Physical Therapy and PQRS in 2016: 
How to Report Successfully

Heather L. Smith, PT, MPH

Introduction

Heather Smith currently serves as the Director of Quality for APTA. In her current role, Heather coordinates quality initiatives for the Association and develops and implements key member resources related to quality for programs such as the Physician Quality Reporting System (PQRS) and the Functional Limitation Reporting (FLR) requirements for therapy services under Medicare. She also serves in a consulting role for the Physical Therapy Outcomes Registry.

Heather previously worked the Quality Divisions for both New York Presbyterian Hospital and the Hospital of the University of Pennsylvania. Previous to her role in quality improvement, she was a practicing clinician for over ten years with the majority of her focus on orthopedics in the outpatient setting.
Learning Objectives

1. Explain the purpose of the PQRS program and its relationship between reporting and payment.
2. Identify the quality measures for 2016 that apply to physical therapists in private practice settings.
3. Describe the successful reporting requirements for 2016, and identify common mistakes associated with unsuccessful reporting by physical therapists.
4. Identify the changes to practice operations you need to make in order to participate successfully in the PQRS program in 2016.
5. Recognize the basics of the new MIPS program.

PQRS: WHERE ARE WE NOW?
Poll 1: What is your primary role (select one):
– Clinician in private practice
– Administrator in private practice
– Other

Poll 2: Is your practice currently participating in PQRS for the 2015 reporting year?
– Yes
– No
What is PQRS?

- The Physician Quality Reporting System (PQRS) is a quality reporting program that encourages individual eligible professionals (EPs) – including PTs - to report information on the quality of care to Medicare.
- PQRS provides an opportunity to assess the quality of care PTs provide to their patients, helping to ensure that patients get the right care at the right time.

Source: CMS

©2015 American Physical Therapy Association. All rights reserved. All reproduction or redistribution prohibited.
PQRS Eligible Providers

- In 2016, eligible providers who bill under the physician fee schedule must report successfully under PQRS to avoid a -2.0% reduction in their 2018 fee schedule.
  - *Rehab agencies, outpatient hospitals, SNFs Part B unable to participate in PQRS; use UB-92 (UB-04) or 837I for billing to intermediary*
  - *No place on claim form for individual NPI*
PT/OT PQRS Data Submission Mechanism

Medicare PQRS Reporting and Payment

<table>
<thead>
<tr>
<th>Calendar/Current Year (Data Year)</th>
<th>Year Penalty/ Payment Applied</th>
<th>PQRS Penalty* (calculated by NPI/TIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>2015</td>
<td>-1.5%</td>
</tr>
<tr>
<td>2014</td>
<td>2015</td>
<td>-2.0%</td>
</tr>
<tr>
<td>2015</td>
<td>2016</td>
<td>-2.0%</td>
</tr>
<tr>
<td>2016</td>
<td>2017</td>
<td>-2.0%</td>
</tr>
</tbody>
</table>

* The PQRS penalty will apply to eligible PT’s who do not report OR who fail to meet the successful reporting requirements for PQRS in a given calendar year.
2016 PQRS Payment Adjustment

- What if I did not participate in PQRS in 2014 or I failed to meet the reporting requirements for PQRS in 2014
  - Successfully reports a minimum 3 measures on 50% or more of eligible Medicare patients
- Providers will receive 98% of Medicare Part B PFS allowed charges amount (or 2% less reimbursement) for all charges with dates of service from January 1 – December 31, 2016

Informal Review Process for 2016 PQRS Penalty

CMS Extends Deadline for Physician Quality Reporting System (PQRS) Informal Review Process

CMS is extending the 2014 Informal Review period. Individual eligible professionals (EPs), Comprehensive Primary Care (CPC) practice sites, PQRS group practices, and Accountable Care Organizations (ACOs) that believe they have been incorrectly assessed the 2016 PQRS negative payment adjustment now have until 11:59 p.m. Eastern Time on November 23, 2015 to submit an informal review requesting CMS investigate incentive eligibility and/or payment adjustment determination. This is an extension from the previous deadline of November 9, 2015.

All informal review requestors will be contacted via email of a final decision by CMS within 90 days of the original request for an informal review. All decisions will be final and there will be no further review.

