Quality Payment
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Merit-based Incentive Payment System (MIPS)

2022 Improvement Activities Performance Category Quick Start Guide: Traditional MIPS

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

![Quality Payment Program logo]

Contents

Already know what MIPS is?
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Purpose: This resource focuses on the improvement activities performance category under traditional MIPS, providing high-level requirements about data collection and submission for the 2022 performance year for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation. This resource does not address improvement activity requirements under the APM Performance Pathway (APP).

How to Use This Guide

How to Use This Guide

Table of Contents

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Please note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't 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.

Hyperlinks

Hyperlinks to the Quality Payment Program website are included throughout the guide to direct the reader to more information and resources.

Overview

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What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP), a program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The program describes 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 multiple categories that lead to improved quality and value in our healthcare system.

If you're eligible for MIPS in 2022:

- 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.

- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.

- Your MIPS payment adjustment is based on your performance during the 2022 performance year and applied to payments for covered professional services beginning on January 1, 2024.

To learn more about MIPS eligibility and participation options:

- Visit the How MIPS Eligibility is Determined and Participation Options Overview web pages on the Quality Payment Program website.
- View the 2022 Eligibility and Participation Quick Start Guide: Traditional MIPS.
- Check your current participation status using the QPP Participation Status Tool.

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What is the Merit-based Incentive Payment System? (Continued)

Traditional MIPS, established in the first year of the QPP, is the original framework for collecting and reporting data to MIPS.

Under the traditional MIPS, participants select from 200 quality measures and over 100 improvement activities, in addition to reporting the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.

In addition to traditional MIPS, 2 other MIPS reporting frameworks, designed to reduce reporting burden, will be available to MIPS eligible clinicians.

- The **APM Performance Pathway (APP)** is a streamlined reporting framework available beginning with the 2021 performance year for MIPS eligible clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.

- **MIPS Value Pathways (MVPs)** are subsets of measures and activities, established through rulemaking, that can be used to meet MIPS reporting requirements beginning with the 2023 performance year. The MVP framework aims to align and connect measures and activities across the quality, cost, and improvement activities performance categories of MIPS for different specialties or conditions. In addition, MVPs incorporate a foundational layer that leverages Promoting Interoperability measures and a set of administrative claims-based quality measures that focus on population health/public health priorities. **There are 7 MVPs that will be available for reporting in the 2023 performance year:**

1. Advancing Rheumatology Patient Care
2. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
3. Advancing Care for Heart Disease
4. Optimizing Chronic Disease Management
5. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
6. Improving Care for Lower Extremity Joint Repair
7. Support of Positive Experiences with Anesthesia

