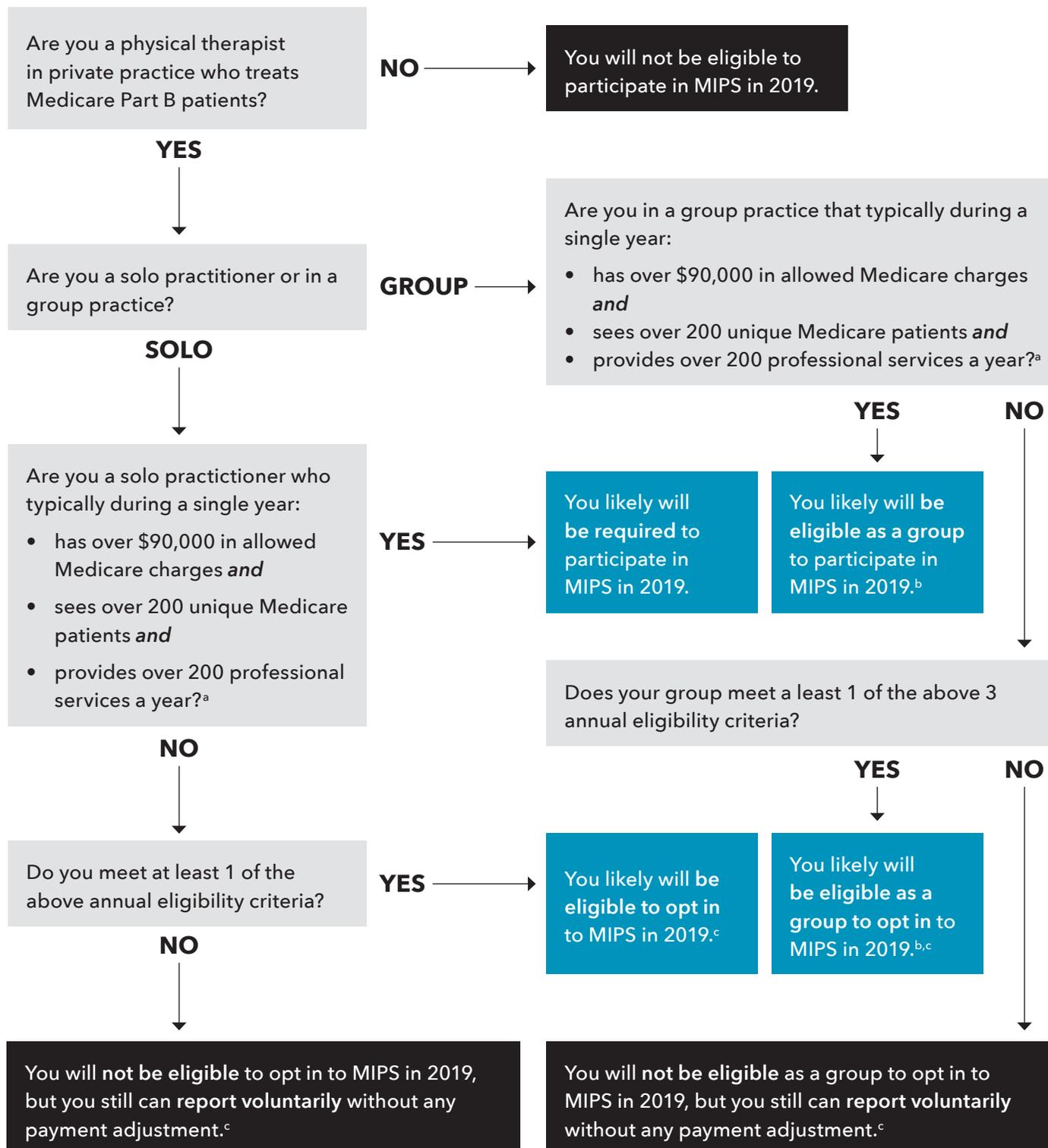


MIPS OR NOT?

Do you have to participate in MIPS in 2019? Can you participate voluntarily? Or do you sit out participation for now? Use this decision tree to help you determine your status and your options.



a. How do I know if I meet the thresholds?

To help you estimate whether you or your practice would meet MIPS low-threshold requirements, you can view 2016 data from the CMS “Medicare Physical and Other Supplier National Provider Identifier (NPI) Aggregate Report.” On the webpage (<https://data.cms.gov/Medicare-Physician-Supplier/Medicare-Physician-and-Other-Supplier-National-Pro/85jw-maq9/data>), enter your NPI, then find the columns for “Number of Services,” “Number of Medicare Beneficiaries,” and “Total Medicare Allowed Amount.” Keep in mind this is only an estimate—review the page for further details. CMS will publish 2019 eligibility data in the first quarter of 2019 on the CMS website at <https://qpp.cms.gov/>.

b. If I am not required to, why would I voluntarily participate in MIPS?

There are 2 good reasons: First, MIPS allows PTs and physical therapy practices to earn incentive payments and prepare for participation in alternative payment models through the collection of data. Because eligible PTs will report on only 2 MIPS categories in 2019—Quality and Improvement Activities—scoring will be weighted solely on these 2 categories. The Quality category is based on the former Physician Quality Reporting System (PQRS), and PTs who successfully reported under PQRS also potentially would score well in the MIPS Quality category. Second, voluntarily reporting now prepares PTs for the future, when mandatory MIPS participation could extend to wider groups of participants.

c. Should I participate as an individual or as a group?

Many PTs in group practices may find it easier to participate in MIPS as a group, as this will allow the group to work together in reporting the same quality measures to achieve the highest possible point total for all providers in the group.