

Quality Payment PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

Participating in the Improvement
Activities Performance Category in
the 2020 Performance Year



Contents

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Purpose: *This detailed resource focuses on performance year (PY) 2020 MIPS Improvement Activities performance category requirements, including data collection and submission. This resource does not review requirements for MIPS Alternative Payment Model (APM) participants scored under the APM Scoring Standard.*



How to Use This Guide



Please Note: This guide was prepared for informational purposes only and is not intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It is not intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

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Hyperlinks

Hyperlinks to the [QPP website](#) are included throughout the guide to direct the reader to more information and resources.



Overview



Overview

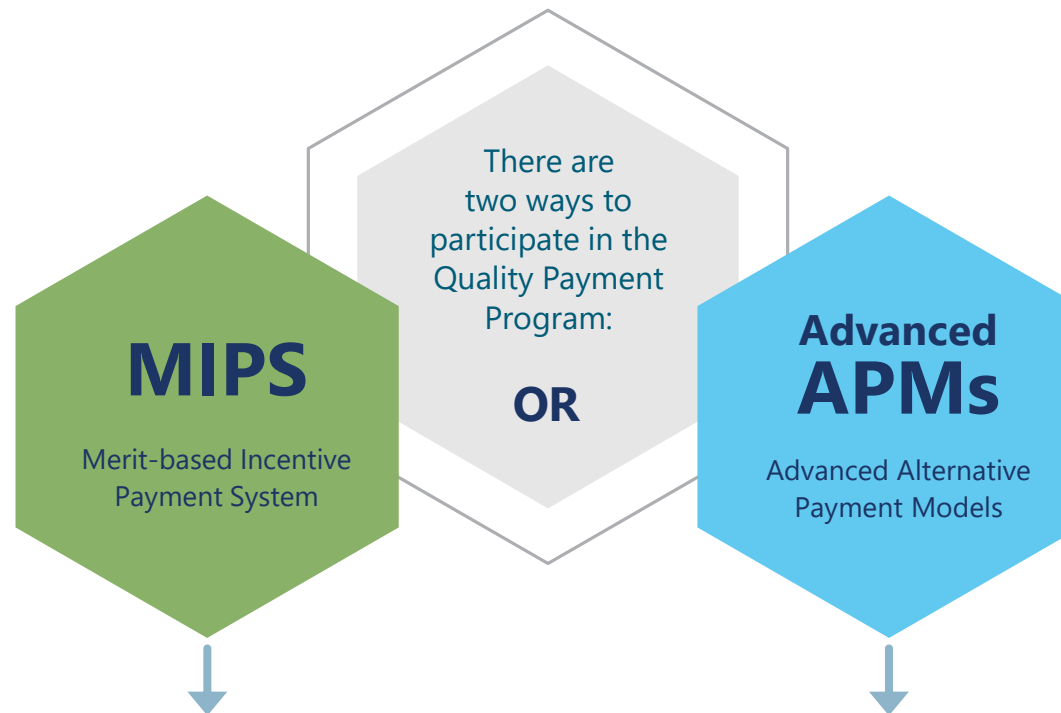
COVID-19 and 2020 Participation

The 2019 Coronavirus (COVID-19) public health emergency has impacted all clinicians across the United States and territories. However, we recognize that not all practices have been impacted by COVID-19 to the same extent. For the 2020 performance year, we will be using our Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, and virtual groups to [submit an application](#) requesting reweighting of one or more MIPS performance categories to 0% due to the current COVID-19 public health emergency. We have already introduced a new high-weighted COVID-19 clinical trials improvement activity, which provides an opportunity for clinicians to receive credit in MIPS for the important work they are already doing across the country.

Additionally, in the 2021 QPP Proposed Rule, we propose for the 2020 performance year to 1) allow APM Entities to submit Extreme and Uncontrollable Circumstances applications and 2) to increase the complex patient bonus from a 5- to 10-point maximum for MIPS participants to offset the additional complexity of their patient population due to COVID-19. For more information about the impact of COVID-19 on Quality Payment Program participation, see the Quality Payment Program [COVID-19 Response webpage](#).

What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to Medicare payment rates for clinicians. MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the Quality Payment Program (QPP), which rewards value in 1 of 2 ways:



If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.

