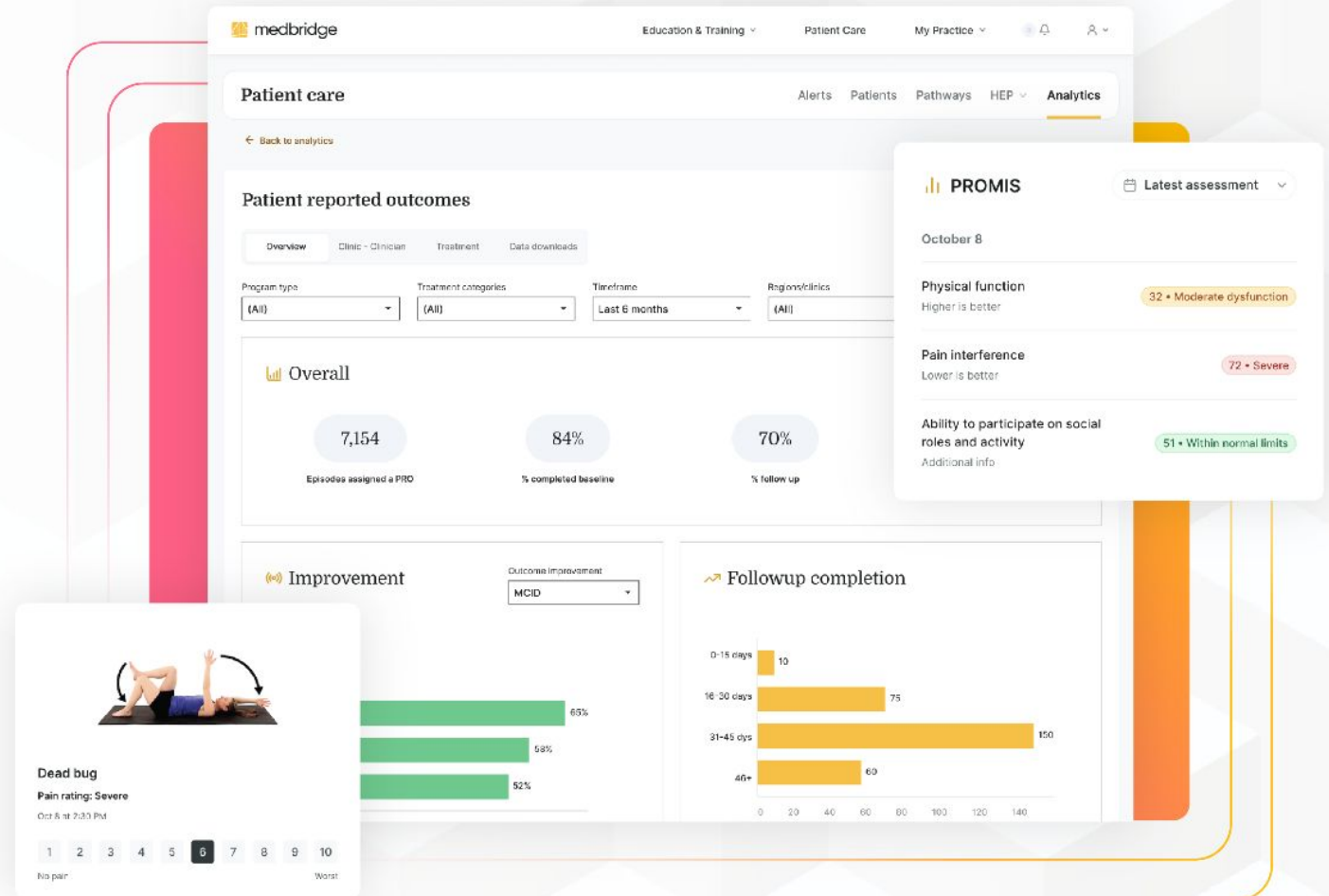


PATIENT REPORTED OUTCOMES

Outcomes collection built into your clinical workflows

Put outcomes to better use through an integrated approach that supports more personalized care and continuous improvement across your organization.

www.medbridge.com/pro





Getting Started with MIPS: A Practical Guide With Patient360

**MIPS Strategy for Preparing for the MVP Transition
With Patient360 and Medbridge.**

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Patient360

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Patient360

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Medbridge

Agenda

- **Evaluate your organization's MIPS position**, including category weighting and where reporting effort produces the most score protection
- **Describe the proposed transition** from traditional MIPS to MIPS Value Pathways and what the Rehabilitative Support for Musculoskeletal Care MVP requires
- **Build a 2027 reporting strategy**, including measure selection, enrollment timing, and workflow decisions that carry into MVP reporting
- **Understand how registry analytics** monitor performance during the year, rather than discovering gaps at submission
- **Describe the key elements** of the Medbridge and Patient360 connection for outcomes collection and MIPS reporting

Getting Started With MIPS

Eligibility and Reporting Types

Determine Your MIPS Eligibility

MIPS Eligible (Required)

Required Participation

Physical therapists, occupational therapists, and speech-language pathologists are required to participate in MIPS if they exceed the threshold based on three criteria:

- Bill more than \$90,000 for professional services covered by Medicare Part B
- See more than 200 Medicare Part B patients
- Provide more than 200 covered professional services to Medicare Part B patients

Opt-In Eligible

Clinicians are opt-in eligible if they exceed one or two of the Low-Volume Threshold criteria, but not all three.

Opting into the program allows clinicians to participate and receive payment adjustments based on their final MIPS scores.

Monitoring and Rules

Determination Periods

These metrics are closely monitored across two 12-month Determination Periods set by CMS.

How to Determine Your MIPS Eligibility

By NPI

No Login Required

The fastest method for individual provider verification directly through the public CMS lookup system.

