

Merit-based Incentive Payment System (MIPS)

Participating in the Improvement
Activities Performance Category in
the 2023 Performance Year:
Traditional MIPS



Quality Payment
PROGRAM

Table of Contents

Already know what MIPS is?
Skip ahead by clicking the links in the Table of Contents.

[How To Use This Guide](#)

[3](#)

[Overview](#)

[5](#)

[Improvement Activities Basics](#)

[10](#)

[Participation Requirements](#)

[15](#)

[Reporting/Submission Requirements](#)

[20](#)

[Scoring](#)

[23](#)

[Annual Call for Improvement Activities](#)

[28](#)

[Help, Acronyms, and Version History](#)

[31](#)

Purpose: This detailed resource focuses on the improvement activities performance category requirements under the traditional Merit-based Incentive Payment System (MIPS) (original framework for collecting and reporting data since the inception of the Quality Payment Program), including data collection and submission for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation for the 2023 performance year. This resource doesn't address improvement activities requirements under the Alternative Payment Model Pathway (APP) and MIPS Value Pathways (MVPs).



How to Use This Guide





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.

Table of Contents

The Table of Contents is interactive. Click on a Chapter in the Table of Contents to read that section.



You can also click on the icon on the bottom left to go back to the table of contents.

Hyperlinks

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

Overview



Overview

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 rewards MIPS eligible clinicians for providing high quality care to their patients by reimbursing Medicare Part B-covered professional services.

Under MIPS, we evaluate your performance across multiple categories that drive improved quality and value in our healthcare system.

If you're eligible for MIPS in 2023:

- You generally have to report measure and activity data for the [quality](#), [improvement activities](#), and [Promoting Interoperability](#) performance categories. (We collect and calculate data for the [cost](#) performance category for you, if applicable.)
- 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 2023 performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1, 2025.

To learn more about MIPS:

- Visit the [Learn about MIPS webpage](#).
- View the [2023 MIPS Overview Quick Start Guide](#).
- View the [2023 MIPS Quick Start Guide for Small Practices](#).

To learn more about MIPS eligibility and participation options:

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Options Overview](#) webpages on the Quality Payment Program website.
- View the [2023 MIPS Eligibility and Participation Quick Start Guide](#).
- Check your current participation status using the [QPP Participation Status Tool](#).



Overview

What is the Merit-based Incentive Payment System?

(Continued)

There are 3 reporting options available to MIPS eligible clinicians to meet MIPS reporting requirements:

Traditional MIPS, established in the first year of QPP, is the original reporting option for MIPS. You select the quality measures and improvement activities that you'll collect and report from all of the quality measures and improvement activities finalized for MIPS. You'll also report the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.

The Alternative Payment Model (APM) Performance Pathway (APP) is a streamlined reporting option for 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. You'll report a predetermined measure set made up of quality measures in addition to the complete Promoting Interoperability measure set (the same as reported in traditional MIPS). MIPS APM participants currently receive full credit in the improvement activities performance category, though this is evaluated on an annual basis.

MIPS Value Pathways (MVPs) are the newest reporting option that offer clinicians a subset of measures and activities relevant to a specialty or medical condition. MVPs offer more meaningful groupings of measures and activities, to provide a more connected assessment of the quality of care. Beginning with the 2023 performance year, you'll select, collect, and report on a reduced number of quality measures and improvement activities (as compared to traditional MIPS). You'll also report the complete Promoting Interoperability measure set (the same as reported in traditional MIPS). We collect and calculate data for the cost performance category and population health measures for you.

To learn more about traditional MIPS:

- Visit the [Traditional MIPS Overview webpage](#) on the Quality Payment Program website.

To learn more about the APP:

- Visit the [APM Performance Pathway webpage](#) on the Quality Payment Program website.

To learn more about MVPs:

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



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

This guide focuses on the **improvement activities** performance category for the 2023 performance year.

Traditional MIPS Performance Category Weights in 2023: Individual, Group, and Virtual Group Participation

Quality



30% of MIPS
Score

Cost



30% of MIPS
Score

Improvement Activities



15% of MIPS
Score

Promoting Interoperability



25% of MIPS
Score

Traditional MIPS Performance Category Weights in 2023: APM Entity Participation

55% Quality

0% Cost

15% Improvement
Activities

30% Promoting
Interoperability

For information about improvement activities requirements when reporting an MVP, visit [Explore MVPs](#). For information about the improvement activities performance category under the APP, please refer to the [Improvement Activities: APP Requirements webpage](#). 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](#).