Overview

MIPS Overview

MIPS is one way to participate in QPP. The program changes how we reimburse MIPS eligible clinicians for Part B covered professional services and rewards them for improving the quality of patient care and outcomes.

Under MIPS, we evaluate your performance across four performance categories that lead to improved quality and value in our healthcare system.

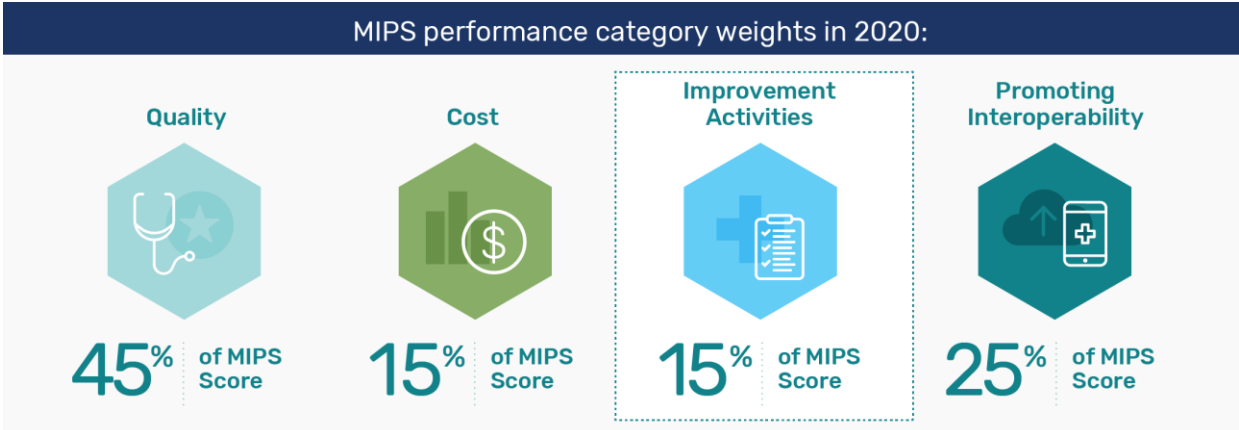
If you're [eligible for MIPS in 2020](#):

- You generally have to submit data for the [Quality](#), [Improvement Activities](#), and [Promoting Interoperability](#) performance categories. (We collect and calculate data for the [Cost](#) performance category for you.)
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points. The MIPS performance category weights in the performance year (PY) are the same as in PY 2019.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
- Your MIPS payment adjustment is based off your performance during the 2020 performance year and applied to payments for covered professional services beginning on January 1, 2022.

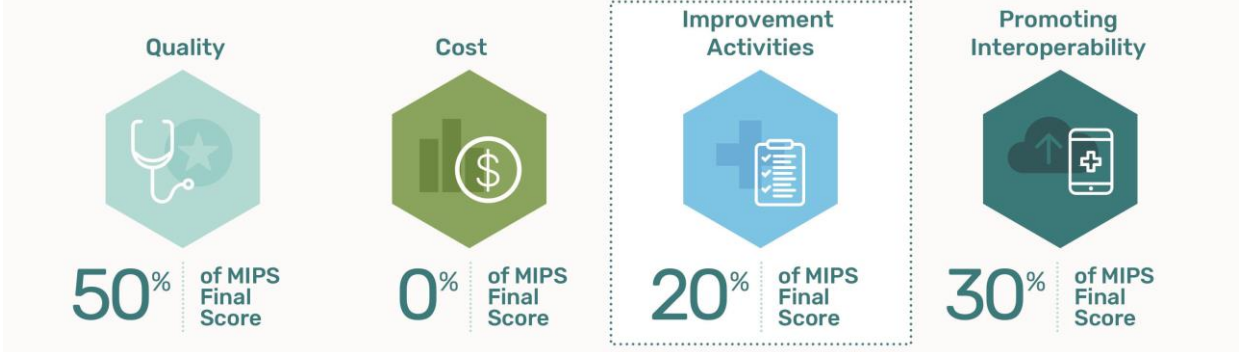
Overview

MIPS Overview (continued)

This guide focuses on the MIPS Improvement Activities performance category in the 2020 performance year of the Quality Payment Program.



Please note that for eligible clinicians participating in a MIPS APM and scored under the APM Scoring Standard, performance categories have the following weights:



For more information on participating in an APM, visit our [APMs Overview webpage](#) and check out our APM-related resources in the [QPP Resource Library](#).