All informal review requests must be submitted electronically via the Quality Reporting Communication Support Page (CSP) which will be available September 9, 2015 through November 23, 2015 at 11:59 p.m. Eastern Time.

https://www.qualitynet.org/portal/server.pt/community/pqri_home/212
# The Financial Impact of PQRS

<table>
<thead>
<tr>
<th>Calendar/ Current Year (Data Year)</th>
<th>Year Penalty/ Payment Applied</th>
<th>PQRS Penalty (calculated by NPI/TIN)</th>
<th>Estimated Loses per Therapist*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013 2015</td>
<td>-1.5%</td>
<td>$664.77</td>
<td></td>
</tr>
<tr>
<td>2014 2016</td>
<td>-2.0%</td>
<td><strong>$886.36</strong></td>
<td></td>
</tr>
<tr>
<td>2015 2017</td>
<td>-2.0%</td>
<td><strong>$886.36</strong></td>
<td></td>
</tr>
<tr>
<td>2016 2018</td>
<td>-2.0%</td>
<td><strong>$886.36</strong></td>
<td></td>
</tr>
</tbody>
</table>

*Penalty dollar amounts based on the average total Medicare payment amount for physical therapists in 2013 $44,317.98

©2015 American Physical Therapy Association. All rights reserved. All reproduction or redistribution prohibited.
Poll 3: True or False: PQRS measure codes should include the GP modifier.
PQRS Reporting via Claims

- Perform PQRS measures
- Document clinical findings and related care

Evaluate patient

Submit claim

- Include all PQRS codes
- $0.01 charge
- NO GP/KX modifier

- Access reports from Quality Net throughout year
- Correct any PQRS issues

Review feedback report

Evaluate the Patient

### Perform PQRS measures
- Body Mass Index Screening and Follow-up
- Documentation and Verification of Current Medications
- Pain Assessment Prior to Initiation of Patient Treatment
- Falls
  - Risk Assessment
  - Plan of Care
  - Functional Outcome Assessment

### Document clinical findings and related care
- For each measure document the activity was completed and any relevant care or follow up
- For example Pain Assessment:
  - document that you performed a pain assessment (tool used, patient narrative)
  - If pain is present, address pain in your plan of care
How Do I Know What to Submit?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No (Not eligible)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the patient 18+ years of age?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Did you bill an eligible CPT code?</td>
<td>☐ 97001 97002</td>
<td>☐ 97532</td>
</tr>
</tbody>
</table>

If age and CPT code criteria have been met, then select ONE of the options below for reporting:

- G8720 Performance Met: Pain assessment documented as positive using a standardized tool and a follow-up plan is documented
- G8721 Performance Met: Pain assessment using a standardized tool is documented as negative, no follow-up plan required
- G8642 Other Performance Exclusion: Pain assessment NOT documented as being performed, documentation the patient is not eligible* for a pain assessment using a standardized tool
- G8939 Other Performance Exclusion: Pain assessment documented as positive, follow-up plan not documented
- G8732 Performance Not Met: No documentation
- G8739 Performance Not Met: Performance not documented, reason not given

APTA creates PQRS Data Collection Sheets that are updated annually. You can find these sheets on our website under the “Claims-Based Reporting Resources”
http://www.apta.org/PQRS/ClaimsBasedReporting/

©2015 American Physical Therapy Association. All rights reserved. All reproduction or redistribution prohibited.

Submit Claims

- Include PQRS codes on Claims
  - Include all PQRS codes on claims with 97001 & 97002
  - All PQRS codes should have:
    - 1 unit
    - $0.01 charge
    - NO GP modifier
    - NO KX modifier

- Check EOBs for Data Submission
  - Check your EOBs for PQRS claims to ensure that the codes are being transmitted
  - Remittance advice denial code N620 is your indication that the PQRS codes are valid for the 2016 PQRS reporting year

©2015 American Physical Therapy Association. All rights reserved. All reproduction or redistribution prohibited.
PQRS: Example 1500 Claim Form

Review Feedback Report

Access Reports from Quality Net

- Quality Net releases interim dashboard reports that include information on your performance on submitted measures
- To create an account or access reports, visit:
  https://www.qualitynet.org/portal/server.pt/community/pqri_home/212

Correct any PQRS issues

- Based on the feedback reports, correct any data submission issues
Poll 4: Yes or No: My practice has accessed and reviewed at least 1 PQRS feedback report from Quality Net in 2015.
How Does Medicare Determine My PQRS Success?

