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

The Merit-based Incentive Payment System, or MIPS, which is part of the Quality Payment Program, began January 1, 2017. Created by the Medicare Access and CHIP Reauthorization Act of 2015, MIPS replaces several legacy quality reporting programs such as the Physician Quality Reporting System, PQRS. Physical therapists are not yet required to report under MIPS, but they are likely to be added in 2019. Like PQRS, MIPS will impact PTs in private practice, but may also at some point include facility-based PTs who bill Medicare part B.

Eligibility determination for MIPS depends on provider type and whether or not the provider exceeds established thresholds for Medicare billing charges and number of patients seen. This low-volume threshold was designed to prevent providers and practices with only a small number of Medicare patients from being subject to the reporting burdens of MIPS. For 2018, providers exceed the low-volume threshold if their Medicare billing charges are $90,000 or more and they provide care for 200 or more Part B-enrolled Medicare beneficiaries. Providers with Medicare billing charges are less than $90,000 or care for fewer than 200 beneficiaries cannot participate in MIPS. Providers can check their MIPS eligibility status on the Quality Payment Program website at https://qpp.cms.gov/.

Because of the low-volume threshold, many individual PTs will not be eligible to participate in MIPS in 2019 even if physical therapists are added as an eligible provider category. However, the low-volume threshold is also applied at the group level, using the tax identification number of the practice. If the group exceeds the low-volume threshold your practice is eligible to participate as a group, even if you’re excluded as an individual.

The low-volume threshold determination period spans 24 months, which includes a 2 sets of claims data analysis—one during the 12 months prior to the performance period, and the other during the 12-month performance period.
• The first 12-month period will begin in September, 2 years prior to the performance period, and end in August of the year prior to the performance period. It will include a 60-day claims run-out, meaning it will include claims filed up to the end of October. This time frame will allow CMS to inform MIPS-eligible clinicians and groups of their low-volume status in December, before the performance period starts.

• The second 12-month period will begin in September, 1 year prior to the performance period, and end in August during the performance period. It also will include a 60-day claims run-out. This time frame will allow CMS to inform additional eligible clinicians and groups of their low-volume status during the performance period.

CMS indicated in the 2018 QPP rule that they are considering other strategies for calculating the low-volume threshold in the future—such as using a percentage of Medicare charges to total charges, and a percentage of Medicare patients to total patients. Changes to the low-volume threshold may lead to inclusion of more PTs in the MIPS program in the future. Additionally, CMS is considering an opt-in policy in future years for providers who exceed either the $90,000 in billing charges or for more than 200 patients.

Given the complexity of the MIPS program, and the financial risks associated with participation that could induce penalties as high as 7% in 2019, some providers/practices may determine it is not worth the risk to opt-into the program. However, it is important to note that participation in QPP via either MIPS or APMs will be the only way to earn additional money in the future, as MACRA requires that payment remains flat under the physician fee schedule from 2020 through 2025. In 2026 and beyond, there will be an update of 0.25% for MIPS participants and 0.75% for APM participants.

CMS will release its proposed 2019 QPP rule in early summer of 2018, which should include details of any plans to include PTs in the MIPS program. The final decision will not be released until the final QPP rule is published in early November 2018. Stay tuned for further details.

Thanks for listening to Episode 8 of this 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. I’m Heather Smith.

[Contact: advocacy@apta.org | Last Updated: 09/19/18]