1. Navigate to the official QPP portal at qpp.cms.gov/eligibility
2. Enter the individual 10-digit NPI number in the designated search field to instantly retrieve participation status

By TIN

Group- and Individual-Level Verification

1. Log into qpp.cms.gov. If you do not have an account, register and connect to your TIN as a security official.
2. Select Eligibility and Reporting from the left navigation bar.
3. Choose the 2026 performance period from the dropdown.
4. Select “Download” under the search text field.
5. Click “All Practices - Eligibility.csv” on the pop-up.
6. Scroll down past that link to find your practice TIN.
7. Click the “View practice details & clinician eligibility” link.
8. Select the “Download” link under Connected Clinicians to get the complete roster.

Eligibility and Reporting Types

Group vs. Individual Reporting

Group Reporting

The data for all NPIs within a TIN is aggregated and submitted.

Group participation is never mandated.

Individual Reporting

The data reported is for one clinician in an NPI/TIN combination.

Participation is mandated at the individual level if all three criteria of the Low-Volume Threshold are met.

How Do I Choose?

Group is easier if the majority of your NPIs are required; there are fewer compliance requirements.

The higher of two scores is used for payment adjustment determinations (if submitting as both group and individuals).

This is a good option for organizations who have specialized providers (e.g., hand/foot therapists) that are required to help reach case minimums on the required number of measures.

It's also good for comparison within the group (you won't see true comparison if you are cherry picking individuals).

MIPS Special Statuses

What is a Special Status?

A **Special Status** is an automatic designation assigned by CMS to clinicians or practices facing unique challenges due to size, location, or patient interaction nature.

There are **seven different Special Statuses** that can be assigned by CMS.

These automatic designations help level the playing field by modifying reporting rules to accommodate specific operational constraints.

Small Practice Designation

Defined Threshold: 15 or fewer providers connected to the TIN. This is determined by total TIN headcount, not just those required to report.

Weight Redirection: Automatically alters the weights of your MIPS reporting categories (e.g., reweighting Promoting Interoperability for clinicians).

Reduced Burden: Modifies requirements, such as needing only **1 Improvement Activity** instead of 2, and retains a 3-point measure floor.

Understand MIPS Categories

Standard Weighting: Traditional MIPS

30%

Quality

Report at least **six measures**.

75% of eligible patients for each measure.

20 cases per measure.

30%

Cost

Calculated after submission based on Medicare Part B claims.

15%

Improvement Activities

Choose **two activities** to complete for a minimum of 90 consecutive days.

25%

Promoting Interoperability

Must use CEHRT technology. If you do not utilize CEHRT, apply for an exception.

If the exception is approved, the PI category is reweighted into the Quality category.

Understand MIPS Categories

Small Practices: Traditional MIPS

40%

Quality

Report at least **six measures**.

75% of eligible patients for each measure.

20 cases per measure.

Three points awarded to any measure submitted with some data.

30%

Cost

Calculated after submission based on Medicare Part B claims.

30%

Improvement Activities

Choose **one activity** to complete for a minimum of 90 consecutive days.

0%

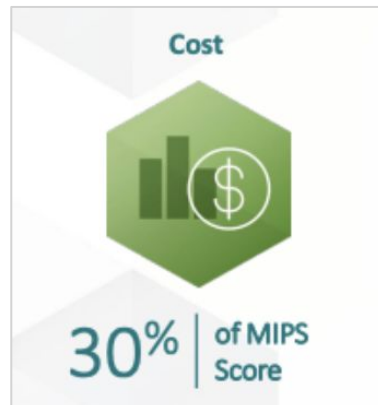
Promoting Interoperability

Automatically reweighted

Small practices are not required to report PI data.

Cost Category Important Information

- Cost is worth 30 points total.
- Cost is calculated by CMS **after** submissions are complete.
- The most you can receive for your MIPS score in P360 prior to submissions (your preliminary score) is 70 points. This means the other 30 points will come from the cost category. The better you do on the other three categories (Quality, PI, and IA), the less pressure you will have to achieve 30 points in the cost category.
- [Additional Cost Category Details](#)



Cost Settings

Score Estimate

Scoring for the Cost Category is conducted by CMS using Medicare payment information taken from submitted Medicare claims data. Cost measures cover the total cost of care during the year or during a hospital stay. Cost measures are risk adjusted to account for differences in beneficiary-level risk factors that can affect quality outcomes or medical costs, regardless of the care provided. These are then normalized against all participating MIPS clinics.

Federal Statute: "Federal definition" from the MIPS Measure Information Form around the Cost category: "Section 1.2 Measure Description: The Total Per Capita Costs for All Attributed Beneficiaries (TPCC) measure is a payment-standardized, annualized, risk-adjusted, and specialty-adjusted measure that evaluates the overall cost of care provided to beneficiaries attributed to clinicians, as identified by a unique Taxpayer Identification Number/National Provider Identifier (TIN-NPI). The Total Per Capita Costs for All Attributed Beneficiaries measure can be reported at the TIN or the TIN-NPI level."