NOTE: MIPS APM participants reporting under traditional MIPS will automatically receive **50% credit** for the improvement activities performance category for the 2023 performance year.

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

Traditional MIPS Performance Category Weights in 2023:

Standard Weighting for Small Practices (Promoting Interoperability Automatically Reweighted)

Quality



40% of MIPS Score

Cost



30% of MIPS Score

Improvement Activities



30% of MIPS Score

Promoting Interoperability



0% of MIPS Score

The improvement activities performance category is more heavily weighted for small practices. For more information, visit the [Small Practices webpage](#).

Improvement Activities Basics





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 [2023 Improvement Activities Inventory \(ZIP\)](#) 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 is the MIPS Improvement Activities Performance Category? (Continued)

For 2023, the improvement activities performance category for traditional MIPS:

- Is generally worth 15% of your MIPS final score.
 - Requires you to implement 2 to 4 improvement activities to receive the maximum score of 40 points in this performance category.
 - Has a performance period of 90 continuous days for most improvement activities with a few exceptions.
 - Requires you to attest to activities during the submission window (1/2/2024 – 4/1/2024) for the 2023 performance year.
- While you don't have to submit any supporting data when you attest to completing an activity, you must keep documentation for 6 years subsequent to submission.

What's New with Improvement Activities in 2023?

New Improvement Activities	4 Added	Modified Improvement Activities	5 Modified	Removed Improvement Activities	6 Removed
1. Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data (IA_AHE_10)		1. Practice Improvements to Align with OpenNotes Principles (IA_CC_13)		1. Participation in a QCDR, that promotes use of patient engagement tools (IA_BE_7)	
2. Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients (IA_AHE_11)		2. Practice Improvements that Engage Community Resources to Address Drivers of Health (IA_AHE_12)		2. Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive (IA_BE_8)	
3. Create and Implement a Language Access Plan (IA_EPA_6)		3. Use of QCDR data for ongoing practice assessment and improvements (IA_PSPA_7)		3. Use of QCDR for feedback reports that incorporate population health (IA_PM_7)	
4. COVID-19 Vaccine Achievement for Practice Staff (IA_ERP_6)		4. Obtain or Renew an Approved Waiver for Provision of Buprenorphine as Medication-Assisted Treatment for Opioid Use Disorder (IA_BMH_13)		4. Consultation of the Prescription Drug Monitoring program (IA_PSPA_6)	
		5. Implementation of formal quality improvement methods, practice changes, or other practice improvement processes (IA_PSPA_19)		5. Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes (IA_PSPA_20)	
				6. PCI Bleeding Campaign (IA_PSPA_30)	



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, health equity, 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 Empowered Patients (IA_PM_13) with Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (Quality ID 001), Diabetes: Medical Attention for Nephropathy (Quality ID 119), and/or 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, virtual group, or APM Entity?

If you plan to report as a group, virtual group, or APM Entity, **at least 50% of the eligible clinicians in the group, virtual group, or APM Entity must implement 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, virtual group, or APM Entity can implement 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 implement the same improvement activity for the performance period specified in the activity description at some point during the 2023 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 implement the activity from March 1, 2023 to June 30, 2023 and the other can implement the same activity from October 3, 2023 to December 31, 2023.

Do you have a special status designation?

The number of activities you'll need to implement and attest to receive the maximum score for the improvement activities performance category in traditional MIPS 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 or comparable specialty practice or MIPS APM. Most clinicians must implement and attest to 2 to 4 improvement activities to receive the maximum score of 40 points. However, clinicians with certain special status designation only need to submit 1 to 2 improvement activities. Refer to [slides 16 through 19](#) for more information.



