



Merit-based Incentive Payment System Measures

for Anesthesiologists and Certified Registered Nurse Anesthetists

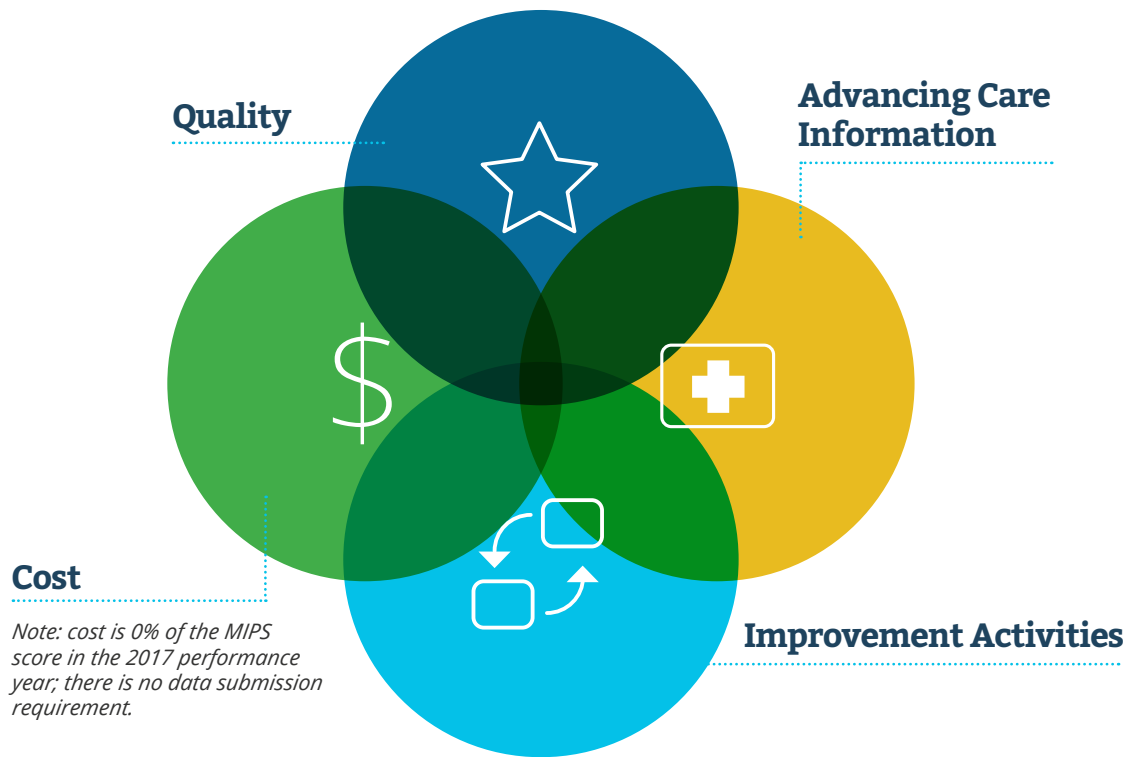
What is MIPS?

The Merit-based Incentive Payment System (MIPS) is one of the two tracks of the Quality Payment Program, which implements provisions of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Visit QPP.CMS.GOV to understand program basics, including submission timelines and how to participate.

What are the Measures That I Must Submit to Successfully Participate in MIPS?

If you are participating in the Quality Payment Program through MIPS, you will be able to pick your pace the first year through three participation options – test, partial, and full. Your Medicare payment adjustment will be based on submitting data and your performance for the following MIPS categories:



What Measures Do I Submit for Each Category in 2017?

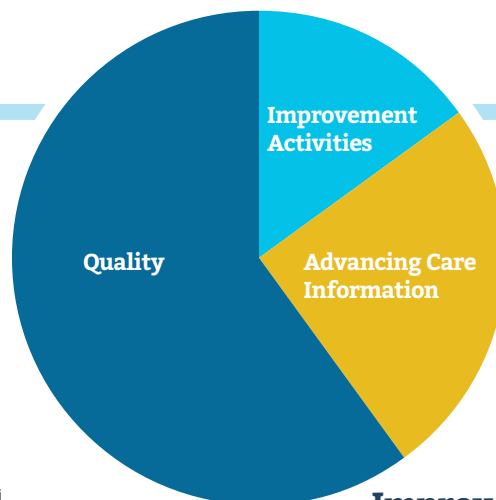
This resource provides a non-exhaustive sample of measures that may apply to anesthesiologists and certified registered nurse anesthetists (CRNAs). Make sure to consider your reporting method, patient mix, and performance period to choose the measures that best suit you. See a full list of measures at QPP.CMS.GOV.