Please note: The P360 Cost Calculator is an ESTIMATION because a single provider is fiscally accountable for all cost associated with a designated patient. The provider has no direct control over where the patient accesses care nor how much money is billed by the providers rendering care on the designated patient's behalf. Therefore, P360 suggests using the Highest Cost: 0 - 6 option on the P360 Calculator tool to view the most conservative total QPP score. Cost will continue to remain an estimation until more real-time data on actual patient cost is made available by CMS. [More Info](#)

0

30

- Highest Cost: 0 - 6
- Above Average: 6 - 12
- Average Cost: 12 - 18
- Below Average Cost: 18 - 24
- Lowest Cost: 24 - 30

MIPS Reporting Requirements

Four Key Categories

Traditional MIPS performance is evaluated across four categories:

- **Quality**
- **Cost**
- **Improvement Activities (IA)**
- **Promoting Interoperability (PI)**

Scoring and Thresholds

- Each category is given a raw score, weighted, and then summed to produce a final score
- **75-Point Baseline:** You need a minimum of **75 total points** across all categories to avoid negative payment adjustments

Payment Adjustments

Adjustments are applied two years after the performance year:

- Adjustments are applied to the payments received for Medicare Part B professional services
- Adjustments are applied two years after the performance year (e.g., 2026 performance maps to 2028 payments)
- **Up to +/-9% Risk:** Failure to submit data or score below the threshold risks up to a **-9% penalty**
- Adjustments follow the NPI

Payment Adjustments in Real Life

Practice 1

150 Providers

\$12,043,651 in Part B
Claims in 2020

MIPS Impact = +/-

\$240,873

Practice 2

25 Providers

\$2,672,866 in Part B
Claims in 2020

MIPS Impact = +/-

\$53,457

Practice 3

5 Providers

\$481,746 in Part B
Claims in 2020

MIPS Impact = +/-

\$9,634

These figures are based on +/- 2% adjustment.

Payment Adjustments in Real Life

Practice 1

150 Providers

\$12,043,651 in Part B
Claims in 2020

MIPS Impact = +/-

\$1,083,928

Practice 2

25 Providers

\$2,672,866 in Part B
Claims in 2020

MIPS Impact = +/-

\$240,557

Practice 3

5 Providers

\$481,746 in Part B
Claims in 2020

MIPS Impact = +/-

\$43,357

These figures are based on +/- 9% adjustment.

Budget Neutrality and CMS Payment Adjustments

Always think about MIPS as a budget-neutral program.

Direct Insights From CMS

“Given the relatively low performance threshold, the majority of negative MIPS payment adjustments to date have resulted from individually eligible clinicians who did not submit data.”

- Under the automatic extreme and uncontrollable circumstances policy, we assigned these individual clinicians a neutral adjustment instead of the maximum negative payment adjustment. As a result, MIPS eligible clinicians with a final score between 30.01–74.99 points earned a 2021 payment adjustment of 0.00%.
- Historical Range: In 2019, scores above 75.00 points earned positive adjustments ranging from 0.09% to 1.79% (with similar results in 2020).

You can find the specific amount on any of the EOBs your practice receives this year. If you see the code “N807”, that denotes it is a MIPS Payment Adjustment.

These will come on your EOBs. As stated above, “N807” shows it is for a MIPS adjustment. If you see the code “CARC 144”, that means it is a positive adjustment. The incentive amount will be on each EOB with these two codes present.

Positive Adjustments (100% Final Score)

2021/2023
Performance Rate

+2.33%
Positive Adjustment

2022/2024
Performance Rate

+8.33%
Positive Adjustment

2023/2025
Performance Rate

+2.15%
Positive Adjustment

2024/2026
Performance Rate

+1.05%
Positive Adjustment

Choose Your Quality Measures

Relevance First

Identify the measures you find are **relevant** to your patient population.

This helps you ensure you can meet your 20-case minimum required to report the measure.

The Minimum Requirement

You are required to submit at least **six Quality Measures** when participating in Traditional MIPS or **four Quality Measures** in MVP.

Optimize Your Score

You can choose to **submit more** measures if you would like.

CMS will automatically select your **top 6 scoring measures** to calculate and determine your final Quality score.

MSK Quality Measure Set

Physical Function Measures

These Patient-Reported Outcome-based measures assess the percentage of patients suffering from specific injuries who achieve the **Minimal Clinically Important Difference (MCID)** in functional improvement during the performance year.**

- **MSK1:** Neck Injury Physical Function
- **MSK2:** Upper Extremity Physical Function
- **MSK3:** Back Injury Physical Function
- **MSK4:** Lower Extremity Physical Function
- **MSK5:** Knee Injury Physical Function

**These five functional MSK QCDR measures have been proposed as CQMs in the 2027 Proposed Rule.

10

Total Approved Measures

The MSK measure set is made up of **10 CMS-approved quality measures** tailored specifically for rehabilitation, physical therapy, occupational therapy, and musculoskeletal care providers.

Pain Improvement Measures

These outcome measures track the percentage of patients suffering from specific localized injuries who achieve the **MCID in pain reduction**, measured using the Numeric Pain Rating Scale (NPRS). **MSK6-9 are included in the Rehabilitative Support for Musculoskeletal Care MVP.**

- **MSK6:** Neck Injury Pain Improvement
- **MSK7:** Upper Extremity Pain Improvement
- **MSK8:** Back Injury Pain Improvement
- **MSK9:** Lower Extremity Pain Improvement
- **MSK10:** Knee Injury Pain Improvement

Fulfill Your Improvement Activities

2

Activity Target

Choose **two Improvement Activities** to complete for the performance year.

If you qualify as a **small practice**, or if you are reporting MVP, only one activity is required.

90

Timeframe and Scope

Activities must be performed over a minimum of **90 consecutive days**.

For group submissions, at least **50% of the NPIs** under your TIN must complete the activities.



Audit Validation

Review the Validation Criteria resource on the CMS QPP website.

Ensure you maintain proper documentation to protect your practice in the event of a CMS audit.

MIPS Value Pathways (MVPs)

MIPS Value Pathways (MVPs)

What are MIPS Value Pathways? Why should I participate?

MVPs are a streamlined reporting option introduced by CMS to move away from the “choose-your-own-adventure” style of Traditional MIPS.