- PQRS success is determined by reporting rate.
  - This is what determines whether or not you receive a penalty
- You must submit a PQRS code for more than 50% of all Medicare eligible visits (97001 & 97002).
- You need a *reporting rate of greater than 50% for each measure.*
How Do I Know if I am Successful?

<table>
<thead>
<tr>
<th>Therapist</th>
<th>PQRS Measure</th>
<th>Count of 97001 Billed</th>
<th>Count of 97002 Billed</th>
<th>Count of 97532 Billed</th>
<th>Count of Total Eligible Visits</th>
<th>Count of Total PQRS Codes Submitted</th>
<th>Reporting Rate</th>
<th>Reporting Success</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ann</td>
<td>128 BMI</td>
<td>92</td>
<td>4</td>
<td>0</td>
<td>92</td>
<td>89</td>
<td>97%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>130 Medication</td>
<td>92</td>
<td>4</td>
<td>0</td>
<td>96</td>
<td>89</td>
<td>93%</td>
<td>YES</td>
</tr>
<tr>
<td></td>
<td>131 Pain</td>
<td>92</td>
<td>4</td>
<td>0</td>
<td>96</td>
<td>89</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>Bob</td>
<td>128 BMI</td>
<td>80</td>
<td>1</td>
<td>0</td>
<td>80</td>
<td>40</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>130 Medication</td>
<td>80</td>
<td>1</td>
<td>0</td>
<td>81</td>
<td>40</td>
<td>49%</td>
<td>NO</td>
</tr>
<tr>
<td></td>
<td>131 Pain</td>
<td>80</td>
<td>1</td>
<td>0</td>
<td>81</td>
<td>40</td>
<td>49%</td>
<td></td>
</tr>
</tbody>
</table>

BMI: once per reporting period when billing 97001 OR 97002
Medication: every visit when billing 97001, 97002, 97110, 97140 OR 97532
Pain: every visit when billing 97001 AND 97002

Quarterly Dashboard

Table 2b: Interim Reporting Individual Measure Detail for the NPI

<table>
<thead>
<tr>
<th>Measure Number</th>
<th>Measure Title</th>
<th>Domain</th>
<th>Number of Eligible Instances</th>
<th>Number of Eligible Instances Where QDCs Were Accurately Reported</th>
<th>Number of Eligible Instances Where No QDCs Were Reported</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>Stroke and Stroke Rehabilitation Discharged Effective Clinical Care</td>
<td>90</td>
<td>74</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

Calculate your reporting rate for each measure:
example: 74/90 = 82%
Annual Feedback Report

The number of reporting instances where the QDCs met the measure specific reporting criteria

The number of performance exclusions reported

Performance Rate is calculated by dividing the Performance Met by the Performance Denominator

The overall performance rate of multi-measure is the sum of all Performance Met for all measures for a given multi-performance rate measure

Annual reports are now focused on your performance rate; this is the percentage of patients for whom you reported that the performance was met for the measure.

Your performance rate data will appear on the physician compare website in 2016.

©2015 American Physical Therapy Association. All rights reserved. All reproduction or redistribution prohibited.

Reporting Rate versus Performance Rate

If age and CPT code criteria have been met, then select ONE of the options below for reporting:

- [ ] G8427 Performance Met: Eligible professional attests to documenting in the medical record they obtained, updated, or reviewed the patient’s current medications
- [ ] G8438 Other Performance Exclusion: Eligible professional attests to documenting in the medical record the patient is not eligible for a current list of medications being obtained, updated, or reviewed by the eligible professional
- [ ] G8428 Performance Not Met: Current list of medications not documented as obtained, updated, or reviewed by the eligible professional, reason not given

Reporting Rate: 
Total # of A+B+C
Eligible patient visits (97001 & 97002*)

This rate must be over 50% for each measure to avoid the 2% penalty

Performance Rate: 
A
Eligible patient visits (97001 & 97002*)-B

This rate will be publically reported in the future

* Other CPT codes may apply based on the measure

©2015 American Physical Therapy Association. All rights reserved. All reproduction or redistribution prohibited.
PQRS: WHAT MAJOR CHANGES ARE COMING IN 2016?