How Do I Choose Improvement Activities? (Continued)

- **Who will attest to improvement activities?** You'll also want to consider how you plan to attest to the completion of your improvement activities during the submission period for the 2023 performance year. For example, will a third party intermediary attest on your behalf? If you're working with a Qualified Clinical Data Registry (QCDR) or Qualified Registry, you should check the [2023 Qualified Registries Qualified Posting](#) or [2023 QCDRs Qualified Posting](#) to see if your third party intermediary supports your desired activities. Refer to [slide 22](#) for more details on submission options.
- **Have you attested to the activity in previous years?** Most activities can be reported in consecutive performance years, but some activities limit how frequently an activity can be implemented. For example, the description for Administration of the AHRQ Survey of Patient Safety Culture (IA_PSPA_4) states that the activity can only be implemented once every 4 years. Information on whether or not an activity can be reported across multiple years can be found in the [2023 Improvement Activities Inventory \(ZIP\)](#).
- **What are the documentation requirements?** While you don't have to submit any supporting 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 [2023 MIPS Data Validation Criteria \(ZIP\)](#). Additional information on documentation also can be found on [slide 21](#). We suggest reviewing the data validation criteria as you select your improvement activities to ensure you document your work appropriately.

For a full list of improvement activities, including descriptions, for the 2023 performance year, review the [2023 Improvement Activities Inventory \(ZIP\)](#) or the [Explore Measures & Activities Tool](#).

- 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_CC_10, 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 2023 performance year.



Participation Requirements



Participation Requirements

How Many Improvement Activities Do I Need to Implement and Attest to?

Most clinicians must implement 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 applicable special status designations.

NOTE: If you're reporting traditional MIPS as an APM Entity, you'll need to perform and attest to improvement activities at the APM Entity level.

- **Participating as an individual?** Check the [QPP Participation Status Tool](#) or sign in to the [Quality Payment Program website](#) for any special statuses assigned at the "Clinician Level."
- **Participating as a group?** Check the [QPP Participation Status Tool](#) or sign in to the [Quality Payment Program website](#) for any special statuses assigned at the "Practice Level."
- **Participating as a virtual group?** Sign in to the [Quality Payment Program website](#) to check for any special statuses assigned to the virtual group.
- **Participating as an APM Entity?** Sign in to the [Quality Payment Program website](#) to check if the small practice status was assigned to the APM Entity. Small status designation for APM Entities will be displayed in mid-2023.

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



Each medium-weighted activity is worth **10 points**



Each high-weighted activity is worth **20 points**

For MIPS eligible clinicians, groups, virtual groups, and APM Entities with certain special status designations (small practice, non-patient facing, rural, or Health Professional Shortage Area (HPSA)):



Each medium-weighted activity is worth **20 points**



Each high-weighted activity is worth **40 points**

Participation Requirements

How Many Improvement Activities Do I Need to Implement and Attest to?

(Continued)

To achieve the maximum 40 points for the MIPS improvement activities performance category, MIPS eligible clinicians, groups, virtual groups, and APM Entities may use one of the following combinations:

ALERT: If you don't attest to implementing any improvement activities, you'll receive 0 points in this performance category.

For a full list of improvement activities for the 2023 performance year, including activity weights and descriptions, see the [2023 Improvement Activities Inventory \(ZIP\)](#) or the [Explore Measures & Activities Tool](#).

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



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 HPSA):



2 medium-weighted activities = **40 points**



1 high-weighted activity = **40 points**

Participation Requirements

What if I Participate in a Patient-Centered Medical Home?

A MIPS eligible clinician who's in a practice that is certified or recognized as a patient-centered medical home 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 Taxpayer Identification Number (TIN) must be recognized as a patient-centered medical home or comparable specialty practice.

To be eligible for patient-centered medical home designation, the practice needs to meet one of the following for at least a continuous 90-day period during the 2023 performance year (to begin no later than October 3, 2023):

- Have received accreditation from an accreditation organization that's nationally recognized;
- Be participating in a Medicaid Medical Home or Medical Home Model;
- 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.

REMINDER: A MIPS eligible clinician or group **must attest** (IA_PCMH) to their status as a patient-centered medical home or comparable specialty practice during the submission period for the 2023 performance year in order to receive full credit (100%) for the improvement activities performance category. This credit isn't automatically awarded.



What if I Participate in an APM or MIPS APM?