We encourage clinicians interested in reporting an applicable MVP to become familiar with the MVP's requirements in advance of the 2023 performance year. For more information on the finalized MVPs, please refer to the CY 2022 Physician Fee Schedule Final Rule. We'll also be adding more information to MIPS Value Pathways section of the QPP website.
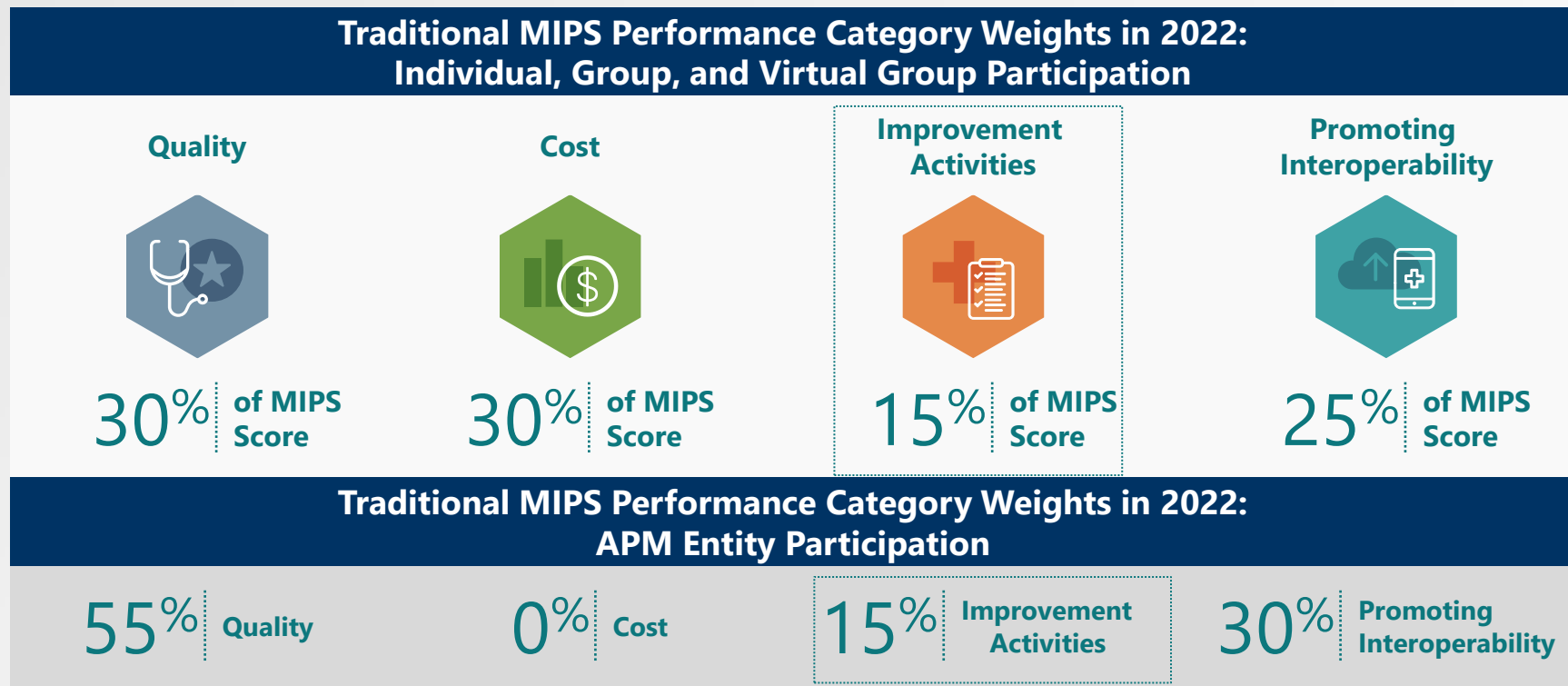
To learn more about the APP:

- Visit the APM Performance Pathway webpage on the Quality Payment Program website.
- View the 2022 APM Performance Pathway (APP) for MIPS APM Participants Fact Sheet and 2022 APM Performance Pathway (APP) Infographic resources.

To learn more about MVPs:

- Visit the MIPS Value Pathways (MVPs) webpage on the Quality Payment Program website.

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What is the MIPS Improvement Activities Performance Category?

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 2022 Improvement Activities Inventory to find those that best fit your practice and support the needs of your patients by improving patient engagement, care coordination, patient safety, and other areas in patient care.

Traditional MIPS Performance Category Weights in 2022: Individual, Group, and Virtual Group Participation

Quality	Cost	Improvement Activities	Promoting Interoperability
30% of MIPS Score	30% of MIPS Score	15% of MIPS Score	25% of MIPS Score

Traditional MIPS Performance Category Weights in 2022: APM Entity Participation

55% Quality	0% Cost	15% Improvement Activities	30% Promoting Interoperability

This resource examines the improvement activities performance category under traditional MIPS. For information about the improvement activities performance category under the APP, please refer to the 2021 APP for MIPS APM Participants Fact Sheet (PDF).

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What's New with Improvement Activities in 2022?

We **added** 7 new improvement activities:

- Create and Implement an Anti-Racism Plan (IA_AHE_8)

- Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (IA_AHE_9)

- Implementation of a Trauma-Informed Care (TIC) Approach to Clinical Practice (IA_BMH_11)

- Promoting Clinician Well-Being (IA_BMH_12)

- Implementation of a Personal Protective Equipment (PPE) Plan (IA_ERP_4)

- Implementation of a Laboratory Preparedness Plan (IA_ERP_5)

- Application of CDC's Training for Healthcare Providers on Lyme Disease (IA_PSPA_33)

We **removed** 6 improvement activities:

- Regularly Assess the Patient Experience of Care through Surveys, Advisory Councils and/or Other Mechanisms (IA_BE_13)

- Participation in CAHPS or Other Supplemental Questionnaire (IA_PSPA_11)

- Use of Tools to Assist Patient Self-Management (IA_BE_17)

- Provide Peer-Led Support for Self-Management (IA_BE_18)

- Implementation of Condition-Specific Chronic Disease Self-Management Support Programs (IA_BE_20)

- Improved Practices that Disseminate Appropriate Self-Management Materials (IA_BE_21)

SMALL PRACTICES

We've modified the performance category weight redistribution policies for small practices to more heavily weight the improvement activities performance category when the Promoting Interoperability, or Promoting Interoperability and cost, performance categories are reweighted to 0%.

