Welcome to APTA’s podcast series on value-based care, which explains how value is measured in the provision of health care, and describes different aspects of the Quality Payment Program, including the Merit-based Incentive Program, or MIPS, and Advanced Alternative Payment Models, or Advanced APMs. Episode 7 is Introduction to the Merit-based Incentive Program. To get the most from this episode, you may want to check out earlier episodes first.

I’m Heather Smith, APTA’s Director of Quality.

Since 2007, PTs in private practice have been participating in the Physician Quality Reporting System, or PQRS, which was designed to better ensure high-quality health care services for Medicare beneficiaries. On January 1, PQRS became a "legacy" program and was rolled into the Merit-based Incentive Payment System, or MIPS—which itself is part of the new Quality Payment Program created by the Medicare Access and CHIP Reauthorization Act of 2015. Like PQRS, MIPS will impact PTs in private practice, but in the future may also include facility-based PTs who bill Medicare part B. The reason for the distinction is that MIPS performance is calculated using a combination of a PT's national provider identification number and tax identification number (TIN) for the practice. PTs in facility-based settings do not independently bill; thus, their national provider identification is not included on their claims.

PTs are not yet included in mandated reporting under MIPS, but they likely will be added in 2019. APTA and CMS therefore strongly recommend that you voluntarily report under MIPS in 2018 to gain valuable experience. PTs will get the benefit of annual feedback reports that show whether you or your practice would have received an incentive payment or incurred a penalty based on your performance. The feedback reports will allow you to make adjustments accordingly, looking toward the mandatory participation that is to come.

Although there will be portions of MIPS that are familiar to PTs, the majority of the program will be new. MIPS has 4 distinct performance categories: quality, cost, improvement activities, and advancing care information. Of these categories, PTs will find the quality category similar to PQRS; however, there are important differences. Unlike PQRS, which simply required providers to submit data on 50% of their patients to be successful, MIPS increases the requirement to 60%, and benchmarks providers against the national average for performance on the measure.

Additionally, in the past PTs were not included in other legacy quality-reporting programs such as meaningful use of electronic health records, or EHRs. Under MIPS they will be scored in the advancing care information category, which evolved from the meaningful use program. This means that PTs will need to be using certified EHRs in the near future.

Eligible clinicians will earn points in each performance category to produce a total annual MIPS score. The annual MIPS score will determine whether the clinician will earn a payment incentive, remain neutral in payment, or be subject to a penalty. As with PQRS, payment incentives and penalties under MIPS will kick in 2 years after the data-collection year. So, for example, if reporting had been mandatory for PTs in 2017, MIPS data would determine
incentives and penalties for the 2019 payment year. Preparing to report in 2019 will be important if PTs are required to participate—the payment incentives and penalties will be much higher under MIPS than they were under PQRS: plus or minus 7% in 2021, based on the 2019 reporting year, and 9% in 2022 and beyond.

To begin planning for participation in the MIPS program, you should begin voluntary reporting in 2018 and ensure that your practice adopts technology to assist in MIPS participation. Although the MIPS quality category will allow PTs to use claims for reporting in the quality category, the improvement activities and advancing care information categories will require submission electronically. Given the complexity of the MIPS program and the magnitude of the potential penalties, APTA advises that PTs plan to report MIPS data electronically through EHRs, through registries including APTA’s Physical Therapy Outcomes Registry, or a combination of both.

CMS will issue the proposed quality payment program rule for 2019 in early summer of 2018. At that point they are expected to include details of any plans to include PTs in the MIPS program. The final decision will be announced when the final QPP rule is published in early November 2018. Given the potential tight turn around for PTs and the high potential incentive or penalty amounts, we recommend that you prepare for participation during the 2018 year and stay tuned for further details.

This has been Episode 7 of the podcast series on value-based care. To find all episodes of this series, go to www.apta.org/MACRA/. You also can find these and all APTA podcasts on iTunes by searching APTA Podcasts or by going to www.apta.org/Podcasts. Thanks for listening.

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