If you're a MIPS eligible clinician identified as participating in an APM or MIPS APM, you'll automatically receive **20 points (out of 40 possible)** for the MIPS improvement activities performance category under traditional MIPS. If you're a MIPS APM participant, you'll receive **full credit (40 points)** if you're reporting the APP. See the [APP webpage](#) for more information.

For the 2023 performance year, these models include:

MIPS APMs

- Comprehensive Care for Joint Replacement (CJR) Model
- ACO REACH Model
- Independence at Home Demonstration (IAH)
- Enhancing Oncology Model
- Kidney Care Choices Model
- Maryland Total Cost of Care Model
- Medicare Shared Savings Program
- Primary Care First (PCF)
- Value in Opioid Use Disorder Treatment (ViT) Demonstration Program
- Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)

APM

- Accountable Health Communities (AHC)

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

NOTE: We'll identify MIPS APM participants on the [QPP Participation Status Tool](#) as this information becomes available, beginning in summer 2023. We also will publish resources on improvement activity requirements for MIPS APMs to the [QPP Resource Library](#) later in 2023.



Reporting/Submission Requirements



How and When Do I Report/Attest to Improvement Activities?

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

You’ll need to attest to the completion of your improvement activities or patient-centered medical home participation during the submission period for the 2023 performance year (1/2/2024 – 4/1/2024).

While you don’t have to submit any supporting documentation when you attest to completing an improvement activity, you must keep documentation of the efforts you or your group or APM Entity undertook to meet the improvement activity for 6 years subsequent to submission. Documentation guidance for each activity can be found in the [2023 MIPS Data Validation Criteria \(ZIP\)](#), which contains examples of ways to demonstrate completion of each improvement activity and clarifies the flexibilities clinicians have in implementing the activities.

Common examples of documentation may include, but are not limited to:

Screenshot or digital capture of relevant information supporting the attestation.

Improvement plans and/or outlines supporting the interventional strategies/processes implemented to meet the intent of the improvement activity.

Electronic Health Record Report: Retain a copy of documentation relevant to the chosen improvement activity as evidence of attestation.

What are My Submission Options?

Your improvement activities performance category attestation data can be submitted using the following submission types:

Who	How
You (Clinician or Practice Representative)	Individual clinicians, groups, virtual groups, and APM Entities with a set of authenticated credentials can sign in and manually attest to their improvement activities data on the Quality Payment Program website . For each improvement activity that is implemented 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 intermediary	Individual clinicians, groups, virtual groups, APM Entities, and third party intermediaries can sign in and upload a QPP JSON or QRDA III file with your activity attestations on the Quality Payment Program website .
Third party intermediaries	Third party intermediaries can perform a direct submission , transmitting data through a computer-to-computer interaction using our QPP submission 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 \(ZIP\)](#) for more information. Note that simply participating with a QCDR and having them submit data for the quality or Promoting Interoperability performance categories doesn't satisfy any requirements for the improvement activities performance category.



Scoring



How is the Performance Category Scored?

The improvement activities performance category is generally **15% of your MIPS final score** in 2023.

This is how the improvement activities performance category is scored:

$$\text{Improvement Activities Performance Category Score} = \left(\frac{\text{Total Number of Points Scored for Completed Activities}}{\text{Total Maximum Number of Points (40)}} \right) \times 100\%$$

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:

You can't earn more than 40 points in this performance category, regardless of the number of activities you submit. Please note that submission platforms may allow you to attest to more than 40-points worth of activities. If you do attest to more than 40-points worth of activities, you're responsible for compiling and maintaining documentation for all activities to which you attest, even though these additional activities won't increase your score.

Scoring Scenarios

Scenario 1:

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

10 points
1 medium-weighted activity

40 points
Available points: Improvement Activity

= 25%
of available points for Improvement Activities

25% X 15% = 3.75

Improvement Activities Score

Improvement Activities Weight

Improvement Activities points contribution to final MIPS score

Scenario 2: (Small Practice)

You're 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. You don't submit Promoting Interoperability data, which means the Promoting Interoperability performance category is automatically weighted at 0% and the improvement activities performance category is weighted at 30%. The 30% weight assumes you can be scored on at least 1 cost measure.