When the Promoting Interoperability performance category is reweighted, the quality performance category will be weighted at 40% and both the cost and the improvement activities performance categories will be weighted at 30%.

When both the cost and the Promoting Interoperability performance categories are reweighted, both the quality and the improvement activities performance categories will be weighted at 50%.

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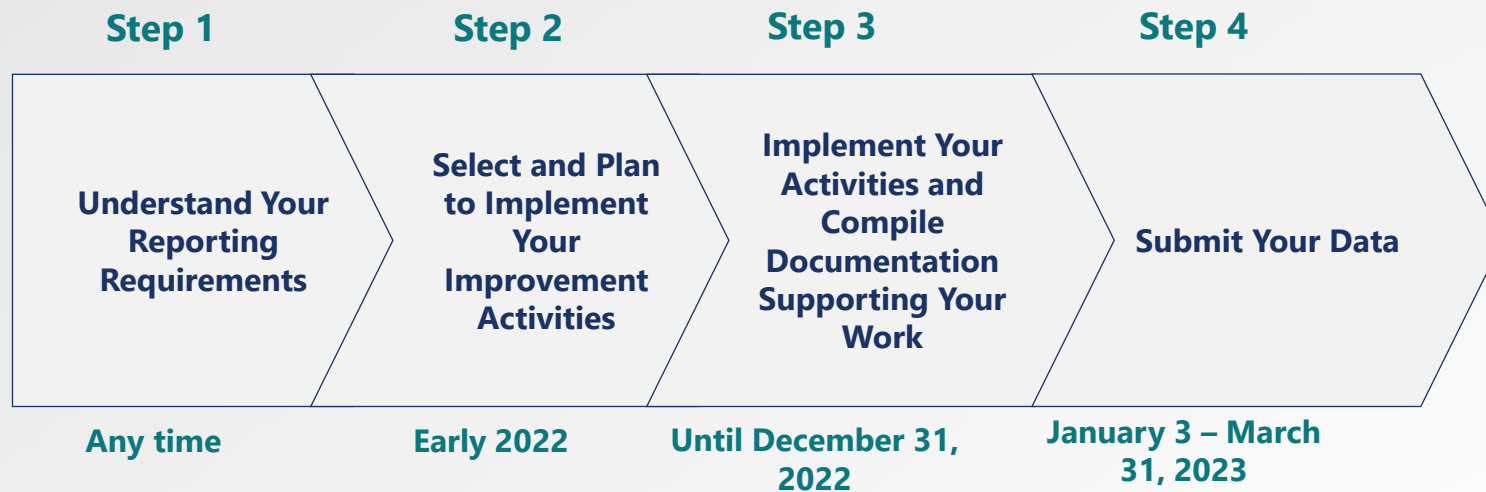## What's New with Improvement Activities in 2022? (Continued)

We also **modified** 15 existing improvement activities:

- Enhance Engagement of Medicaid and Other Underserved Populations (IA_AHE_1)

- MIPS Eligible Clinician Leadership in Clinical Trials or Community-Based Participatory Research (CBPR) (IA_AHE_5)

- Use of Certified EHR to Capture Patient Reported Outcomes (IA_BE_1)

- Regularly Assess Patient Experience of Care and Follow Up on Findings (IA_BE_6)

- Promote Self-Management in Usual Care (IA_BE_16)

- Drug Cost Transparency (IA_BE_25)

- Practice Improvements that Engage Community Resources to Support Patient Health Goals (IA_CC_14)

- PSH Care Coordination (IA_CC_15)

- Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (IA_EPA_1)

- Use of Telehealth Services that Expand Practice Access (IA_EPA_2)

- Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities (IA_PM_6)

- Regular Review Practices in Place on Targeted Patient Population Needs (IA_PM_11)

- Consultation of the Prescription Drug Monitoring Program (IA_PSPA_6)

- Measurement and Improvement at the Practice and Panel Level (IA_PSPA_18)

- COVID-19 Clinical Data Reporting with or without Clinical Trial (IA_ERP_3)

