

2021 MIPS Data Collection Mechanisms



The table provides details on each of the data collection mechanisms.

Mechanism	Quality Reporting* Measures Available	Improvement Activities Reporting	Reporting Protocols	Feedback	Data Completeness
Claims-based (15 or fewer clinicians in practice).	Eight process measures available for PTs: #128, 130, 134, 154, 155, 181, 182, 226.	<p>Must enter manually on CMS site.</p> <p>Small, rural, and underserved health care practitioner area practices receive double points for IAs.</p> <p>Group practices must perform IAs for at least 50% of staff.</p>	<p>Report on claims forms throughout the year.</p> <p>No changes allowed after claim submission.</p>	Only at year end.	<p>Report performance data for 70% of all Medicare Part B patients that qualify for the measure.</p> <p>Small practices will get 3 points for quality measures that don't meet data completeness.</p>
Qualified registry (Physical Therapy Outcomes Registry).	<p>Registry supports 20 QPP measures: #047, 126, 127, 128, 130, 134, 154, 155, 181, 182, 226, 236, 282, 283, 286, 288, 317, 374, 402, 431.</p> <p>Three eQMs: #281, 318, 376 (CEHRT reporting only).</p>	<p>Direct reporting varies by vendor.</p> <p>Small, rural, and underserved health care practitioner area practices receive double points for IAs.</p> <p>Group practices must perform IAs for at least 50% of staff.</p>	<p>Collect data throughout the year; changes allowed.</p> <p>Vendor submits data to CMS at year end.</p>	<p>Minimum of quarterly on quality measures.</p> <p>Feedback details vary by vendor.</p>	70% sample of patients across all payers.
QCDR (Physical Therapy Outcomes Registry).	Registry supports 20 QPP measures: #047, 126, 127, 128, 130, 134, 154, 155, 181, 182, 226, 236, 282, 283,	<p>Report through registry.</p> <p>Small, rural, and underserved health care practitioner area practices.</p>	<p>Collect data throughout the year directly from the EHR; changes allowed.</p> <p>Registry submits data to</p>	Continuously calculated quality measures data and anticipated MIPS quality score.	70% sample of patients across all payers.

	286, 288, 317, 374, 402, 431.	receive double points for IAs.	CMS at year end.		
	Three eCQMs: #281, 318, 376 (CEHRT reporting only)	Group practices must perform IAs for at least 50% of staff.			
	11 QCDR measures.				

*Six measures are required to be reported; one must be an outcome measure **or** a high-priority measure (if an outcome measure is not available).

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