To learn more about how to participate in MIPS:

- Visit the [How MIPS Eligibility is Determined](#) and [Individual or Group Participation](#) webpages on the [Quality Payment Program website](#).
- View the [2020 MIPS Eligibility and Participation Quick Start Guide](#).
- Check your current MIPS participation status using the [QPP Participation Status Tool](#).

NOTE: MIPS APM participants will receive full credit for the Improvement Activities performance category for the 2020 performance year.



Improvement Activities Basics



Improvement Activities Basics

What are the MIPS Improvement Activities?

The Improvement Activities performance category assesses your participation in clinical activities that support the improvement of clinical practice, care delivery, and outcomes. With over 100 activities to choose from, you can select from the [2020 MIPS Improvement Activities Inventory](#) to find those that best fit your practice and support the needs of your patients.

The MIPS improvement activities are divided into the following 8 subcategories:



What's New with Improvement Activities in 2020?

- We increased the performance threshold for groups and virtual groups to attest to an activity:
 - **At least 50% of the clinicians (in the group or virtual group) must perform the same activity during any continuous 90-day period, or as specified in the activity description, within the same performance year.**
- We added a new high weighted improvement activity that promotes participation in COVID-19 clinical trials and clinical reporting for COVID-19 related care. See [page 14](#) for more details.
- We clarified patient-centered medical home designation by removing specific examples of entity names of accreditation organizations or comparable specialty practice program.
- **We concluded the CMS Study on Factors Associated with Reporting Quality Measures.** This study is no longer available for credit in the Improvement Activities performance category.

Improvement Activities Basics

How Do I Choose Improvement Activities?

You should select activities that are most meaningful to your practice and support the needs of your patients by improving patient engagement, care coordination, patient safety, and other areas in patient care. You might choose to focus on a particular subcategory or use the [Explore Measures & Activities Tool](#) to search for activities using keywords that align with your selected Quality performance category measures.

For example, for one of your improvement activities, you might pair Glycemic Management Services (IA_PM_4) or Chronic Care and Preventative Care Management for Empaneled Patients (IA_PM_13) with Hemoglobin A1c Poor Control (>9%) (Quality ID 001), Diabetes: Medical Attention for Nephropathy (Quality ID 119), and/or Evaluation Controlling High Blood Pressure (Quality ID 236).

When selecting improvement activities, here are some questions you should consider:

Will you be reporting as a group or virtual group?

If you plan to report as a group or virtual group, **at least 50% of the clinicians in the group or virtual group must perform the same activity** during any continuous 90-day period (or as the period specified in the activity description) in the same performance year in order to attest to that activity. Individual clinicians within the group or virtual group can perform the activity during any continuous 90-day period (or the period specified in the activity description). For example, if there are a total of 4 clinicians in your virtual group, 2 or more clinicians will each need to perform the same improvement activity for the performance period specified in the activity description at some point during the 2020 performance year in order for the group to successfully attest to the activity. Assuming the activity has a 90-day performance period, one clinician can perform the activity from March 1, 2020 to June 30, 2020 and the other can perform the same activity from October 3, 2020 to December 31, 2020.

Do you have a special status designation?

The number of activities you'll need to perform and attest to receive the maximum score for the performance category depends on whether or not you have any special designations (e.g., small practice, non-patient facing) or are part of a patient-centered medical home (PCMH) (or comparable specialty practice), Advanced Payment Model (APM), or MIPS APM. Most clinicians must participate in and attest to 2 to 4 improvement activities to receive the maximum score of 40 points. However, clinicians with special status designation only need to submit 1 to 2 improvement activities. See [page 16](#) for more information.

Improvement Activities Basics

How Do I Choose Improvement Activities? *(continued)*

Who will submit your improvement activities data?

You'll also want to consider how you plan to attest to the completion of your improvement activities during the PY 2020 submission period. For example, will a third-party vendor submit attestation data on your behalf? If you are working with a Qualified Registry or Qualified Clinical Data Registry (QCDR), you should check the [2020 Qualified Registries Qualified Posting](#) or [2020 QCDRs Qualified Posting](#) to see if your vendor supports this performance category and/or desired activities. See [page 21](#) for more details on submission options.

Have you attested to the activity in previous years?