Poll 5: How are you submitting your PQRS data to Medicare in 2016?

– Via claims
– Via registry
– Via EHR
Physician Fee Schedule: PQRS Changes in 2016

<table>
<thead>
<tr>
<th>Program Detail</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Successful reporting requirements</td>
<td>• Same as 2015</td>
</tr>
<tr>
<td>Measures for PTs</td>
<td>• No new measures/ no measures removed</td>
</tr>
<tr>
<td>Specific measure changes</td>
<td>• Stay tuned to APTA PQRS webpage (December 2015)</td>
</tr>
<tr>
<td>Reporting mechanism</td>
<td>• No changes</td>
</tr>
</tbody>
</table>

PQRS Participation 2016

Should I participate in PQRS in 2016?

- I want to avoid the - 2.0% penalty in 2018
  - Report via claims
    - Report all available individual measures (128, 130, 131, 154, 155, 182)
  - Report via registry
    - Select 9 individual measures (or if less available 1-8)
# 2016 Individual Measures for PTs

<table>
<thead>
<tr>
<th>#</th>
<th>Measure Description</th>
<th>Claims</th>
<th>Registry</th>
</tr>
</thead>
<tbody>
<tr>
<td>126</td>
<td>Diabetes Mellitus: Diabetic Foot and Ankle Care, Peripheral Neuropathy: Neurological Evaluation</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>127</td>
<td>Diabetic Mellitus: Diabetic Foot and Ankle Care, Ulcer Prevention Evaluation of Footwear</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>128</td>
<td>Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>130</td>
<td>Documentation and Verification of Current Medications in the Medical Record</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>131</td>
<td>Pain Assessment Prior to Initiation of Patient Treatment</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>154</td>
<td>Falls: Risk Assessment</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>155</td>
<td>Falls: Plan of Care</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>182</td>
<td>Functional Outcome Assessment</td>
<td>X</td>
<td>X</td>
</tr>
</tbody>
</table>

©2015 American Physical Therapy Association. All rights reserved. All reproduction or redistribution prohibited.

# 2016 Individual Measures for PT’s

<table>
<thead>
<tr>
<th>#</th>
<th>Measure Description</th>
<th>Claims</th>
<th>Registry</th>
</tr>
</thead>
<tbody>
<tr>
<td>217</td>
<td>Change in Risk-Adjusted Functional Status for Patients with Knee Impairments</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>218</td>
<td>Change in Risk-Adjusted Functional Status for Patients with Hip Impairments</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>219</td>
<td>Change in Risk-Adjusted Functional Status for Patients with Lower Leg, Foot or Ankle Impairments</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>220</td>
<td>Change in Risk-Adjusted Functional Status for Patients with Lumbar Spine Impairments</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>221</td>
<td>Change in Risk-Adjusted Functional Status for Patients with Shoulder Impairments</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>222</td>
<td>Change in Risk-Adjusted Functional Status for Patients with Elbow, Wrist, or Hand Impairments</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>223</td>
<td>Change in Risk-Adjusted Functional Status for Patients with a Functional Deficit of the Neck, Cranium, Mandible, Thoracic Spine, Ribs, or other General Orthopedic Impairment</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

©2015 American Physical Therapy Association. All rights reserved. All reproduction or redistribution prohibited.
How Do I Choose a Reporting Method?

<table>
<thead>
<tr>
<th></th>
<th>Claims</th>
<th>Registry</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>None</td>
<td>Variable</td>
</tr>
<tr>
<td>Data Submission</td>
<td>Each practitioner is responsible for choosing and submitting the PQRS data</td>
<td>Each practitioner is responsible for entering data into the registry</td>
</tr>
<tr>
<td>Updating</td>
<td>Annual measure updates must be monitored by the facility</td>
<td>Registry monitors and incorporates annual measure updates</td>
</tr>
<tr>
<td>Timing of Data Submission</td>
<td>Done on the initial submission of claim form</td>
<td>Done throughout the year; ability to retrospectively submit data</td>
</tr>
<tr>
<td>Feedback</td>
<td>Providers must obtain feedback reports from QualityNet and/or establish internal auditing process</td>
<td>Registry provides participants with feedback reports throughout the year</td>
</tr>
</tbody>
</table>


THE POWER TO CHANGE LIVES

The Physical Therapy Outcomes Registry is an organized system for collecting data to evaluate patient function and other clinically relevant measures for the population of patients receiving physical therapist services. The registry will serve to inform reimbursement, improve practice, fulfill quality reporting requirements, and promote research.