The goal is to align quality measures and improvement activities into clinical themes. Each MVP is developed with a specific specialty or medical condition in mind.

The Rehabilitative Support for Musculoskeletal Care MVP is the relevant MVP for therapy organizations.**

Consider reporting an MVP alongside MIPS; CMS will take the better of the two scores.

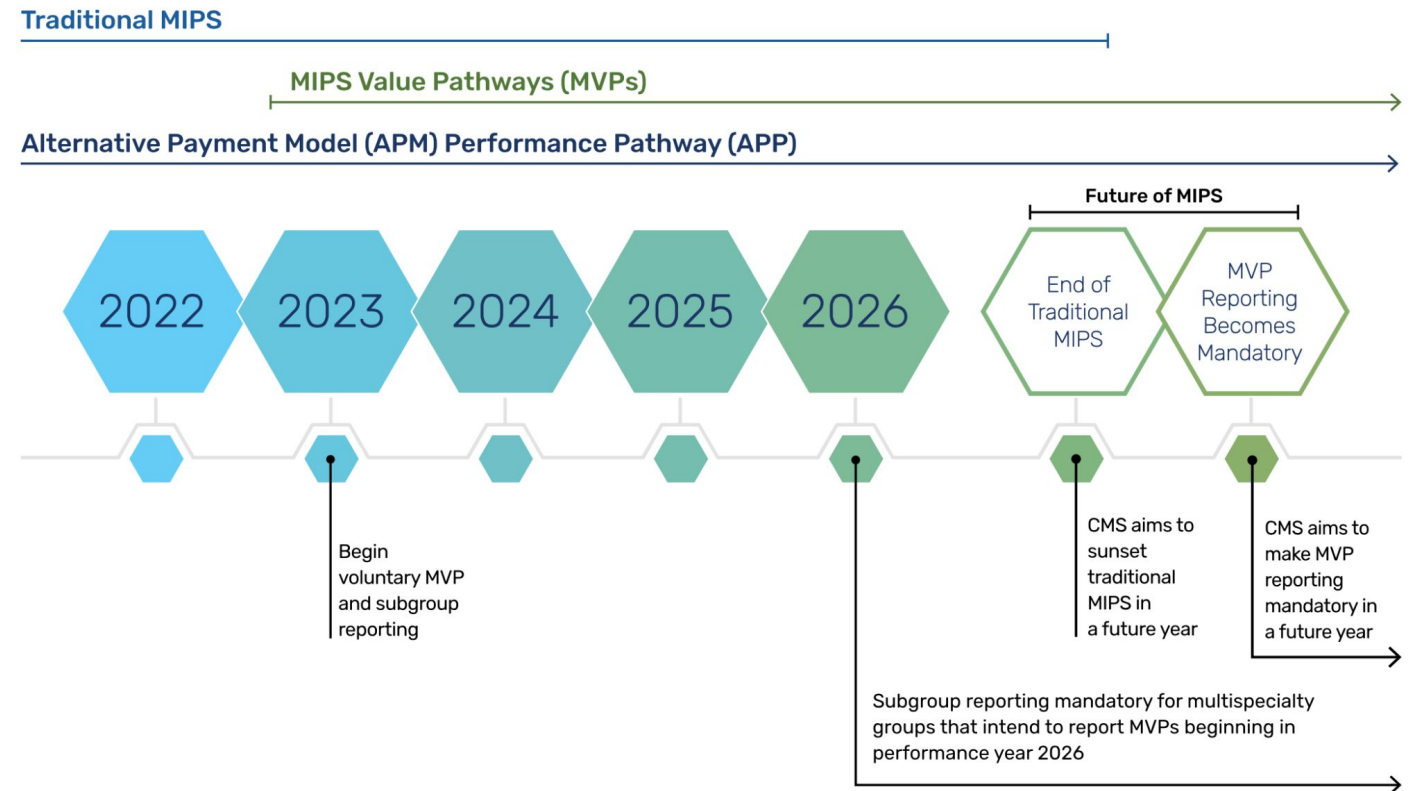
***CMS has proposed a name change to the Rehabilitative Support MVP for 2027*

Traditional MIPS	MIPS Value Pathways (MVP)
Pick from ~180+ quality measures	Choose four quality measures from a small, relevant set
Measures are non-specific and may not be relevant to your patient mix	Measures share a theme based on specialty or condition
Performance is compared against a national benchmark	Enhanced performance feedback compared to like clinicians

[If participating in an MVP, you MUST register with QPP](#) (typically by the end of November).

MVPs Streamline Reporting as Traditional MIPS Sunsets

- CMS has included in the 2027 Proposed Rule a sunset date for Traditional MIPS of 2028, making MVP reporting mandatory for required reporters in 2029 (if finalized).
- Starting in 2026, multispecialty groups intending to report MVPs will be required to report as subgroups. Exception: multispecialty groups that qualify as small practices (15 or fewer clinicians) may still report an MVP as a single group.



Maximize Performance via Dual MIPS and MVP Submission

Why reporting both pathways simultaneously is the optimal strategic choice.

1. Risk Mitigation

- CMS will automatically award the **highest score** of the two pathways
- No risk of penalty or score degradation by preparing both submissions

2. Strategic Alignment

- MVPs provide **specialty-specific** feedback relative to like clinicians
- Comparisons to your direct peers to understand how you stack up

3. Future Readiness

- Traditional MIPS is proposed to sunset by **2028**
- MVP reporting will become mandatory for required reporters in **2029**
- Submitting now builds clinical workflows and familiarity with the pathway ahead of the mandate

Use the Patient360 Dashboard to track both pathways simultaneously.

