

MSK & Rehabilitation Outcomes QCDR MIPS Participation Guide

QCDR Procedure Manual

This guide details how WebPT's QCDR supports rehab therapy providers participating in MIPS.

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Disclaimer:

This publication is provided for information and offers a summary of WebPT processes and policies for participation in the Centers for Medicare and Medicaid (CMS) Merit-based Incentive Payment System (MIPS) program. To the full extent permissible by law, WebPT does not represent, warrant, or guarantee the accuracy of the information related to the CMS MIPS program and disclaims any responsibility or liability for the subsequent use of, or reliance upon, the information contained herein. WebPT reserves the right to modify its processes and policies.

1. Overview and Guide Review Requirements

The purpose of this MIPS Participation Guide is to detail the requirements for participation in WebPT's Qualified Clinical Data Registry (QCDR), formally named MSK & Rehabilitative Care Outcomes QCDR.

WebPT requires each organization intending to participate in MIPS to read this MIPS Participation Guide. Please note that failure to read the guide does not exempt participants from complying with the policies, requirements, and expectations outlined within. All program participants are expected to adhere to the guidelines, and a lack of awareness due to not reading the guide will not be considered a valid justification for non-compliance.

2. MSK & Rehabilitative Outcomes QCDR

2.1. What is a QCDR?

A QCDR is defined as an entity that demonstrates clinical expertise in medicine and quality measurement development, collects medical or clinical data to track patients and diseases, and fosters improvements in the quality of care provided to patients. WebPT has been a CMS-approved QCDR since 2019, when Physical Therapists, Occupational Therapists, and Speech-Language Pathologists were designated as MIPS-eligible clinicians.

WebPT meets the following criteria to be a QCDR:

- An entity with clinical expertise in medicine.
- An entity with stand-alone quality measurement development experience.
- Clinicians must be on staff with the organization and lend their clinical expertise in the work carried out by the QCDR.

2.2. WebPT Partnership with Patient360

In 2024, WebPT partnered with [Patient360](#) to form a joint QCDR called the MSK & Rehabilitative Care Outcomes QCDR. Patient360 brings extensive experience in supporting MIPS Cost and Promoting Interoperability performance categories and has been servicing clients in various alternative payment models (APMs) and accountable care organizations (ACOs) for over a decade. WebPT's combined experience and expertise with Patient360 facilitates additional opportunities to participate in sundry healthcare initiatives as the market continues to move more fully towards value-based models of payment.

3. QCDR Responsibilities

3.1. Participation Responsibilities

Supporting Participation Requirements

WebPT's QCDR meets and supports all participation requirements set forth by the Physician Fee Schedule (PFS) Final Rule for the CMS Quality Payment Programs (QPP). WebPT supports our Members' participation in the MIPS program as follows:

- **Specialties:** Physical Medicine, Physical Therapy, Occupational Therapy
- **Reporting Options:** Individual Clinician, Group (inclusive of opt-in and/or voluntary participants)
- **Performance Categories:** Improvement Activities, Quality, Cost, and Promoting Interoperability

3.1.1. CMS Random Compliance Audit

Under §414.1400(g)(3), CMS has the authority to audit all entities that submit data to Medicare to determine compliance with all QPP procedures. The requirements for CMS Compliance Evaluation include meeting participant requirements, providing performance feedback reports, and conducting data validation audits for each performance category. For a comprehensive list of CMS audit requirements, please refer to [§414.1400 Third Party Intermediaries](#) in the Code of Federal Regulations. WebPT has successfully passed all three CMS audits during the course of its tenure as a QCDR since 2019.

3.1.2. Business Associates Agreement

As a steward of the CMS Merit-based Incentive Payment System, WebPT must maintain an appropriate business associate agreement (BAA) with its participating clinicians and/or groups. Every BAA ensures that WebPT receives patient-specific data from a clinician and/or group and provides disclosure of quality measure results, numerator and denominator data, or patient-specific data on Medicare and non-Medicare beneficiaries.

3.1.3. Performance Feedback Reports

QCDRs are required to provide participants with MIPS performance feedback at least four (4) times per year. WebPT's QCDR, MSK & Rehabilitation Outcomes QCDR, in collaboration with Patient360, offers performance feedback via dashboard analytics that are accessible 24 hours a day, seven days a week. The MIPS dashboard displays performance feedback relative to the WebPT performance averages—a benchmark derived from all Members utilizing MSK & Rehabilitation Outcomes QCDR. When available, CMS historical benchmark data will also be provided. The dashboard is accessible to all Members participating in MIPS, and offers individual and organizational performance metrics in near real-time, facilitating actionable insights and decision-making capabilities.