20 points
1 medium-weighted activity

40 points
Available points: Improvement Activity

= 50%
of available points for Improvement Activities

50% X 30% = 15.00

Improvement Activities Score

Improvement Activities Weight

Improvement Activities points contribution to final MIPS score

Scoring Scenarios (Continued)

Scenario 3: (Small Practice)

You're 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. You don't submit Promoting Interoperability data, which means the Promoting Interoperability performance category is automatically weighted at 0%. You can't be scored on any cost measure, which means the cost performance category is automatically weighted at 0%. As a result, the improvement activities performance category is weighted at 50% of your final score, with the other 50% coming from the quality performance category.

20 points

1 medium-weighted activity

40 points

Available points: Improvement Activity

=

50%

of available points for Improvement Activities

50%

Improvement Activities Score

X

50%

Improvement Activities Weight

=25.00

Improvement Activities points contribution to final MIPS score

NOTE: For more information on performance category redistribution policies for small practices please refer to the [2023 MIPS Quick Start Guide for Small Practices](#) or visit the [Special Statuses webpage](#).

Scoring Scenarios (Continued)

Scenario 4: (Small Practice)

You're 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 awarded, you'll receive 40 points total.

40 points

60 points

40 points

1 high- and
1 medium-
weighted
activity

Available points:
Improvement
Activity

100%

150%

= 100%

of available points
for Improvement
Activities

100% X 15% = 15.00

Improvement
Activities
Score

Improvement
Activities
Weight

Improvement Activities
points contribution
to final MIPS score

Scenario 5:

You're a MIPS eligible clinician located in a rural area and participating in a MIPS APM. You complete 1 medium-weighted improvement activity for 40 points total—20 points for the medium-weighted activity and 20 automatic points for participating in a MIPS APM.

20 points

20 points

40 points

1 medium-
weighted
activity

+

20 points

automatic credit
for MIPS APM
participation

Available points:
Improvement Activity

100%

= 100%

of available points
for Improvement
Activities

100% X 15% = 15.00

Improvement
Activities
Score

Improvement
Activities
Weight

Improvement
Activities
points contribution
to final MIPS score



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 two years later. Submissions received after the July deadline each year are considered for future years. For example, activities submitted prior to the July deadline in 2023 would be considered for inclusion in the 2025 MIPS performance year, for which rules would be published in calendar year 2024. For more information, review the [2023 MIPS Call for Measures and Activities \(ZIP\)](#).

As established in 2021, in addition to the “Annual Call for Improvement Activities” nomination period, stakeholders may submit nominations during a public health emergency. Additionally, CMS may nominate improvement activities and would consider Health and Human Services (HHS)-nominated improvement activities all year long in order to address HHS initiatives in an expedited manner. Any HHS-nominated improvement activities and those submitted during a public health emergency would be proposed through rulemaking. See the QPP policies in the [CY 2021 PFS Final Rule](#) for additional information.

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



How are Improvement Activities Determined Each Performance Year? (Continued)

As established in 2022, new improvement activities must at minimum meet the following 8 criteria:

- New activities must not duplicate other improvement activities in the Inventory.
- New activities must drive improvements that go beyond standard clinical practices.
- Relevance to an existing improvement activities subcategory (or a proposed new subcategory).
- Importance of an activity toward achieving improved beneficiary health outcomes.
- Feasible to implement, recognizing importance in minimizing burden, including, to the extent possible, for small practices, practices in rural areas, or in areas designated as geographic Health Professional Shortage Areas by the Health Resources and Services Administration.
- Evidence supports that an activity has a high probability of contributing to improved beneficiary health outcomes.
- Can be linked to existing and related MIPS quality, Promoting Interoperability, and cost measures, as applicable and feasible.
- CMS can validate the activity.

We may also consider the following 6 optional factors when reviewing nominated activities:

- Alignment with patient-centered medical homes.
- Support for the patient's family or personal caregiver.
- Responds to a public health emergency as determined by the Secretary.
- Addresses improvements in practice to reduce healthcare disparities.
- Focus on meaningful actions from the person and family's point of view.
- Representative of activities that multiple individual MIPS eligible clinicians or groups could perform (for example, primary care, specialty care).

NOTE: See the QPP policies in the [CY 2022 PFS Final Rule](#) for additional information.

Help, Acronyms, and Version History



Where Can You Go for Help?

