits

2. As a Group
   a) 2 or more clinicians (NPIs) who have reassigned their billing rights to a single TIN*
   b) As an APM Entity

3. As a Virtual Group – made up of solo practitioners and groups of 10 or fewer eligible clinicians who come together “virtually” (no matter what specialty or location) to participate in MIPS for a performance period for a year

* If clinicians participate as a group, they are assessed as a group across all 4 MIPS performance categories. The same is true for clinicians participating as a Virtual Group.
# MIPS Year 2 (2018) Data Submission Methods

**Submission Mechanisms**

*No change: All of the submission mechanisms remain the same from Year 1 to Year 2*

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>Submission Mechanisms for Individuals</th>
<th>Submission Mechanisms for Groups (Including Virtual Groups)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>QCDR Qualified Registry EHR *Claims</td>
<td>QCDR Qualified Registry EHR CMS Web Interface (groups of 25 or more)</td>
</tr>
<tr>
<td>Cost</td>
<td>Administrative claims (no submission required)</td>
<td>Administrative claims (no submission required)</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>Attestation QCDR Qualified Registry EHR</td>
<td>Attestation QCDR Qualified Registry EHR CMS Web Interface (groups of 25 or more)</td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>Attestation QCDR Qualified Registry EHR</td>
<td>Attestation QCDR Qualified Registry EHR CMS Web Interface (groups of 25 or more)</td>
</tr>
</tbody>
</table>

**Please note:**

- Continue with the use of 1 submission mechanism per performance category in Year 2 (2018). Same policy as Year 1.

- The use of multiple submission mechanisms per performance category is not permissible in 2018 and is deferred until QPP Year 3 (2019)
Merit-based Incentive Payment System (MIPS) Reweighting

MIPS Performance Categories Reweighting Schemes for Year 2 (2018)

- **Quality**: 50%
  - 75% w/ ACI exemption
  - 85% if exempt from Cost and ACI
- **Cost**: 10%
  - 0% if Cost is not applicable
- **Improvement Activities**: 15%
- **Advancing Care Information**: 25%
  - 0% if ACI is not applicable

= 100 Possible Final Score Points
# MIPS Performance Categories and Scoring

<table>
<thead>
<tr>
<th>Performance Category</th>
<th>2018 Weight</th>
<th>ACI Exempt Weight</th>
<th>ACI and Cost Exempt Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>50%</td>
<td>75%</td>
<td>85%</td>
</tr>
<tr>
<td>Replaces Physician Quality Reporting System (PQRS)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>15%</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>New category</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Advancing Care Information*</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Replaces Medicare EHR Incentive/meaningful Use</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cost</td>
<td>10%</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Replaces Value-Based Modifier</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Final Score</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

*This performance category will be optional for CRNAs in 2018.
## 2018 MIPS Performance Threshold

<table>
<thead>
<tr>
<th>Final Score Points</th>
<th>MIPS Adjustment</th>
<th>Percent Range</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>100 - 70.00</td>
<td>Positive (+)</td>
<td>5%</td>
<td>exceptional performance bonus, 3x scaling factor</td>
</tr>
<tr>
<td>69.99 - 15.01</td>
<td>Positive (+)</td>
<td>0.5% - 4.99%</td>
<td>Positive linear sliding scale</td>
</tr>
<tr>
<td>15</td>
<td>Neutral (0)</td>
<td>0%</td>
<td>Performance Threshold</td>
</tr>
<tr>
<td>14.99 - 3.76</td>
<td>Negative (-)</td>
<td>0.5% - 4.99%</td>
<td>Negative linear sliding scale</td>
</tr>
<tr>
<td>3.75 - 0</td>
<td>Negative (-)</td>
<td>5%</td>
<td>Below ¼ of Performance Threshold, automatic penalty</td>
</tr>
</tbody>
</table>
**Flexibility for Small Practices and Awarding Bonus Points**

**Small Practice Bonus**
- Solo-providers
- Small groups of 15 or fewer clinicians in the entire group [includes virtual group, APM entity]
- Awarded 5 bonus points
- Points are added to final MIPS composite score