Most activities can be reported in consecutive performance periods, but some activities limit how frequently an activity can be performed. For example, the description for Administration of the AHRQ Survey of Patient Safety Culture (IA_PSPA_4) states that the activity can only be performed once every 4 years.

What are the documentation requirements?

While you do not have to submit any data when you attest to completing an improvement activity, **you must keep documentation of the efforts you or your MIPS group undertook to meet the improvement activity for 6 years subsequent to submission.** Documentation guidance for each activity can be found in the [2020 MIPS Data Validation Criteria](#). We suggest reviewing this validation document as you select your improvement activities to ensure you document your work appropriately.

- Most, but not all, improvement activities have a continuous 90-day performance period, but several improvement activities require completion of modules where there is a year-long or alternate performance period. For instance, IA_ERP_2, Care transition documentation practice improvements, has a 30-day reporting period. An activity's performance period is 90 days unless otherwise stated in the activity description.
- Each improvement activity can be reported only once for the 2020 performance year.

For a full list of improvement activities, including descriptions, for the 2020 performance year, review the [2020 MIPS Improvement Activities Inventory](#) or [2020 Explore Measures & Activities Tool](#).

Improvement Activities Basics

What if I Provide Care to Patients with COVID-19?

We've added the new high-weighted *COVID-19 Clinical Data Reporting with or without Clinical Trial* (IA_ERP_3) improvement activity for the 2020 performance period to provide an opportunity for clinicians to receive credit in MIPS for the important work they are doing across the country.

There are two ways MIPS eligible clinicians or groups can receive credit for the new COVID-19 improvement activity:

A clinician must participate in a COVID-19 clinical trial utilizing a drug or biological product to treat a COVID-19 patient and report their findings through a clinical data repository or clinical data registry for the duration of their study

OR

A clinician must participate in the care of COVID-19 patients and simultaneously submit relevant clinical data to a clinical data registry for ongoing or future COVID-19 research

While clinicians can choose any combination of improvement activities to submit to receive full credit in this performance category, clinicians working on COVID-19 research could pair the new COVID-19 activity with IA_ERP_2, Participation in a 60-day or greater effort to support domestic or international humanitarian needs (high-weighted) for their submission. Note: See [page 16](#) for additional information about activity weights and points and the [2020 MIPS Improvement Activities Inventory](#) for additional improvement activities that may be applicable to your practice.

We intend for the *COVID-19 Clinical Data Reporting with or without Clinical Trial* improvement activity to be applicable to MIPS eligible clinicians who are reporting their COVID-19 related patient data to a clinical data registry, such as a registry found on the [National Institute of Health \(NIH\) website](#); a clinical data repository, such as Oracle's [COVID-19 Therapeutic Learning System](#); and clinicians participating in clinical trials, such as the [COVID-19 clinical trials](#) being conducted by the NIH. Oracle has developed and donated a system to the U.S. government that allows clinicians and patients at no cost to record the effectiveness of promising COVID-19 drug therapies. You can refer to the [2020 MIPS Data Validation Criteria](#) for additional examples of clinical data registries, clinical data repositories, and clinical trials. You can also refer to the [Interim Final Rule with Comment Period \(IFC\) 3](#) for additional requirements on this new improvement activity.



Participation Requirements



Participation Requirements

How Many Improvement Activities Do I Need to Perform and Submit?



Most clinicians must participate in and attest to 2 to 4 improvement activities to receive the maximum score of 40 points in this performance category.

Each improvement activity is worth 10 to 40 points depending on its weight (medium or high) and your applicable special status designations.

For most MIPS eligible clinicians, groups, and virtual groups:

 <p>Each medium-weighted activity is worth 10 points</p>	 <p>Each high-weighted activity is worth 20 points</p>
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For MIPS eligible clinicians, groups, and virtual groups with certain special status designations (small practice, non-patient facing, rural, or Health Professional Shortage Area (HPSA)):

 <p>Each medium-weighted activity is worth 20 points</p>	 <p>Each high-weighted activity is worth 40 points</p>
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Reporting as an individual? Check the [QPP Participation Status Tool](#) or sign in to [QPP.CMS.GOV](#) for any special statuses assigned at the **Clinician Level**.

Reporting as a group? Check the [QPP Participation Status Tool](#) or sign in to [QPP.CMS.GOV](#) for any special statuses assigned at the **Practice Level**.