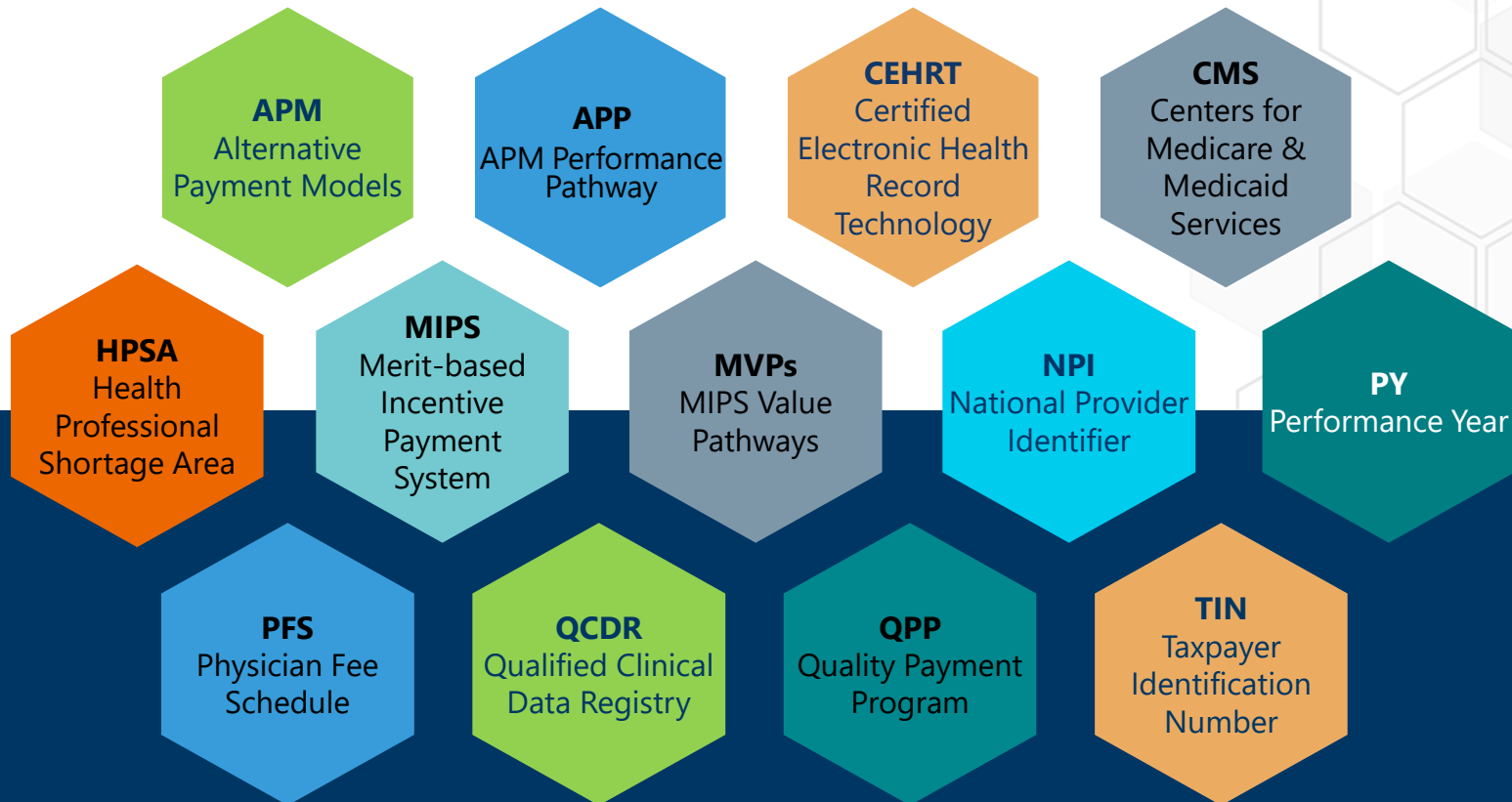
Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, create a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- 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, Acronyms, and Version History

Acronyms



Help, Acronyms, and Version History

Version History

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

Date	Description
03/24/2023	Corrected Scoring Scenario 4 to show 40 as the maximum points awarded.
03/16/2023	Original Posting.