**Complex Patient Bonus**
- Individuals
- Groups (regardless of size)
- Awarded up to 5 bonus points
- Complex patient based on CMS average risk score assessed via claims
- Points are added to final MIPS composite score
MIPS 2018 Full Participation Requirements

Performance Category

QUALITY – 50%

Replaces Physician Quality Reporting System (PQRS)

What you need to do

For all CRNAs: Report on at least 6 applicable measures including 1 outcome or high priority measure for at least 60% of ALL your patients for FULL calendar year

Category weight = 50%
Reweight = 75% (not reporting ACI)
Reweight = 85% (no ACI/Cost)
MIPS 2018 Full Participation Requirements

Performance category

IMPROVEMENT ACTIVITIES – 15%

For patient-facing CRNAs: try to complete and report 2-4 activities that add up to a total of 40 points

For CRNAs who are non-patient-facing, in groups with fewer than 15 participants, or in a rural or health professional shortage area: try to complete and report 1-2 activities that add up to a total of 40 points

Category weight = 15%
Most CRNAs Are “Non-Patient Facing” Clinicians under MIPS

Patient-facing encounters
- Instances in which the MIPS eligible clinician or group bills for general office visits, outpatient visits, and procedure codes
- The definition does not include any specific type of clinician specialty (eg, anesthesia)

Non-patient facing
- **Individual:** bills 100 or fewer patient-facing encounters during the performance period
- **Group:** more than 75% of the NPIs billing under the group’s TIN meet the definition of a non-patient facing individual
- Most “traditional” anesthesia services are designated as “non-patient facing”

*CMS will identify and notify CRNAs of their “non-patient facing” or “patient-facing” status based on prior data*

NPI=National Provider Identifier; TIN=Taxpayer Identification Number.
MIPS 2018 Full Participation Requirements

Performance category

ADVANCING CARE INFORMATION (ACI)—25%*
Replaces Medicare EHR Incentive/ Meaningful Use Program

What you need to do

For most CRNAs: electronic measures do not apply, so category will be weighted to “0%”

For CRNAs with certified EHRs and applicable measures: report at least 4 -5 electronic measures for a minimum of 90 days to achieve ACI base score

Category weight

0% (*if not reporting ACI)                                    25% (if reporting ACI)
The ACI Performance Category will be Optional for CRNAs in 2018

- Other eligible clinicians who are hospital or ASC based or who qualify for a hardship exemption will also have the ACI category reweighted to 0% for their MIPS Composite Performance Score

### Practice Location Exceptions

- Furnish 75% or more of their professional services in sites identified by the following Place of Service (POS) codes:
  - Off-Campus Outpatient Hosp. (POS 19)
  - Inpatient hospital (POS 21)
  - Outpatient hospital (POS 22)
  - Emergency room (POS 23)
  - Ambulatory Surgery Center (POS 24)

### Hardship Exemption/Provider Exclusions

- Insufficient Internet connectivity
- Extreme and uncontrollable circumstance
- Lack of control over certified EHR technology
- Lack of face-to-face patient encounters (i.e., “non-patient facing”)
MIPS 2018 Full Participation Requirements

**Performance category**

**COST—10%**

*Replaces Value-Based Modifier*

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**What you need to do**

**Performance Scoring:** Medicare Spending per Beneficiary and Total Cost per Capita data will be collected through administrative claims to calculate Cost performance.