3.1.4. Quality Measure Publication

QCDRs must publicly post measure specifications for each QCDR measure no later than 15 calendar days following CMS approval of any QCDR measure specifications. WebPT's QCDR current measures can be found on our website at <https://www.keethealth.com/qcdr>.

3.2. Submission Responsibilities

The MIPS submission period begins on January 1 of the year following the performance year and ends on March 31. All QCDRs are responsible for submitting individual and group MIPS data to CMS within that time frame via a CMS-specified secure method in the defined QPP data format. To ensure a successful submission will occur for all Members being served by the MSK & Rehabilitation Outcomes QCDR, **WebPT and Patient360 require that all Members complete final review and data submission activities by February 28.**

WebPT has committed to supporting MIPS participation and data submission services via our QCDR for the entire MIPS performance year and applicable submission period. In the unlikely event that WebPT's QCDR must discontinue services, WebPT will notify CMS and support Members' transitional needs through an alternate submission method or third-party intermediary.

3.2.1. Data Validation and Completeness

Each year every QCDR must submit a Data Validation and Execution Report (DVER) to CMS detailing how the QCDR ensures accurate and satisfactory data submission by individual MIPS clinicians and/or groups. The MSK & Rehabilitation Outcomes QCDR conducts a random sampling of participant data annually to support this process.

Additionally, QCDRs must certify that all submitted data are true, accurate, and complete. Any misleading data or selective reporting, known as "cherry-picking," is not tolerated. WebPT will work with Members to correct any issues before submission if selective reporting appears to be a concern during WebPT's randomized auditing processes.

3.2.2. Clinician Consent

MSK & Rehabilitation Outcomes QCDR must obtain and retain signed documentation from each clinician (holder of a national provider identifier, or NPI) that has authorized the QCDR to submit applicable all-payer data to CMS for the purpose of MIPS participation. Individual consent must be documented electronically in the Keet Health platform on an annual basis in order for MIPS data to be submitted for the given MIPS performance year.

4. Member Responsibilities

4.1. Participation Responsibilities

4.1.1. MIPS Decision-Makers

Organizations must designate at least two (2) MIPS Decision-Makers per TIN who have the authority to sign off on MSK & Rehabilitation Outcomes QCDR communications (when applicable) and can authorize data submission to CMS. **WebPT requires each organization to adhere to the following requirements related to MIPS Decision-Makers:**

- It is the Member's responsibility to ensure that it is clearly communicated to WebPT and within their organization who the MIPS Decision-Makers are and the responsibilities they must adhere to as the designated MIPS Decision-Makers.
- It is the Member's responsibility to immediately update WebPT if one or both of the MIPS Decision-Makers change at any given time within the MIPS Submission year (January 1 through March 31 of the following year).
- MIPS Decision-Makers are responsible for reading **all** MIPS-related communications and correspondences in their entirety and disseminating MIPS-related content to participants and/or other Members within the organization as appropriate.
- MIPS Decision-Makers are responsible for completing all required processes within the stated/indicated timelines, else WebPT reserves the right to deny submission of data to CMS for participation in MIPS.
- MIPS Decision-Makers must be identified as "Administrators" within each Member's organization in the Keet Health platform to ensure that any MIPS-related communications will be received by those with the authority to make decisions related to the MIPS program.

4.1.2. Business Associate Agreement

As noted under the Business Associate Agreement section of the QCDR Responsibilities, a Business Associate Agreement (BAA) is required to participate in the MIPS program. It is the Member's responsibility to ensure that a BAA is signed by the appropriate organizational legal representative. Unless otherwise determined, BAAs are in perpetuity for the life of the contract. The WebPT's QCDR MIPS Participation Guide serves as a supplementary document to the BAA.

4.1.3. MIPS eligibility

It is the Member's responsibility to determine MIPS eligibility using the Quality Payment Program (QPP) Participation Status Tool at qpp.cms.gov/participation-lookup. Eligibility can be assessed based on clinician type, Medicare enrollment date, and low-volume threshold calculations. Groups may review and download eligibility information for all clinicians under their Taxpayer Identification Number (TIN) from the QPP website.