Get Started with Improvement Activities for Traditional MIPS in 4 Steps

Get Started with Improvement Activities for Traditional MIPS in 4 Steps

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Step 1 **Step 2** **Step 3** **Step 4**

Understand Your Reporting Requirements

Select and Plan to Implement Your Improvement Activities

Implement Your Activities and Compile Documentation Supporting Your Work

Submit Your Data

Any time **Early 2022** **Until December 31, 2022** **January 3 – March 31, 2023**

Step 1. Understand Your Reporting Requirements

Most clinicians must implement and **submit 2 to 4 improvement activities** to receive the **maximum score of 40 points** in this performance category:

- Each improvement activity is classified as either medium-weighted (10 points) or high-weighted (20 points).

- Clinicians, groups, virtual groups, and APM Entities with certain **special statuses** (small practice, rural, health professional shortage area, or non-patient facing) **earn 2 times** the points for each activity.

- **Note:** If you're reporting measures for the quality performance category as an APM Entity, you will also report improvement activities at the APM Entity level.

Improvement Activity Weight	Standard Scoring	Special Status Scoring: Rural | Health Professional Shortage Area (HPSA) | Non-Patient Facing | Small Practice
Medium-weighted Activity	10 points	20 points
High-weighted Activity	20 points	40 points

Step 1. Understand Your Reporting Requirements

In addition to the special statuses on the previous slide, you can also receive credit in this performance category from your participation in certain improvement activities or payment models:

Other Ways to Earn Improvement Activity Points	Points Received	Action Required?
Participate in a certified or recognized **patient-centered medical home** or comparable specialty society.	40 points	**Yes** – You must attest to this participation during the 2022 submission period.
Participate in an APM. [1]	At least 20 points (out of 40 possible)	**Yes** – You must submit data for one or more MIPS performance categories to receive the points awarded for APM participation. You must attest to additional activities to achieve the maximum 40 points.

- **Participating 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."

- **Participating 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."

- **Participating as a virtual group?** Sign in to qpp.cms.gov to check for any special statuses assigned to the virtual group.

- **Participating as an APM Entity?** Sign in to qpp.cms.gov to check if the small status was assigned to the APM Entity. Small status designation for APM Entities will be available in mid-2022.

[1]We will identify MIPS APM participants on the QPP Participation Status Tool as this information becomes available, beginning in July.

Step 2. Select and Plan to Implement Your Improvement Activities

There are several resources to help you find improvement activities relevant to your practice.

- The 2022 Improvement Activities Inventory in the Quality Payment Program Resource Library or the Explore Measures & Activities Tool (available in early 2022) on qpp.cms.gov lists the names, sub-categories, and descriptions of all available activities.

- The 2022 Specialty Guides (**TIP:** filter by "Resource Type") suggest improvement activities that may be relevant to a given specialty practice. We anticipate these will be available on the QPP Resource Library in the first quarter of 2022.

After you select your improvement activities, make a plan to implement them:

- Plan to implement each improvement activity for a minimum of one **continuous 90-day period, unless otherwise stated in the activity description, in calendar year (CY) 2022** (activities don't have to be performed concurrently).

- If you're reporting to MIPS as a group, virtual group, or APM Entity, **at least 50% of the clinicians in the group, virtual group, or APM Entity must implement the activity** for the group to attest and receive credit for that activity.

- **Note:** Individual MIPS eligible clinicians within the group, virtual group, or APM Entity can perform the same activity during different continuous 90-day periods, or as specified in the activity description, within CY 2022. (Note that each MIPS eligible clinician doesn't have to perform the activity during the same period).

- You can attest to improvement activities you performed during the 2021 performance period again unless otherwise indicated in the activity description.

- The last continuous 90-day period to perform an improvement activity begins **October 3, 2022**.

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Step 3. Implement Your Activities and Compile Documentation Supporting Your Work

While implementing the activities you select, compile documentation demonstrating your work.

- Review the 2022 MIPS Data Validation Criteria document for examples of individual improvement activity documentation requirements.
  - o Ensure that each activity selected and attested to is completed and documented accurately and in accordance with the guidance provided in the MIPS Data Validation document.
  - o Maintain documentation for each activity you attested to for a period of 6 years as evidence of attestation in the event of a CMS audit.
- Common examples of documentation may include, but are not limited to:
  - o Screenshot or digital capture of relevant information supporting the attestation.
  - o Improvement plans and/or outlines supporting the interventional strategies/processes implemented to meet the intent of the improvement activity.
  - o Electronic Health Record Report: Retain a copy of documentation relevant to the chosen improvement activity as evidence of attestation.