Patient360 Portal

Optimizing Your MIPS Performance

1 Real-Time Portal

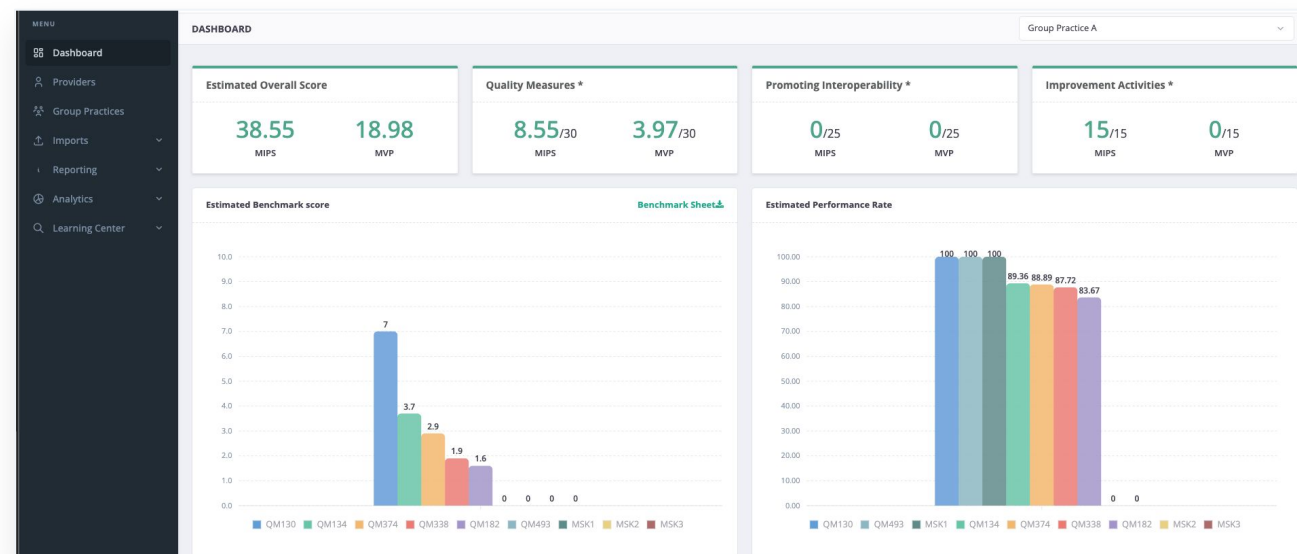
Utilize the Patient360 dashboard to continuously monitor your MIPS performance and estimated scores throughout the Performance Year.

2 Proactive Tracking

Organizations can track performance regularly to identify areas for improvement before the end of the year. Correct any data discrepancies you see as you identify them, and don't wait until submission time.

3 Comprehensive Breakdown

The dashboard provides an estimated overall score and breakdowns for Quality, Promoting Interoperability, and Improvement Activities.



Monitor Performance

Patient360

MENU

Dashboard

Providers

Group Practices

Imports

Reporting

Analytics

Learning Center

MEDBRIDGE GROUP PRACTICE

Medbridge Demo

2026

Kayla Reus

Home

Group Practices 2026

999000001 Medbridge Group Practice

Medbridge Group Practice

GROUP PRACTICE

TIN 999000001

3

PROVIDERS

QPP Participation

ELIGIBILITY

Not Required

CONSENT

Incomplete

FEEDBACK REPORTS

0

SUBMISSION STATUS

Planned

Program Name	Quality	Cost	PI	IA	Overall
Traditional MIPS	26.75 / 30	15.00 / 30	0.00 / 25	0.00 / 15	41.75 / 100
MVP: M1370	17.63 / 30	15.00 / 30	0.00 / 25	0.00 / 15	32.63 / 100

Last Updated on 9/17/2026 at 2:24PM

Measure Overview

Template/Manual Entry

Quality Overview

25 entries per page

Search: Measure Number, Type, Source

Measure	Type	Source	EP	DENEX	DENEXCEP	Met	Not Met	Not Reported	Reporting Rate	Performance	Est Score
MSK1	QCDR	Template	60	40	0	50	10	0	100.0%	83.33%	10.0
MSK2	QCDR	Template	60	21	0	50	10	0	100.0%	83.33%	10.0
MSK3	QCDR	Template	60	10	0	47	13	0	100.0%	78.33%	10.0
MSK8	QCDR	Template	60	10	0	39	21	0	100.0%	65.0%	10.0
MSK6	QCDR	Template	60	40	0	35	25	0	100.0%	58.33%	7.7
MSK7	QCDR	Template	60	21	0	32	28	0	100.0%	53.33%	5.8

Monitor Performance

Patient360

MENU

Dashboard

Providers

Group Practices

Imports

Reporting

Analytics

Learning Center

MEASURE MSK1

Home > Group Practices 2026 > 999000001 Medbridge Group Practice > Template/Manual Entry > Measure #MSK1

Patients Suffering From a Neck Injury who Improve Physical Function

[View measure and benchmark](#)

Month	Encounter Count
Jan	32
Feb	15
Mar	5
Apr	14
May	14
Jun	9
Jul	5
Aug	4
Sept	2
Oct	0
Nov	0
Dec	0

Group Practice Measure Score: 10.0 points

Current Score (based on encounters entered for the entire group)

Reporting Rate: 100.0% Performance Rate: 83.33%

Measure Stats

Reporting Criteria	Performance Rate	Eligible Population	50	10	0	40	0
Adjusted	83.33	60	50	10	0	40	0
Observed	83.33	60	50	10	0	40	0

Score Performance Rate 83.33

By Patient ID or Provider Name

Encounter From

Encounter To

-- Performance --

Show only included?