4.1.4. Participation Selection

WebPT's QCDR supports [participation in MIPS](#) as an individual clinician and/or as a group and supports opt-in or voluntary submission if participation in the MIPS program is not required. Because of the multitude of factors involved in running a business, each organization is responsible for determining its MIPS participation selection based on the QPP requirements and organizational priorities. WebPT is not responsible for the participation selection and/or decision to submit or not submit MIPS data for a given individual and/or group (TIN). The decision to participate or not to participate, and the selection of how an organization will participate is the sole responsibility of the Member.

4.1.5. HARP Account Creation and WebPT Access

CMS has created a secure, confidential portal for MIPS participants to view group and individual clinician information via the QPP website. This portal, the Healthcare Quality Information System (HCQIS) Access, Roles, and Profile, also known as HARP, offers details on provider eligibility, final MIPS scores, and payment adjustments. **WebPT strongly encourages each Member to register for a HARP account and to provide WebPT staff-level access** to gain visibility into this important information so WebPT can assist in your management of MIPS participation throughout the performance year. Details of the HARP registration process and how to link your HARP account to WebPT's QCDR can be found [here](#). If you would like to provide WebPT staff-level access to HARP to help facilitate our ability to better service your organization, please contact keetsupport@webpt.com.

4.2. Submission Responsibilities

4.2.1. Ongoing Data Review and Updates

It is the Member's responsibility to review their MIPS performance data routinely and consistently throughout the year to ensure compliance with CMS data completeness and case minimum thresholds, as well as to monitor performance metrics. Clinicians should regularly check patient data to ensure proper data collection has occurred and to update data elements as needed.

Members must update the Keet platform with any updates or changes to their organizational TIN(s) and must inform WebPT of these changes immediately when they occur. Failure to report changes to WebPT will result in the exclusion of data in your final MIPS submission.

4.2.2. Clinician Consent

WebPT must obtain consent to submit data to CMS for any clinician who elects to report data under the Individual reporting type; this includes obtaining consent for any clinicians who may have left the organization during the middle of the MIPS performance year. Consent must be electronically documented in the Keet platform by January 15 of the year following the MIPS performance year.

When reporting under the Group reporting type, organizations may have their group's duly authorized representative give consent on behalf of the group for WebPT to submit the group's data to CMS. *(A duly authorized representative may give consent on behalf of a group, but **not** for an individual MIPS-eligible clinician reporting as an individual).*

If your organization intends to report as both "Individual(s)" and "Group," consent must be provided by (a) each clinician choosing to report as an individual and (b) your organization's duly authorized representative granting Keet Health permission on behalf of the group to submit the group's data to CMS. *(You may choose to report as both, "Individual(s)" and "Group" and only have a subset of your group report individually while all clinicians data associated with the TIN will be reported if / when reporting as "Group." For more information on reporting options, visit the [QPP here](#)).*

4.2.3. Final Submission

Members are responsible for completing a final review of all MIPS performance data and communicating their participation preferences prior to submission. Additionally, each organization must have a MIPS Decision-Maker attest that the data is accurate and complete for data to be submitted to CMS. An attestation must be received for each TIN that an organization intends to submit data on - regardless of if the organization plans to report as Individual, Group, or both Individual and Group reporting types. This attestation will occur in the Patient360 platform when the Member has completed their review and elects to submit the data. ****This final attestation is separate and distinct from the clinician consent that individuals must complete to grant WebPT's QCDR permission to act on their behalf for participation in the MIPS program.**

5. Additional WebPT's QCDR Processes and Policies

5.1. Clinical Documentation

Although CMS does not specify documentation requirements for MIPS, providers should maintain clinical documentation to support any measurement or activity that affects the status or results of the outcome. This is considered best practice and is essential in the event of a CMS audit.

5.2. Transferring Data to WebPT's QCDR

MSK & Rehabilitation Outcomes QCDR supports new Members year-round, provided that data aligns with MSK & Rehabilitation Outcomes QCDRs quality measures. We utilize APIs with multiple EMR systems and can integrate with other vendors or transfer data from other QCDRs using data aggregators. Manual data entry is also supported for retrospective information.

5.3. Entering Appointment Data into Keet for Non-Integrated EMRs

For non-integrated EMRs, Members must enter patient encounter data into the Keet platform if a data feed is unavailable. This includes entering historical data for new users of MSK & Rehabilitation Outcomes QCDR during the performance year.