Podcast series: Value-Based Care

Episode 11: The MIPS Quality Reporting Category

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 11 is The MIPS Quality Reporting Category. 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.

The Merit-based Incentive Payment System, or MIPS, is part of the Quality Payment Program, or QPP, which began January 1, 2017. MIPS replaces several legacy quality-reporting programs such as the Physician Quality Reporting System, or PQRS. Physical therapists are not yet required to report under MIPS, but they are likely to be added in 2019.

MIPS requires reporting performance across 4 categories: quality, cost, improvement activities, and advancing care information. In this episode, we’ll go into detail about the quality category.

The quality category replaces the former PQRS program, but has some notable differences. As with PQRS, providers can report quality data through claims, electronic health records (EHRs), or registries. Also similar to PQRS, providers need to report either 6 MIPS measures or a specialty-specific set of measures. Currently physical therapists do not have a specialty-specific set of measures and so, for now, PTs who voluntarily report under MIPS in 2018 should report the 6 measures that were available to PTs under the old PQRS program:

- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up
- Documentation and Verification of Current Medications in the Medical Record
- Pain Assessment Prior to Initiation of Patient Treatment
- Falls: Risk Assessment
- Falls: Plan of Care
- Functional Outcome Assessment

Measures are either process measures or outcome measures. The current PT measures are all process measures, meaning they assess whether or not the clinician took a specific clinical action; for example, performing a risk assessment and appropriate follow-up care for patients deemed to be at risk for falls. Process measures often focus on patient safety and other best clinical practices. Several of the PT measures are considered high priority and are reported by other health care providers. In the future, the goal is to move to measures that look at outcomes of care. APTA is advocating for the development of physical therapy-specific measures, including outcome measures, for PTs to report in future years.

A change from PQRS is the percentage of eligible patients on which providers need to report for each quality measure selected. Under MIPS the reporting rate is 60%, up from the 50% reporting rate under PQRS. Additionally, if providers are reporting via claims, they are expected to report
on 60% of all Medicare fee-for-service patients, while those reporting via EHRs or registries will need to report on 60% of all patients regardless of payer.

Another change is that under PQRS, meeting or exceeding the reporting rate was the only requirement for avoiding the penalty. In MIPS, the provider must meet or exceed the 60% reporting rate for each quality measure to earn a score for that measure. Failure to do so will result in a score of 1 point for that measure.

If the provider meets or exceeds the reporting rate requirement, the performance rate will determine the score for the measure. Each measure in the MIPS program has an established benchmark performance rate based on the national performance on the measure. The scoring range is 3 to 10 for providers who met or exceed the 60% reporting rate requirement, based on performance against the benchmarks. The scores for all the measures will be aggregated, and a total point score will be weighted for the quality category before being figured into the total overall MIPS score.

PTs can visit the CMS website at qpp.cms.gov/ for more information on MIPS and the quality category, in addition to detailed information on all of the available quality measures.

This has been Episode 11 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.

[Contact: advocacy@apta.org | Last Updated: 1/26/18]