Search

Clear

Performance Detail

+ Add

Import

Export

25 entries per page

Encounters (100)	Patient Id	Provider	Performance	Status	Import method	Predicted Progression	Adjusted Performance
2026-01-01	PAT1051	Jo Smith	Met	✓	Excel Template	0.6269	Met
2026-01-02	PAT1047	Jordan Doe	Met	✓	Excel Template	0.8073	Met

Estimated Scoring and Scoring Breakdowns

QPP Participation

ELIGIBILITY
Not Required

CONSENT
Incomplete

FEEDBACK REPORTS
0

SUBMISSION STATUS
Planned

Program Name	Quality	Cost	PI	IA	Overall
Traditional MIPS	26.75 / 30	15.00 / 30	0.00 / 25	0.00 / 15	41.75 / 100
MVP: M1370	17.63 / 30	15.00 / 30	0.00 / 25	0.00 / 15	32.63 / 100

Last Updated on 9/17/2026 at 2:24PM

Benchmark Score

Performance Rate

Quality Category

Cost Category

PI Category

IA Category

Submission does not include the required minimum of at least 4 quality measures

Top 4 Scoring Quality Measures:

Measure: MSK8: Back Pain

Outcome High Priority

Score10.0/10

Performance Rate - Template65.0%

Measure: MSK6: Neck Pain

Outcome High Priority

Score7.7/10

Performance Rate - Template58.33%

Measure: MSK7: Upper Extremity Pain

Outcome High Priority

Score5.8/10

Performance Rate - Template53.33%

Quality Points Earned23.5

Bonus: Small Practice0

Total Est. Quality Points23.5 / 40

Quality Score58.75

Please note that this quality score does not include the population health measure selected during MVP registration. This measure will be calculated automatically by CMS and applied to your final quality score.