60%
of score

Quality Performance Categoryⁱ

Assess the value of care to ensure patients get the right care at the right time



15%
of score

Improvement Activities Performance Categoryⁱⁱ

Support care coordination, patient engagement, patient safety, population management, and health equity

- Document current medications
- Transmit specialist reports
- Prevent post-operative nausea and vomiting
- Document percentage of smoking patients who abstain from cigarettes prior to anesthesia on day of procedure
- Check temperatures of patients who undergo surgical or therapeutic procedures under general or neuraxial anesthesia either before or after anesthesia end time
- Provide post-anesthetic formal transfer of care from procedure room to PACU using a protocol or checklist
- Provide post-anesthetic formal transfer of care from procedure room to ICU using a protocol or checklist
- Administer a beta blocker within 24 hours prior to Coronary Artery Bypass Graft surgical incision
- Prevent Central Venous Catheter-related blood stream infections by using all elements of hand hygiene, skin preparation, and sterile techniques

- Clinicians choose activities they may participate in from among a [list](#). Some activities include:
- Participate in a CMS Partnership for Patients Hospital Improvement Innovation Network
 - Collect and use patient experience and satisfaction data to improve care
 - Consult a Prescription Drug Monitoring program before prescribing opiates
 - Engage patients, family, and caregivers in developing a plan of care
 - Implement formal quality improvement methods, practice changes, or other practice improvement processes
 - Participate in a Qualified Clinical Data Registry (QCDR)
 - Participate in an AHRQ-listed patient safety organization

ⁱ 60% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM
ⁱⁱ 15% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM





Advancing Care Information Performance Category ⁱⁱⁱ

Support the secure exchange of health information and the use of certified electronic health record technology (CEHRT)

The Advancing Care Information performance category score includes a base score, performance score and bonus score. Additionally, in 2017, there are two measure set options for reporting:

- Advancing Care Information Objectives and Measures
- 2017 Advancing Care Information Transition Objectives and Measures

MIPS eligible clinicians can report the Advancing Care Information objectives and measures if they have:

- Technology certified to the 2015 Edition; or
- A combination of technologies from the 2014 and 2015 Editions that support these measures

In 2017, MIPS eligible clinicians can alternatively report the 2017 Advancing Care Information transition objectives and measures if they have:

- Technology certified to the 2015 Edition; or
- Technology certified to the 2014 Edition; or
- A combination of technologies certified to the 2014 and 2015 Editions

Anesthesiologists who are not designated as hospital-based or non-patient facing may choose to report, at a minimum on the following base measures:

- Security Risk Analysis
- e-Prescribing
- Provide Patient Access
- Send a Summary of Care and Request/Accept Summary of Care OR Health Information Exchange

The performance score is calculated by using the numerators and denominators submitted for the specified measures included in the performance score, or for one measure (Immunization Registry Reporting measure), by the yes answer submitted.

MIPS eligible clinicians can earn bonus percentage points by doing the following:

- Reporting “yes” to 1 or more additional public health and clinical data registries beyond the Immunization Registry Reporting measure will result in a 5% bonus.
- Reporting “yes” to the completion of at least 1 of the specified Improvement Activities using CEHRT will result in a 10% bonus

ⁱⁱⁱ 25% of final score for most MIPS eligible clinicians, unless they are in a MIPS APM



25%
of score

Advancing Care Information Performance Category (continued)

Reweight the Advancing Care Information Performance Category:

- Hospital-based/non-patient facing anesthesiologists and certified registered nurse anesthetists (CRNAs) will have their Advancing Care Information performance category score reweighted to 0% of the final score
- A hospital-based eligible clinician is defined as furnishing 75% or more of their covered professional services in either the inpatient hospital (Place of Service 21), outpatient hospital (Place of Service 22), or emergency department (Place of Service 23) setting
- In the case of reweighting to 0%, CMS will assign the 25% from Advancing Care Information to the Quality performance category so that 85% of the final score will be based on Quality
- Non-patient facing MIPS eligible clinicians and CRNAs can still choose to report and CMS will score their Advancing Care Information performance

For more information on Advancing Care Information measures, requirements, and reweighting for hospital-based and non-patient facing clinicians, see the Advancing Care Information fact sheet.



0%
of score

Cost Performance Category Helps create efficiencies in Medicare spending

- No reporting requirement in 2017 (measures are calculated based on Medicare claims data but will not be used to determine your payment adjustment in the first payment year 2019 of the program)



For more information and a list of Advanced APMs that may be right for you visit: **QPP.CMS.GOV**