2022 Data Validation Criteria

The 2022 MIPS Data Validation Criteria document, which will help you understand improvement activity documentation requirements:

Contains examples of ways to demonstrate completion of each improvement activity and clarifies the flexibilities clinicians have in implementing the activities.

Articulates the objective of each activity.

Will be available in early 2022 as part of the 2022 MIPS Data Validation Criteria, which also includes MIPS Data Validation Criteria for the Promoting Interoperability performance category.

TIP: On the Quality Payment Program Resource Library, find the MIPS Data Validation Criteria easily by searching for "Validation" without filters.

We suggest reviewing this validation document during the performance period to ensure you document your work appropriately.

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Step 4. Submit Your Data

You will need to attest to the completion of your improvement activities or patient-centered medical home participation during the 2022 data submission period (1/3/2023 – 3/31/2023). To submit your attestations, you or your third party representative will need QPP credentials and authorization. See the Quality Payment Program Access User Guide for more information.

There are 3 ways to attest to the completion of your improvement activities:

Who	How
You	Sign in to qpp.cms.gov and attest to (manually select) the activities you've performed.
You or a third party	Sign in to qpp.cms.gov and upload a file with your activity attestations.
Third party	Perform a direct submission on your behalf, using our submissions application programming interface (API).

You aren't required to include supporting documentation when you attest to completing an improvement activity, but **you must keep documentation for 6 years** subsequent to submission. Please note that submission platforms may allow you to attest to more than 40 points-worth of activities, but you can't earn more than 40 points in this performance category. You're responsible for compiling and maintaining documentation for all activities to which you attest.

Did you know? The level at which you participate in MIPS (individual, group, or virtual group) generally applies to all performance categories. We won't combine data submitted at the individual, group, and/or virtual group level into a single final score.

For example:

- If you submit any data as an individual, you'll be evaluated for all performance categories as an individual.
- If your practice submits any data as a group, you'll be evaluated for all performance categories as a group.
- If data is submitted both as an individual and a group, you'll be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score.

Exception: When participating as an APM Entity, the Entity will submit quality measures and improvement activities. However, MIPS eligible clinicians in the Entity will submit Promoting Interoperability data as individuals or as a group and we'll calculate an average score for this performance category.

Help, Resources, and Version History

Help, Resources, and Version History

Where Can You Go for Help?

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m.-8 p.m. ET 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.

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

Help, Resources, and Version History

Additional Resources

The Quality Payment Program Resource Library houses fact sheets, measure specifications, specialty guides, technical guides, user guides, helpful videos, and more. We will update this table as more resources become available.

Resource	Description
2022 Improvement Activities Inventory	A complete list and descriptions of the 2022 MIPS improvement activities.
2022 MIPS Quick Start Guide	A high-level overview of the Merit-based Incentive Payment System (MIPS) requirements to get you started with participating in the 2022 performance year.
2022 Eligibility and Participation Quick Start Guide: Traditional MIPS	A high-level overview and actionable steps to understand your 2022 MIPS eligibility and participation requirements.
2022 Quality Performance Category Quick Start Guide: Traditional MIPS	A high-level overview and practical information about quality measure selection, data collection, and submission for the 2022 MIPS quality performance category.
2022 Part B Claims Quick Start Guide: Traditional MIPS	A high-level overview and practical information about reporting quality measures through Medicare Part B claims.
2022 Promoting Interoperability Performance Category Quick Start Guide: Traditional MIPS	A high-level overview and practical information about data collection and submission for the 2022 MIPS Promoting Interoperability performance category.
2022 Cost Performance Category Quick Start Guide: Traditional MIPS	A high-level overview of cost measures, including calculation and attribution, for the 2022 MIPS cost performance category.
2022 Quality Payment Program Final Rule Resources	A zip file containing 2022 QPP final rule resources, including the Final Rule Overview Fact Sheet, FAQs, Final Rule Comparison Table, Final Rule MVPs Policies Table, and MVP Development Standardized Template.

Help, Resources, and Version History

Version History

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

Date	Description
01/18/2022	Updated to reflect correct links on slide 20.
12/29/2021	Original Posting.