Monitor Historical Performance

Performance History

Re-calculate

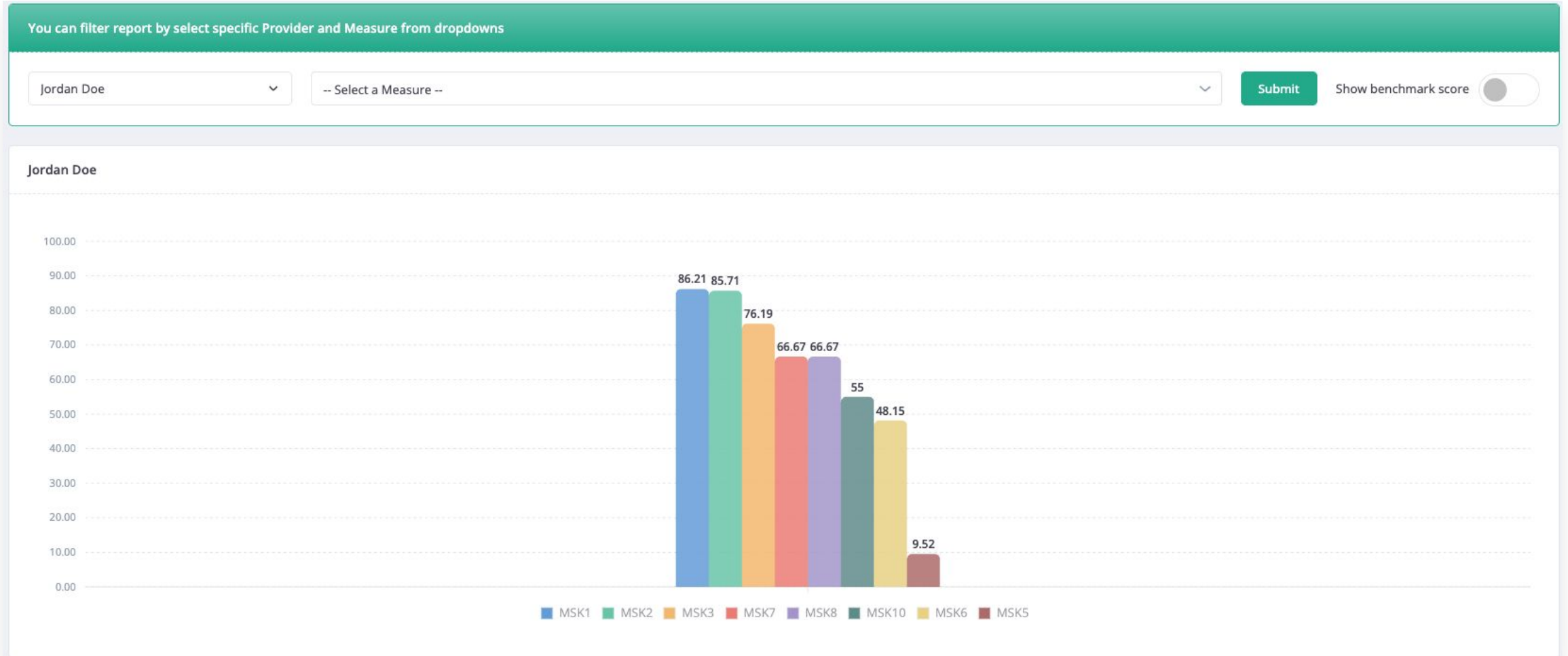


Performance History for CQM measure number MSK1

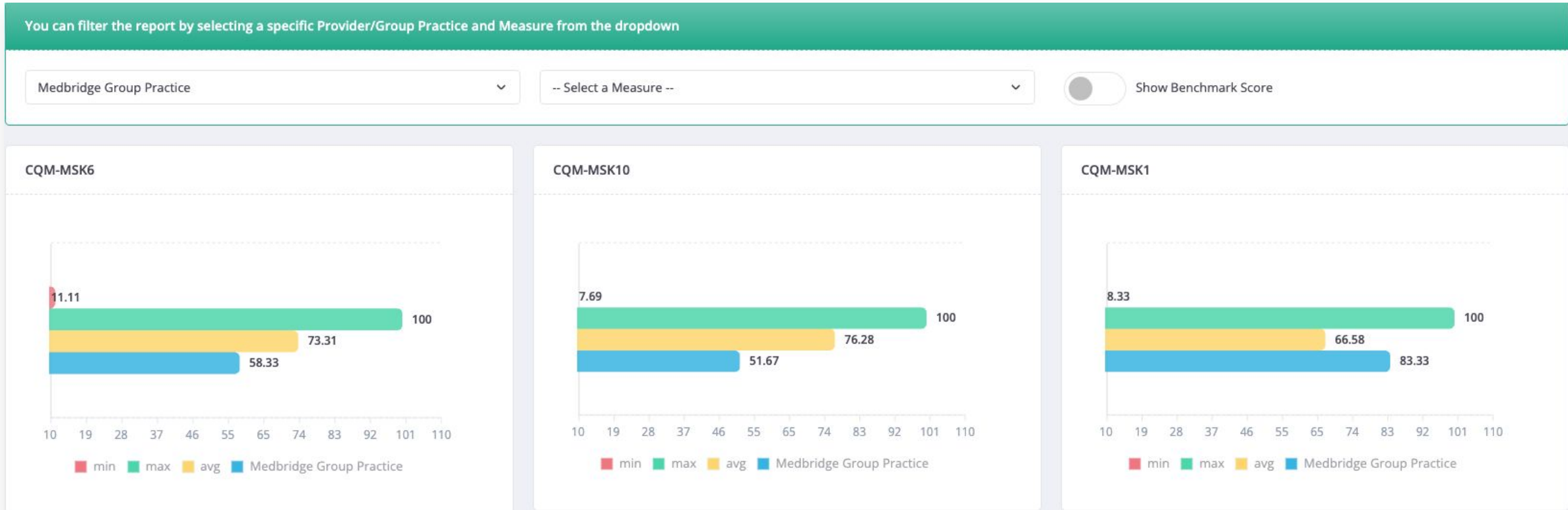
Date	Strata Name	EP	Exclusion	Exception	Met	Not Met	Not Reported	Reporting Rate	Performance Rate	Score
2026-09-16	adjusted	60	40	0	50	10	0	100.0	83.33	10.0
2026-09-16	observed	60	40	0	50	10	0	100.0	83.33	10.0
2026-09-15	adjusted	0	6	0	0	0	0	0.0	0.0	0.0
2026-09-15	observed	0	6	0	0	0	0	0.0	0.0	0.0

Showing 1 to 2 of 2 entries

Analytics: Monitor Performance by Provider



Analytics: Compare Performance Against Your Peers



Improvement Activity and Promoting Interoperability Category Reporting

Attestation

☒ By checking this box, the clinician attests that the performance below was accomplished:

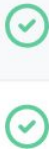
Demonstrate performance of activities for employing patient-reported outcome (PRO) tools and corresponding collection of PRO data such as the use of PHQ-2 or PHQ-9, PROMIS instruments, patient reported Wound-Quality of Life (QoL), patient reported Wound Outcome, and patient reported Nutritional Screening. True or False

Report Measure

Measures (2)

Complete?

- ☐ #IA_BE_26: Promote Use of Patient-Reported Outcome Tools
- ☐ #IA_EPA_3: Collection and use of patient experience and satisfaction data on access



Medbridge/Patient360

Medbridge Outcomes: How Patient-Reported Outcomes Works

Outcomes collection built right into your clinical workflows.



Assign

Assign outcomes from the same place you deliver care, with flexibility to meet your workflow needs.



Collect

Patients complete assessments at home on the patient app, or in clinic via a QR code.



Monitor

Care teams can see assessment completions and use outcomes data to personalize care while in the clinic or between visits.



Document

Clinicians can save standardized documentation to your EMR right from the care plan.

Integrated QCDR data transfer.

The result: cleaner outcome data, fewer frictions points for patients, and outcomes data your clinicians can use.

Outcomes and MIPS Reporting, Built Into Care

Collect patient outcomes inside the care workflow and seamlessly track your MIPS data and report to CMS through Patient360.

1. Configure

- Add licenses for appropriate MIPS clinicians
- Provide TIN/NPI data
- Set up appropriate individuals with Patient360 access

2. Collect

- Appropriate PROs automatically assigned by treatment category
- Collection rate is supported by automated cadence and in-clinic QR code flow
- Risk-adjustment questionnaire is included to capture patient demographics

3. Submit and Monitor

- Monitor real-time performance score
- Identify gaps in collection rates or performance and course correct
- Leverage reporting to identify best path to submit to CMS

Data will transfer for selected MIPS clinicians on a daily basis.

