

MIPS Reporting Plan 2019 Physical Therapists



The Medicare Access and Chip Reauthorization Act of 2015 (MACRA) repealed the Sustainable Growth Rate formula to create the Quality Payment Program (QPP). The QPP is a new framework for rewarding physicians for providing higher quality care, which include the Merit-based Incentive Payment System (MIPS) or Alternative Payment Models (APMs). Under these programs, clinicians have opportunities to receive payment incentives or penalties (-7% - +7%) based on their performance.

Eligible clinicians (ECs) and groups are required to report data to MIPS in 2019 or they will be subject to the full negative payment adjustment of -7% on their Medicare Part B claims. The performance threshold for 2019 is 30 MIPS points, meaning ECs and groups must score at least 30 MIPS points to avoid the negative payment adjustment.

The categories that make up the MIPS final score are: Quality, Promoting Interoperability, Improvement Activities and Cost. Please note, the performance category weights differ from those in Alternative Payment Models (APMs).

Physical Therapists (PTs) are a new eligible clinician type under the QPP, this document will serve to assist PTs in making a MIPS reporting plan and help achieve their targeted performance. A list of Quality measures and Improvement Activities that may be applicable to your specialty are also included.

MIPS Reporting Plan: Participation Year 2019

General Information

Practice Name: _____ State: _____

TIN: _____ Number of clinicians in practice: _____

Patient panel size: _____

- Care for > 200 Medicare part B beneficiaries annually
- Submit > \$90,000 in Medicare claims annually
- Provide > 200 covered professional services under the Physician Fee Schedule

*If you do not meet **ALL** of the above low-volume threshold criteria then you will be excluded from reporting to MIPS. If you meet one or two of the criteria, you may choose to opt-in for MIPS participation.

Check the participation look-up tool to see if eligible as a group: <https://qpp.cms.gov/participation-lookup>.

Quality Performance Category – 45% of MIPS total score*

Most MIPS eligible clinicians (ECs) will report on six quality measures, with at least one outcome or high priority measure, for a full calendar year.

Measure Name	Type	Target Performance	Decile Score	High Priority/ Outcome Measure	Utilizes EHR
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Promoting Interoperability Performance Category – 25% of MIPS total score*

Physical Therapists are exempt from this performance category. If data is reported, it will be scored.

EHR Vendor: _____ Version: _____ 2015 certified Unsure

Improvement Activities Performance Category – 15% of MIPS total score

Most MIPS ECs will report on one to four improvement activities, depending on the size of the practice and activity weight, for at least a consecutive 90-day reporting period.

Activity Name: _____ Domain: _____ Weight: _____	Activity Name: _____ Domain: _____ Weight: _____
Activity Name: _____ Domain: _____ Weight: _____	Activity Name: _____ Domain: _____ Weight: _____

Cost Performance Category – 15% of MIPS total score

CMS will automatically pull data for the ten measures in the Cost performance category from claims based on a 12-month reporting period. No submission to CMS necessary.

* For PTs who choose not to report on the Promoting Interoperability performance category (PI), the Quality category will be re-weighted to 70% unless they opt to voluntarily report on Promoting Interoperability. If reporting as an group check participation look-up tool: <https://qpp.cms.gov/participation-lookup>

MIPS Quality Measures 2019

MEASURE NAME	QUALITY ID	MEASURE TYPE	HIGH PRIORITY	SUBMISSION METHOD
Falls: Plan of Care	155	Process	TRUE	Medicare Part B claims measures, MIPS clinical quality measures (MIPS CQMs)
Falls: Risk Assessment	154	Process	TRUE	Medicare Part B claims measures, MIPS clinical quality measures (MIPS CQMs)
Falls: Screening for Future Fall Risk	318	Process	TRUE	CMS Web Interface measures, Electronic clinical quality measures (eCQMs)
Functional Outcome Assessment	182	Process	TRUE	Medicare Part B claims measures, MIPS clinical quality measures (MIPS CQMs)
Functional Status Change for Patients with Elbow, Wrist or Hand Impairments	222	Outcome	TRUE	MIPS clinical quality measures (MIPS CQMs)
Functional Status Change for Patients with General Orthopedic Impairments	223	Outcome	TRUE	MIPS clinical quality measures (MIPS CQMs)
Functional Status Change for Patients with Hip Impairments	218	Outcome	TRUE	MIPS clinical quality measures (MIPS CQMs)
Functional Status Change for Patients with Knee Impairments	217	Outcome	TRUE	MIPS clinical quality measures (MIPS CQMs)
Functional Status Change for Patients with Low Back Impairments	220	Outcome	TRUE	MIPS clinical quality measures (MIPS CQMs)
Functional Status Change for Patients with Lower Leg, Foot or Ankle Impairments	219	Outcome	TRUE	MIPS clinical quality measures (MIPS CQMs)
Functional Status Change for Patients with Shoulder Impairments	221	Outcome	TRUE	MIPS clinical quality measures (MIPS CQMs)
Osteoarthritis (OA): Function and Pain Assessment	109	Process	TRUE	Medicare Part B claims measures, MIPS clinical quality measures (MIPS CQMs)
Pain Assessment and Follow-Up	131	Process	TRUE	Medicare Part B claims measures, MIPS clinical quality measures (MIPS CQMs)

For information on quality measure: <https://qpp.cms.gov/mips/explore-measures/quality-measures?py=2019#measures>

Quality Measure Benchmarks: <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/342/2019%20MIPS%20Quality%20Benchmarks.zip>

MIPS Improvement Activities 2019

ACTIVITY NAME	ACTIVITY ID	ACTIVITY WEIGHTING
Additional improvements in access as a result of QIN/QIO TA	IA_EPA_4	Medium
Collection and follow-up on patient experience and satisfaction data on beneficiary engagement	IA_BE_6	High
Collection and use of patient experience and satisfaction data on access	IA_EPA_3	Medium
Engage Patients and Families to Guide Improvement in the System of Care	IA_BE_14	High
Engagement of New Medicaid Patients and Follow-up	IA_AHE_1	High
Engagement of patients through implementation of improvements in patient portal	IA_BE_4	Medium
Engagement with QIN-QIO to implement self-management training programs	IA_BE_3	Medium
Implementation of fall screening and assessment programs	IA_PSPA_21	Medium
Implementation of practices/processes for developing regular individual care plans	IA_CC_9	Medium
Practice Improvements that Engage Community Resources to Support Patient Health Goals	IA_CC_14	Medium
Regular Review Practices in Place on Targeted Patient Population Needs	IA_PM_11	Medium
Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.	IA_BE_13	Medium
Use of tools to assist patient self-management	IA_BE_17	Medium

For more information on Improvement Activities:

<https://qpp.cms.gov/mips/explore-measures/improvement-activities?py=2019#measures>

For documentation of Improvement Activities:

<https://qpp-cm-prod-content.s3.amazonaws.com/uploads/436/2019%20MIPS%20Data%20Validation%20Criteria.zip>