Data contributed to the registry will show how physical therapy can change lives. This knowledge will help physical therapists deliver even better care and outcomes for their patients.

How can I learn more? www.ptoutcomes.com or Registry@apta.org
PQRS: PUBLIC REPORTING

Poll 6: True or False: In the future patients will be able to see your star rating on quality measures.
PQRS: Public Reporting & Future

- Providers who report successfully in the program will have their names listed on the CMS website
- CMS is planning data releases that will impact PTs:
  - In late 2015 a subset of PQRS measures reported via claims by individual EPs in CY2014
  - In late CY2016, individual EP PQRS data reported in CY2015

http://www.medicare.gov/physiciancompare/search.html

Physician Compare Data

- How will data be displayed?
  - Measure title and explanation
  - Star rating (based on performance rate)
    - each star represents 20% and so 100% is 5 stars, 80% is 4 stars, etc.
  - Performance rate
    - represents the eligible population that received a particular process of care or achieved a particular outcome.
What will Patient’s See?

Quality of Care for Patients with Diabetes

Some group practices do a better job than others at providing care that is known to get the best results for patients with diabetes. Medicare looked at a sample of patients in the group practice to help you compare how well group practices are providing the recommended care to their patients with diabetes and helping them to control their blood sugar and blood pressure. Medicare used this information to give the group practice a score on each measure. The score is presented as stars and as a percent. Get more information.

More stars are better.

Controling blood sugar levels in patients with diabetes. 61%

If patients with diabetes have blood sugar levels that stay too high, it can lead to heart disease, stroke, and kidney disease. Doctors should use the A1c lab test to check patients’ blood sugar levels and should work with patients with high levels to bring their blood sugar under control.

To give the group practice its score, Medicare looked at the percentage of patients with diabetes who had well-controlled blood sugar levels (less than 8% on their most recent A1c lab test). More stars are better because it means more of the practice’s patients had their blood sugar under control.

Controling blood pressure in patients with diabetes. 69%

Prescribing aspirin to patients with diabetes and heart disease. 94%

Did you Report PQRS #128 BMI Screening in 2014*?

Physician Compare Preview Period Extended Until November 16, 2015

The Physician Compare preview period has been extended to allow more time for individuals and group practices to preview their measures. You can now preview your 2014 quality measures until Monday, November 16, 2015. You can access the secured measures preview site now through the PQRS portal-Provider Quality Information Portal (PQIP). To learn more about which measures will be publicly reported and how to preview your measures, visit the Physician Compare Initiative page.


*Your data will be included if you reported on 20 or more patients in 2014
MERIT-BASED INCENTIVE PAYMENT SYSTEM: AN INTRODUCTION

Poll 7: Ture or False: At the end of 2016, the PQRS program will end.
### Transition from PQRS to MIPS

<table>
<thead>
<tr>
<th>Current Year (Reporting Year)</th>
<th>Year Penalty/ Payment Applied</th>
<th>PQRS Penalty</th>
<th>VM Incentive/ Penalty</th>
<th>MIPS Incentive/ Penalty</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>2017</td>
<td>-2.0%</td>
<td></td>
<td>4.0x to -4.0%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2016</td>
<td>2018</td>
<td>-2.0%</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2017</td>
<td>2019</td>
<td>-2.0%</td>
<td>3.0x to -5.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Includes MDs and other specified EPs*</td>
<td></td>
</tr>
<tr>
<td>2018</td>
<td>2020</td>
<td>-2.0%</td>
<td>3.0x to -5.0%</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Includes MDs and other specified EPs*</td>
<td></td>
</tr>
<tr>
<td>2019</td>
<td>2021</td>
<td></td>
<td>3.0x to -7.0%</td>
<td>CMS may add remaining EPs** (including PTs) to program</td>
</tr>
<tr>
<td>2020</td>
<td>2022</td>
<td></td>
<td>3.0x to -8.0%</td>
<td>CMS may add remaining EPs** (including PTs) to program</td>
</tr>
</tbody>
</table>