Measures Mapped to Your Treatment Categories

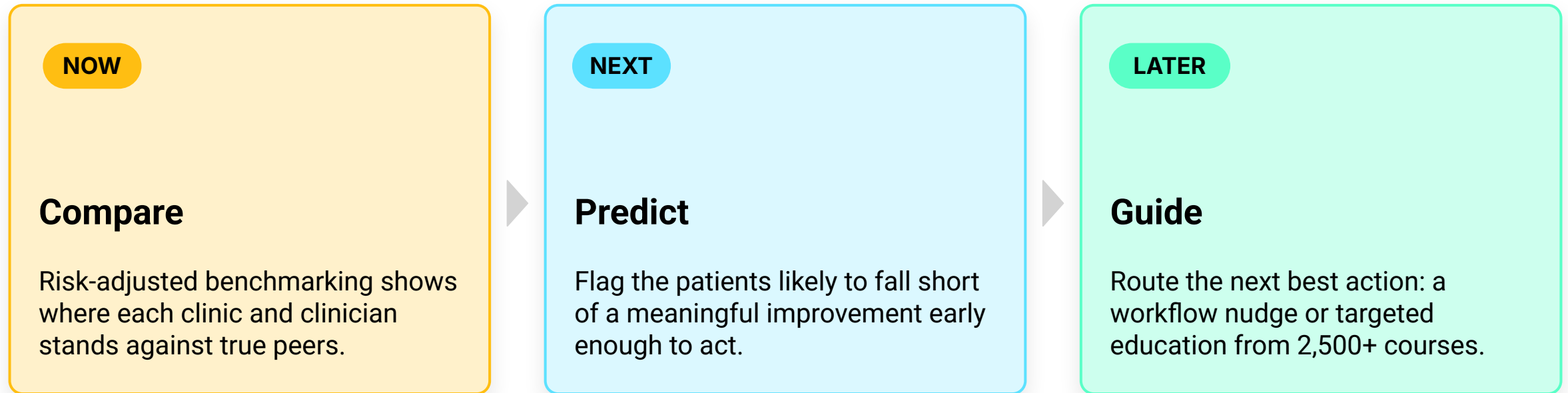
The right PRO for every caseload, feeding the right MIPS measure.

Treatment category	Default MedBridge PRO	Alternative Medbridge PRO	MIPS MSK measure
Neck	PROMIS Physical Function + Pain Interference + NPRS	NDI + NPRS	MSK1, MSK6
Upper Extremity (Shoulder/hand/wrist)	PROMIS Upper Extremity + Pain Interference + NPRS	QuickDASH + NPRS	MSK2, MSK7
Back	PROMIS Physical Function + Pain Interference + NPRS	Modified ODI + NPRS	MSK3, MSK8
Lower Extremity (Hip/foot/ankle)	PROMIS Physical Function + Pain Interference + NPRS	LEFS + NPRS	MSK4, MSK9
Knee	PROMIS Physical Function + Pain Interference + NPRS	KOS + NPRS	MSK5, MSK10

Additional PROMs are available for pelvic, vestibular, concussion, balance, lymphedema, and other treatment categories. In addition, Medbridge can provide solutions for orthopedic capture of PROs for PRO-PM and other regulatory measures.

The Care Intelligence Loop

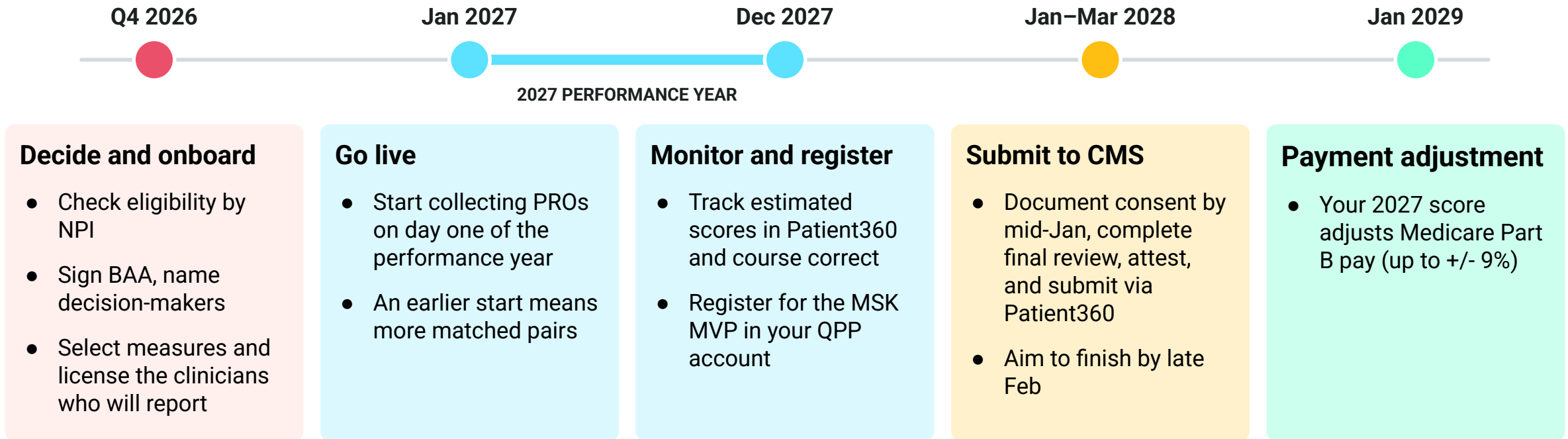
Outcomes that go beyond reporting and help you close the loop.



Only Medbridge connects education, care delivery, and outcomes in one platform.

Your Medbridge + Patient360 MIPS Timeline

Buy in Q4 to be ready for day one of the 2027 performance year, monitor all year, then submit with confidence.



Your Next Step: Call With Medbridge Representative

Scope your MIPS strategy and packaging.

What a consult covers

- Review of Medbridge Care Platform
- Demonstration of Medbridge's outcome collection process
- MIPS Participation strategy: Traditional MIPS vs. the MSK MVP, individual vs. group
- Account set-up for QCDR access

Benefits of Medbridge

- Outcomes collection is included with OneCare
- QCDR reporting is a simple add-on
- Patient360 is a founding CMS registry with extensive QPP experience and stability
- License only the clinicians who need to report
- Report individually, as a group, or both

Talk to your Medbridge representative to scope your 2027 MIPS strategy.

MEDBRIDGE CARE

Deliver smarter, more connected care with One Care

Our unified platform empowers clinicians to provide personalized, evidence-based care through trusted HEP and Guided Pathways, with built-in RTM and Patient Reported Outcomes.

<https://www.medbridge.com/care>

