

MIPS

Reporting Checklist

2020 MIPS Reporting Checklist

Merit-based Incentive Payment System (MIPS) reporting spans the entire calendar year. Our 2020 MIPS Reporting Checklist will help you identify the critical tasks to complete your 2020 MIPS reporting successfully and on-time.

JANUARY – MARCH 2020

☐ **Set your 2020 MIPS strategy.**

In 2020, the minimum performance threshold rises from 30 points to 45 points, so developing a MIPS strategy early is key.

This includes selecting Quality measures and identifying Improvement Activities.

☐ **Identify MIPS eligibility.**

The Centers for Medicare & Medicaid Services (CMS) states that if you see more than 200 Part B beneficiaries, have more than \$90,000 in Part B allowed charges, and provide 200 or more covered professional services to Part B patients, you may be subject to MIPS reporting.

Visit qpp.cms.gov to check your eligibility.

☐ **Determine if your practice is going to report as individuals or as a group.**

Individual reporting entails one report per National Provider Identifier (NPI)/tax ID number (TIN) combination, whereas a group report submits one report for the entire TIN.

This includes selecting Quality measures and identifying Improvement Activities.

☐ **Determine your method of reporting.**

Reporting can be completed via Electronic Medical Record, Quality Registry, Qualified Clinical Data Registry or Medicare Part B Claims.

Medicare Part B Claims reporting can only be done if you are a solo provider or part of a small group as defined by CMS. Visit qpp.cms.gov or www.mipswizard.com to learn more and register for reporting.

☐ **Understand each MIPS Category requirements and what 2020 quality measures are applicable to you and your group.**

The Quality category requires a full year of data collection. This is why it is important to get started early.

APRIL – SEPTEMBER 2020

Use this time to continue populating and reviewing your 2020 MIPS data.

☐ **Continue reviewing your 2020 quality measures to ensure you are on-track.**

☐ **Track information for the Promoting Interoperability (PI) and Improvement Activities (IA) Attestations.**

If your reporting is applicable for PI and IA categories, it's important to collect documentation supporting your attestations to be prepared for data validation or potential audits.

DID YOU KNOW?

Completing an AAPM&R Practice Improvement Project (PIP) can qualify as an Improvement Activity and is free for AAPM&R members. Visit www.aapmr.org/improvementactivities to learn more.

OCTOBER – DECEMBER 2020

You're now in the last 90 days of the calendar year. Time is running out!

☐ **Not started yet? Not a problem!**

Start by reviewing all the steps throughout the Reporting Checklist calendar year to catch up and satisfy your reporting requirements successfully and on-time.

This includes selecting Quality measures and identifying Improvement Activities.

☐ **Groups: Remember to review performance with clinicians.**

☐ **Attend the 2020 AAPM&R Annual Assembly in San Diego, November 12-15.**

Chat with Academy staff about your MIPS questions and attend dedicated sessions to learn about your requirements.

JANUARY 1 – MARCH 31, 2021

THE CMS SUBMISSION DEADLINE IS MARCH 31.

☐ **Continue reviewing your 2020 Quality measures to ensure you are on-track.**

☐ **Track information for the Promoting Interoperability (PI) and Improvement Activities (IA) Attestations.**

If your reporting is applicable for PI and IA categories, it's important to collect documentation supporting your attestations to be prepared for data validation or potential audits.