Reporting as a virtual group? Sign in to [QPP.CMS.GOV](#) to check for any special statuses assigned to the virtual group.


NOTE: If you're submitting data as a group or virtual group, special status designations must be determined at the group or virtual group level to qualify for these reduced reporting requirements. For example, more than 75% of the National Provide Identifiers (NPIs) billing under the group's Tax Identification Number (TIN) or virtual group's TINs must be designated as non-patient facing for the group or virtual group to receive this special status.

Participation Requirements


How Many Improvement Activities Do I Need to Perform and Submit? *(continued)*

To achieve the maximum 40 points for the MIPS Improvement Activities performance category, MIPS eligible clinicians, groups, and virtual groups may use one of the following combinations:


Activity combinations to reach the maximum 40 points for most MIPS eligible clinicians, groups, and virtual groups:



4 medium-weighted activities =
40 points




2 medium-weighted activities + 1 high-weighted activity =
40 points




2 high-weighted activities =
40 points

Activity combinations to reach the maximum 40 points for those with certain special status designations (small practice, non-patient facing, rural, or Health Professional Shortage Area (HPSA)):



2 medium-weighted activities =
40 points



1 high-weighted activity =
40 points

TIP: If you do not choose any activities, you will receive 0 points in this performance category.

For a full list of improvement activities for the 2020 performance year, including activity weights and descriptions, see the [2020 MIPS Improvement Activities Inventory](#) or the [Explore Measures & Activities Tool](#) on QPP.CMS.GOV.

NOTE: As one option, you can pair the new high-weighted COVID-19 clinical trials (IA_ERP_3) activity with the existing high-weighted Participation in a 60-day or greater effort to support domestic or international humanitarian needs (IA_ERP_2) activity for full credit. If you have certain special status designations (small practice, non-patient facing, rural, or HPSA), you will receive full credit for completing the new COVID-19 activity.

Participation Requirements

What If I Participate in a Patient Centered Medical Home (PCMH)?

A MIPS eligible clinician who is in a practice that is certified or recognized as a patient-centered medical home (PCMH) or comparable specialty practice will receive 100% (full credit) for the Improvement Activities performance category. If reporting as a group, at least 50% of the practice sites within a group's TIN must be recognized as a PCMH or comparable specialty practice.

To be eligible for PCMH designation, the practice needs to meet one of the following for at least a continuous 90-day period during PY 2020 (to begin no later than October 3, 2020):

Have received accreditation from an accreditation organization that is nationally recognized

OR

Be participating in a Medicaid Medical Home or Medical Home Model

OR

Be a comparable specialty practice that has received recognition through a specialty recognition program offered through a nationally recognized accreditation organization

OR

Have received accreditation from other certifying bodies that have certified a large number of medical organizations and meet national guidelines, as determined by the Secretary

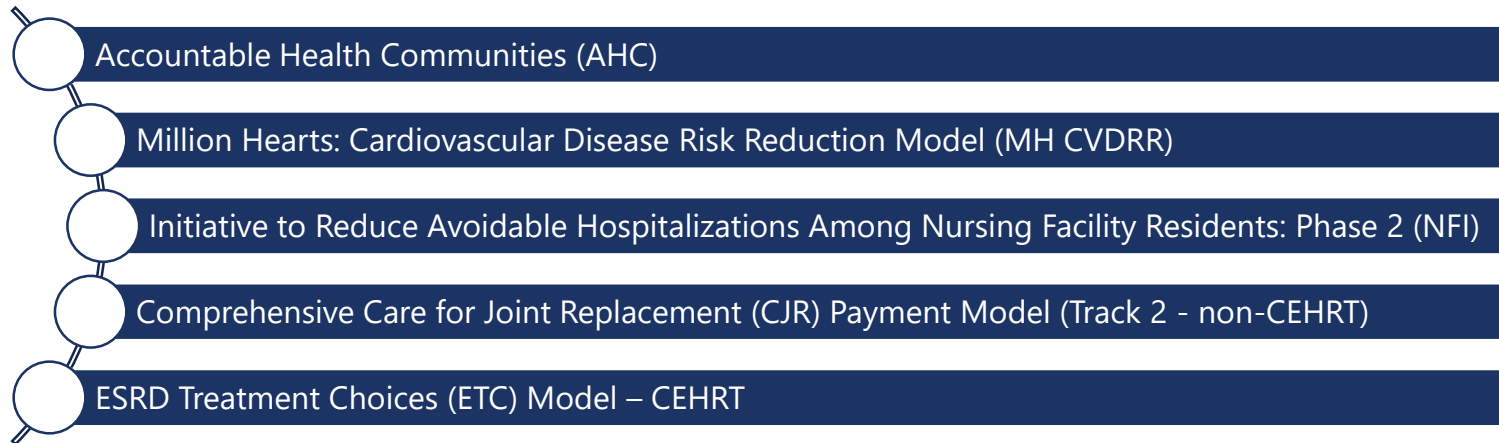
TIP: A MIPS eligible clinician or group **must attest** to their status as a PCMH or comparable specialty practice during the PY 2020 submission period in order to receive full credit for the Improvement Activities performance category.