**Many CRNAs will be exempt from Cost category in 2018**

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**Category weight = 10%**
MIPS 2018 Performance Category Weights

**Individual CRNAs Participating in ACI with applicable Cost Measures**
- Quality: 50%
- Improvement Activities: 15%
- Cost: 10%
- *ACI: 25%

**Individual CRNAs NOT Participating in ACI without applicable Cost Measures**
- Quality: 85%
- Improvement Activities: 15%
- *ACI: 0% (*Not required)
## Quality Category – 2018 Anesthesia MIPS Measure Set

<table>
<thead>
<tr>
<th>Measure ID</th>
<th>Measure Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>44 (Process):</td>
<td>Coronary Artery Bypass Graft (CABG): Preoperative Beta-Blocker in Patients with Isolated CABG Surgery</td>
</tr>
<tr>
<td>*76 (Process):</td>
<td>Prevention of Central Venous Catheter (CVC)-Related Bloodstream Infections</td>
</tr>
<tr>
<td>226 (Process):</td>
<td>Tobacco Use Screening and Cessation Intervention</td>
</tr>
<tr>
<td>402 (Process):</td>
<td>Tobacco Use and Help with Quitting Among Adolescents</td>
</tr>
<tr>
<td>*404 (Intermediate Outcome):</td>
<td>Anesthesiology Smoking Abstinence</td>
</tr>
<tr>
<td>*424 (Outcome):</td>
<td>Perioperative Temperature Management</td>
</tr>
<tr>
<td>*426 (Process):</td>
<td>Post-Anesthetic Transfer of Care Measure: Procedure Room to a Post Anesthesia Care Unit (PACU)</td>
</tr>
<tr>
<td>*427 (Process):</td>
<td>Post-Anesthetic Transfer of Care: Use of Checklist or Protocol for Direct Transfer of Care from Procedure Room to Intensive Care Unit (ICU)</td>
</tr>
<tr>
<td>*430 (Process):</td>
<td>Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy</td>
</tr>
<tr>
<td>463 (Process):</td>
<td>Prevention of Post-Operative Nausea and Vomiting (PONV) – Pediatrics</td>
</tr>
</tbody>
</table>
Qualified Clinical Data Registry (QCDR) Reporting May Be a Better Option for MIPS

<table>
<thead>
<tr>
<th>Claims/EHR/Registry</th>
<th>QCDRs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• CRNAs are limited to MIPS measures for meeting the Quality Category requirements AND • CRNAs will have to find appropriate activities to fulfill the Improvement Activities Category</td>
<td>• Allows CRNAs to fulfill the Quality Category requirements with anesthesia QCDR measures AND • Provides opportunities for completing and attesting to several Improvement Activities</td>
</tr>
</tbody>
</table>
How Should CRNAs Prepare for MIPS?

1) Consider using a Qualified Clinical Data Registry (QCDR) to meet MIPS requirements for both the Quality and Improvement Activities performance categories.

2) Decide if you will participate as an individual or via the Group Practice Reporting Option based on whether you are in a mixed specialty group. *No registration is required for GRPRO unless choosing Web Interface*

3) Check the CMS and AANA Quality Reimbursement websites to access pertinent information for CRNAs

4) If you choose to report data for the MIPS Advancing Care Information performance category, make sure your EHR system is certified by the Office of the National Coordinator for Health Information Technology.
2018 Requires Participation for MIPS

• CRNAs are required to participate in MIPS for the 2018 program year, unless exempt.

ECs must report a full year's worth of data to avoid an automatic negative payment adjustment

• CMS will continue to finalize program requirements for 2018 reporting and beyond

• MIPS penalty and bonus payments will continue to increase over the next 4 years:

• Thus, CRNAs are required to submit data for the entire program year to avoid an automatic 5% penalty in 2020
QPP Resources

The CMS Quality Payment Program website at www.qpp.cms.gov provides education and tools as well as information on other free resources such as:

- Quality Innovation Network (QIN)-Quality Improvement Organizations (QIOs)
- APM Learning Systems
- Medicare Learning Network Webinars
- Technical assistance for small and solo practices
- Email: QPP@cms.hhs.gov
- Phone: 1-866-288-8292 1-877-715-6222

The AANA Quality Reimbursement Website will continue to be updated with additional resources and tools for CRNAs as CMS releases new information:

- Fact Sheets
- Downloadable tables on measures, activities, and reporting mechanisms
- Infographics
- AANA Webinars
- Email: research@aana.com
- Phone: 847-655-1199