* Last year of VM and initial years of MIPS will only apply to MDs, physician assistants, nurse practitioners, clinical nurse specialists, and nurse anesthetists

**Physical therapists, occupational therapists, speech language pathologists, clinical social worker, clinical psychologist, registered dietician, nutrition professional, audiologists
<table>
<thead>
<tr>
<th>Current Year (Reporting Year)</th>
<th>Incentive/ Penalty (Applied 2 years after reporting year)</th>
<th>Estimated Cost in Penalties to Individual PT*</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015</td>
<td>-2.0%</td>
<td>$886.36</td>
</tr>
<tr>
<td>2016</td>
<td>-2.0%</td>
<td>$886.36</td>
</tr>
<tr>
<td>2017</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>2018</td>
<td>0%</td>
<td>$0.00</td>
</tr>
<tr>
<td>2019</td>
<td>Incentives TBD, Penalties up to -7.0%</td>
<td>$3102.26</td>
</tr>
<tr>
<td>2020</td>
<td>Incentives TBD, Penalties up to -9.0%</td>
<td>$3988.62</td>
</tr>
</tbody>
</table>

* Penalty dollar amounts based on the average total Medicare payment amount for physical therapists in 2013 $44,317.98

**PQRS versus MIPS**

**PQRS**
- Report on a specific number of quality measures for 50% or more of all eligible Medicare patients
- Pay for reporting; if you meet reporting requirements no penalty
- Current measures are not always meaningful to practice
- 2015: report on 6 measures for 50% or more for all visits in which a 97001/97002 is billed

**MIPS**
- 4 performance categories:
  - Quality measures (PQRS) 45%
  - Resource use 15%
  - Clinical improvement activities 15%
  - Meaningful use 25%
- Providers will earn a performance score (0-100) and will be incentivized/penalized based on performance
- Opportunity to develop measures meaningful to practice
- CMS will be outlining further details of MIPS over the 2015-2016 years
### MIPS in Detail

<table>
<thead>
<tr>
<th>Category</th>
<th>Weight</th>
<th>Measures</th>
</tr>
</thead>
</table>
| **Quality Measures** | 45%    | - PQRS measures (indications that some will move to MIPS)  
- Process and outcome measures (move toward outcome)  
- All new measures must be published in peer reviewed journal or developed by QDCR |
| **Resource Use**  | 15%    | - Currently, PTs do not have any measures in this category |
| **Clinical Activities** | 15%    | - Not yet outlined  
- Categories include: expanded practice access, population management, care coordination, beneficiary engagement (Secretary required to specify activities) |
| **Meaningful Use** | 25%    | - PTs would have the weight from this category redistributed to other categories |

**KEYS TO SUCCESS FOR TODAY AND TOMORROW**
### Keys to PQRS Success: Claims-based Reporting

**Preparing for the 2016 reporting year**

- Ensure that you have a reporting process in place
- Review the measure changes (check APTA resources in December- data collection sheets)
- Access and review your feedback reports from Quality Net

---

### PQRS: Errors to Avoid

#### Failing to include PQRS data on an original claim
- Make sure PQRS codes are included on all eligible initial claims
- Claims cannot be resubmitted for the sole purpose of adding a PQRS code

#### Placing invalid modifiers on the PQRS codes including GP or KX
- Placing a GP or KX modifier will cause the PQRS to reject form the system
- You cannot resubmit the claim to correct PQRS code errors

#### Failing to meet 50% reporting rate for all selected measures
- Consistently report PQRS measures on all eligible patients throughout the year
- Do not select different measures for each patient; report selected measures on all patients
- Report on all eligible visits including 97002 and 97532
PQRS Resources

• APTA: Quality Resources
  http://www.apta.org/PQRS
• CMS- PQRS page
  https://www.cms.gov/PQRS/
• Quality Net (general questions or feedback reports)
  https://www.qualitynet.org/
  866 288 8912

QUESTIONS

If you have additional questions on PQRS please feel free to contact us at
800 999 2782 ext 8511 OR
advocacy@apta.org

If you are interested in participating in the
Physical Therapy Outcomes Registry please
email us at registry@apta.org

©2015 American Physical Therapy
Association. All rights reserved. All
reproduction or redistribution prohibited.