Participation Requirements

What If I Participate in an APM?

If you're a MIPS eligible clinician identified as participating in an Alternative Payment Model (APM) that is not classified as a MIPS APM and is therefore not scored under the APM Scoring Standard, you can get credit for participating in an APM and receive 20 points (out of 40 possible) for the MIPS Improvement Activities performance category.

For the 2020 performance year, these models include:



You will need to submit data for one or more MIPS performance categories to receive the points awarded for APM participation and select additional improvement activities to achieve the highest score (40 points).

What If I Participate in a MIPS APM?

If you're a MIPS eligible clinician identified on the [QPP Participation Status Tool](#) as participating in a MIPS APM, you'll be scored under the APM Scoring Standard (which assigns a weight of 20% to the Improvement Activities performance category) and **you will automatically be assigned the maximum Improvement Activities performance category score for the 2020 performance year.**

For additional information on MIPS APMs and the Improvement Activities performance category, see the [2020 MIPS APMs Improvement Activities Scores Fact Sheet](#).



Reporting/Submission Requirements

Reporting/Submission Requirements

How and When Do I Report Improvement Activities?

To report (or “submit”) an improvement activity, MIPS eligible clinicians, groups, and virtual groups simply attest to having completed it. No data needs to accompany the attestation as part of the submission.

You will need to attest to the completion of your improvement activities or PCMH participation during the PY 2020 submission period (1/4/2021 – 3/31/2021).

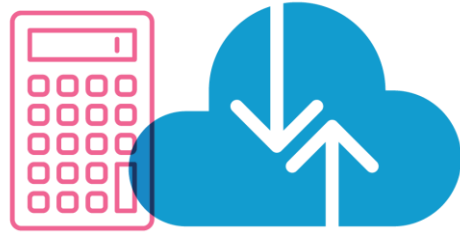
Reminder: While you do not have to submit any supporting documentation when you attest to completing an improvement activity, you must keep documentation of the efforts you or your MIPS group undertook to meet the improvement activity for 6 years subsequent to submission. Documentation guidance for each activity can be found in the [2020 MIPS Data Validation Criteria](#).

What are My Submission Options?

Your Improvement Activities performance category data can be submitted using the following submission types:

Who?	How?
You (Clinician or Practice Representative)	Individual clinicians, groups, and virtual groups with a set of authenticated credentials can sign in and manually attest to their improvement activities data on QPP.CMS.GOV . For each improvement activity that is performed for a continuous 90-days (unless otherwise stated in the activity description) during the performance year, you must attest to the improvement activity by submitting a “yes” response for each of these improvement activities.
You or a third party	Individual clinicians, groups, virtual groups, and third-party intermediaries can upload and submit a file with your activity attestations in the form and manner specified by CMS with a set of authenticated credentials. Currently, this occurs on QPP.CMS.GOV .
Third party	Third-party intermediaries can perform a direct submission, transmitting data through a computer-to-computer interaction, such as an Application Programming Interface (API).

TIP: To submit your attestations, you or your third-party representative will need QPP credentials and authorization. See the [QPP Access User Guide](#) for more information. Note that simply participating with a QCDR and having them submit data for the Quality or Promoting Interoperability performance categories does not satisfy any requirements for the Improvement Activities performance category.



Scoring

How is the Performance Category Scored?

The Improvement Activities performance category is **15% of your MIPS final score** in 2020.

