

Maximizing your **MIPS** quality measure score with data completeness.

In order to earn the maximum points for quality measures in the 2022 performance year, clinicians and groups must satisfy the CMS data completeness requirement. To satisfy data completeness you must submit data for 70% of eligible patients from ALL-PAYERS (not just Medicare Part B). Additionally, the patient must complete a minimum of two surveys per measure in order for a Keet Quality Measure to qualify for MIPS reporting.

Does the patient qualify?



ARRIVED INITIAL EVALUATION
All patients - All payers

EVALUATE PATIENT EPISODE OF CARE FOR MIPS ELIGIBILITY

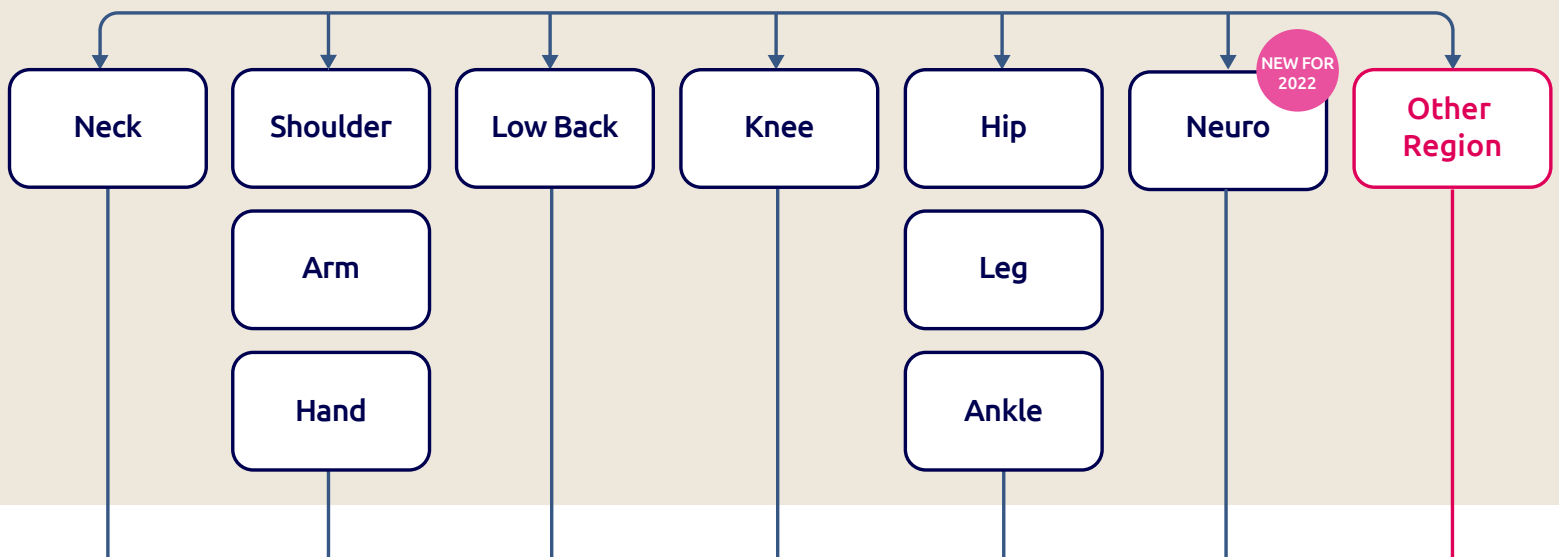


Additional Insight

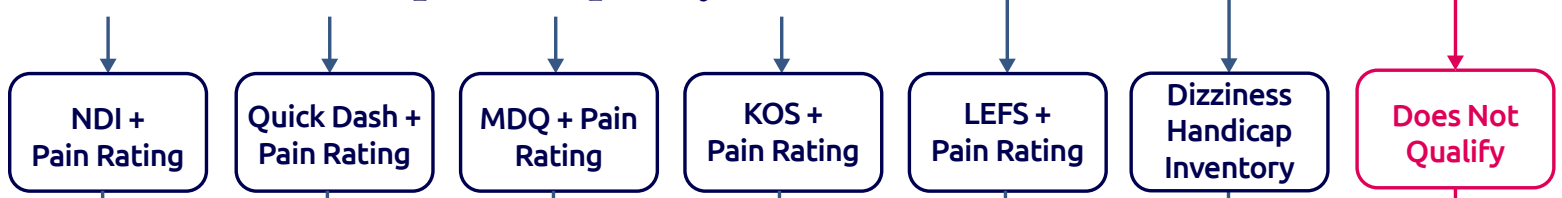
If MIPS is a CMS program, why can't I just submit data for my Medicare Part B patients?

Per CMS, MIPS eligible providers submitting quality measures data using the QCDR, qualified registry, or EHR submission mechanism must submit data on at least 70% of patients that qualify for the measure, regardless of payer.

What is the patient's region of injury?



Which Keet MIPS PRO (patient reported outcome measure) does the patient qualify for?



Removed from
MIPS registry

Should the patient be excluded from completing the MIPS PRO?

Does the patient meet any of the following **2022 Keet Outcomes QCDR Measure (IROMS/KEET01)** disqualification criteria?

- Patients who are <18 years old. (Note: patients under 18 will be automatically removed from MIPS registry)
- Patients that are non-English speaking and translation services are unavailable.
- Patients that have a mental or cognitive impairment that compromises their ability to accurately complete the MIPS PRO.
- Patients meeting Medicare requirements for maintenance therapy, such as the maintenance of functional status or prevention of a slow deterioration in function, as defined by the Medicare Benefits Policy Manual, Chapter 15.
- PT/OT can use their clinical judgment to exclude patients who are extremely medically complex, who in their experience are likely to make poor clinical progress.
- Ongoing care not indicated, patient seen only 1-2 visits

NO

Assign MIPS PRO the patient is eligible for

Patient completes a minimum of 2 MIPS PROs per assigned measure per case

YES

NO

Patient included in MIPS registry **Patient excluded from MIPS registry**

YES

Set MIPS QUALIFICATION flag to disqualified in the patient episode of care

Patient disqualified from MIPS

Document clinical reasoning for excluding patient in your EMR

Does the patient meet any of the following **DHI (HM7)** disqualification criteria?

- Patients who are <14 years old. (Note: patients under 14 will be automatically removed from MIPS registry)
- Patient that have received hospice services at any time during the performance period.
- Patients unable to complete a DHI or equivalent instrument at admission and discharge due to blindness, illiteracy, severe mental incapacity or language incompatibility without the availability of an adequate proxy available.

NO

Assign MIPS PRO the patient is eligible for

Two or more face-to-face patient encounters for a treatment episode that began or ended during the performance period

YES

Patient included in MIPS registry

NO

Patient included in MIPS registry as Performance Not Met

YES

Set MIPS QUALIFICATION flag to disqualified in the patient episode of care

Patient disqualified from MIPS

Document clinical reasoning for excluding patient in your EMR



Additional Insight

Best practice is to have the patient complete the PRO form(s) at the time of initial evaluation, during subsequent visits on a regular cadence (i.e. each visit or every 1-2 weeks), and upon discharge.