This is how the Improvement Activities performance category is scored:

$$\text{Improvement Activities Performance Category Score} = \frac{\text{Total number of points scored for completed activities}}{\text{Total maximum number of points (40)}} \times 100$$

Your Improvement Activities performance category score is then multiplied by the 15% Improvement Activities performance category weight. The overall Improvement Activities performance category score is added to the other performance category scores to determine your MIPS final score.

TIP: Improvement activities can contribute toward no more than 15% of your MIPS final score, and you can't earn more than 40 points in this performance category, regardless of the number of activities you submit.

Scoring Scenarios

Scenario 1:

You are a MIPS eligible clinician in a large practice (group with more than 15 clinicians) and complete 1 medium-weighted improvement activity for 10 of 40 points in the performance category.



Scenario 2:

You are a MIPS eligible clinician in a small practice (15 or fewer clinicians) and complete 1 medium-weighted improvement activity for 20 of 40 points in the performance category.

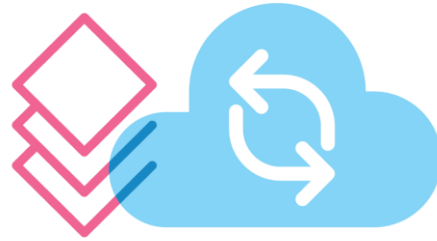


Scoring Scenarios (continued)

Scenario 3:

You are a MIPS eligible clinician in a small practice (15 or fewer clinicians) and complete 1 high-weighted improvement activity and 1 medium-weighted improvement activity for 60 points in the performance category. However, because 40 is the maximum points award, you will receive 40 points total.





Annual Call for Improvement Activities

Annual Call for Improvement Activities

How are Improvement Activities Determined Each Performance Year?

Each year we hold an “Annual Call for Improvement Activities” where stakeholders—including clinicians, professional organizations, researchers, consumer groups, and others—can identify and submit new improvement activities or modifications to an improvement activity for consideration in future years of MIPS.

Improvement activity nominations submitted from February through June are considered for the following calendar year rulemaking cycle for possible implementation starting 2 years later. Submissions received after the July deadline each year are considered for future years. For example, activities submitted in 2020 would be considered for inclusion in the 2022 MIPS performance year, for which rules would be published in calendar year 2021. For more information, review the [2020 Call for Measures and Activities Materials](#).

NOTE: Proposing a new improvement activity is completely voluntary and not a requirement of participation.



Help, Resources, Glossary, and Version History

Help, Resources, Glossary, and Version History

Where Can You Go for Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 a.m.-8:00 p.m. Eastern Time or by e-mail at:

QPP@cms.hhs.gov.

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Connect with your [local technical assistance organization](#). We provide no-cost technical assistance to small, underserved, and rural practices to help you successfully participate in the Quality Payment Program.

Visit the [Quality Payment Program website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out resources available in the [QPP Resource Library](#).

Help, Resources, Glossary, and Version History

Additional Resources

The following resources are available on the [QPP Resource Library](#) and other QPP webpages:

- [2020 MIPS Quick Start Guide](#)
- [2020 MIPS Eligibility and Participation Quick Start Guide](#)
- [2020 Improvement Activities Quick Start Guide](#)
- [2020 Improvement Activities Inventory](#)
- [Improvement Activities Requirements Webpage](#)
- [2020 Call for Measures and Activities Materials](#)
- [2020 MIPS APMs Improvement Activities Scores Fact Sheet](#)
- [2020 MIPS Data Validation Criteria](#)
- [QPP COVID-19 Response Fact Sheet](#)
- [Interim Final Rule with Comment Period \(3/13/20\)](#)
- [Interim Final Rule with Comment Period 2 \(4/28/20\)](#)
- [Interim Final Rule with Comment Period 3 \(8/25/20\)](#)

Help, Resources, Glossary, and Version History

Glossary

APM Alternative Payment Model	CEHRT Certified Electronic Health Record Technology	CMS Centers for Medicare & Medicaid Services	HPSA Health Professional Shortage Area	IA Improvement Activities	MIPS Merit-based Incentive Payment System
NPI National Provider Identifier	PCMH Patient-Centered Medical Home	PY Performance Year	QCDR Qualified Clinical Data Registry	QPP Quality Payment Program	TIN Taxpayer Identification Number

Help, Resources, Glossary, and Version History

Version History

If we need to update this document, changes will be identified here.

Date	Change Description
9/3/2020	Original posting