



Quality Payment
PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM

Participating in the
Improvement Activities
Performance Category
in 2018 (Year 2)



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How To Use This Guide



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Hyperlinks

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

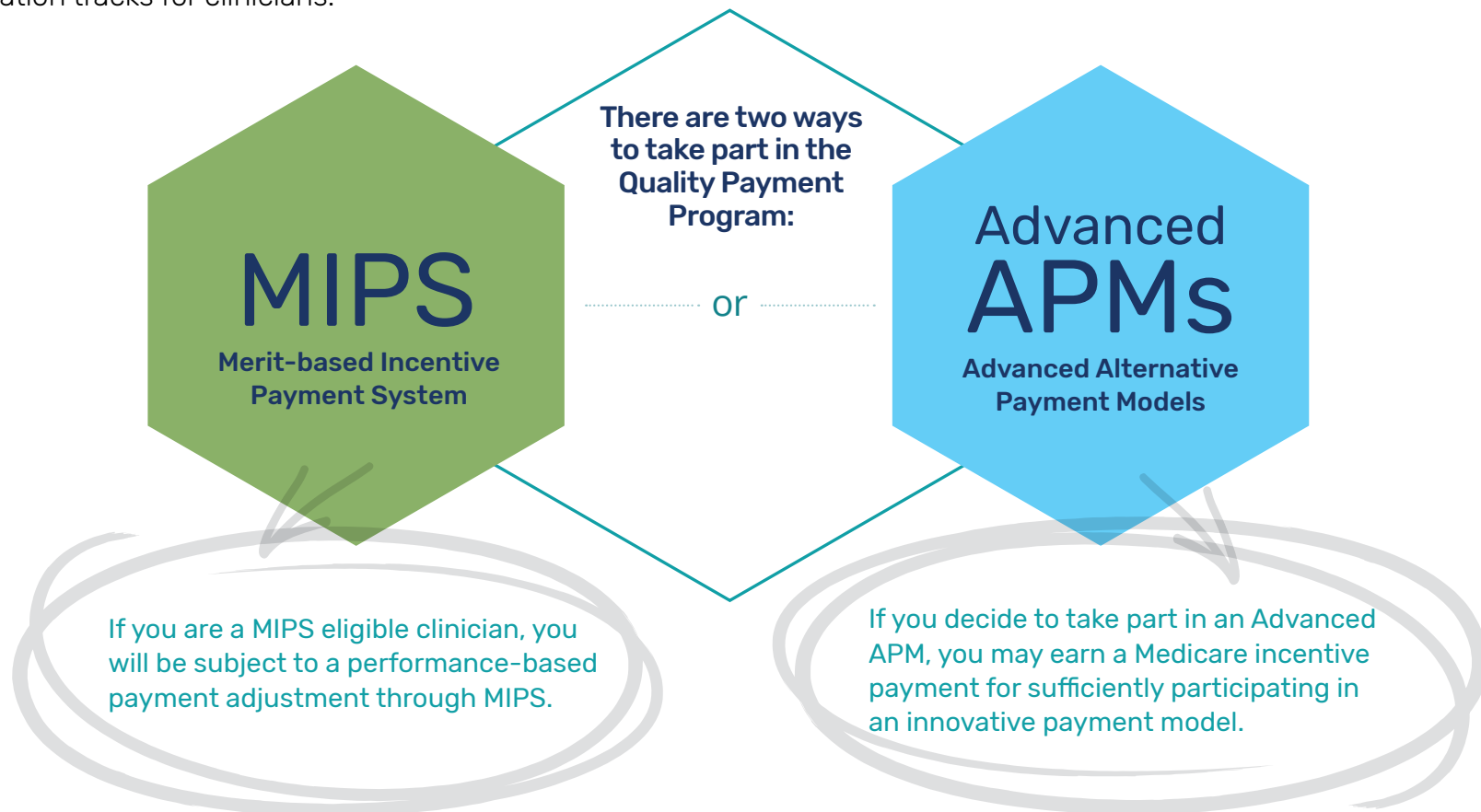
NOTE: This guide was prepared as a general summary for informational purposes only, not intended to grant rights, impose obligations, or take the place of the written law. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement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

INTRODUCTION TO THE QUALITY PAYMENT PROGRAM



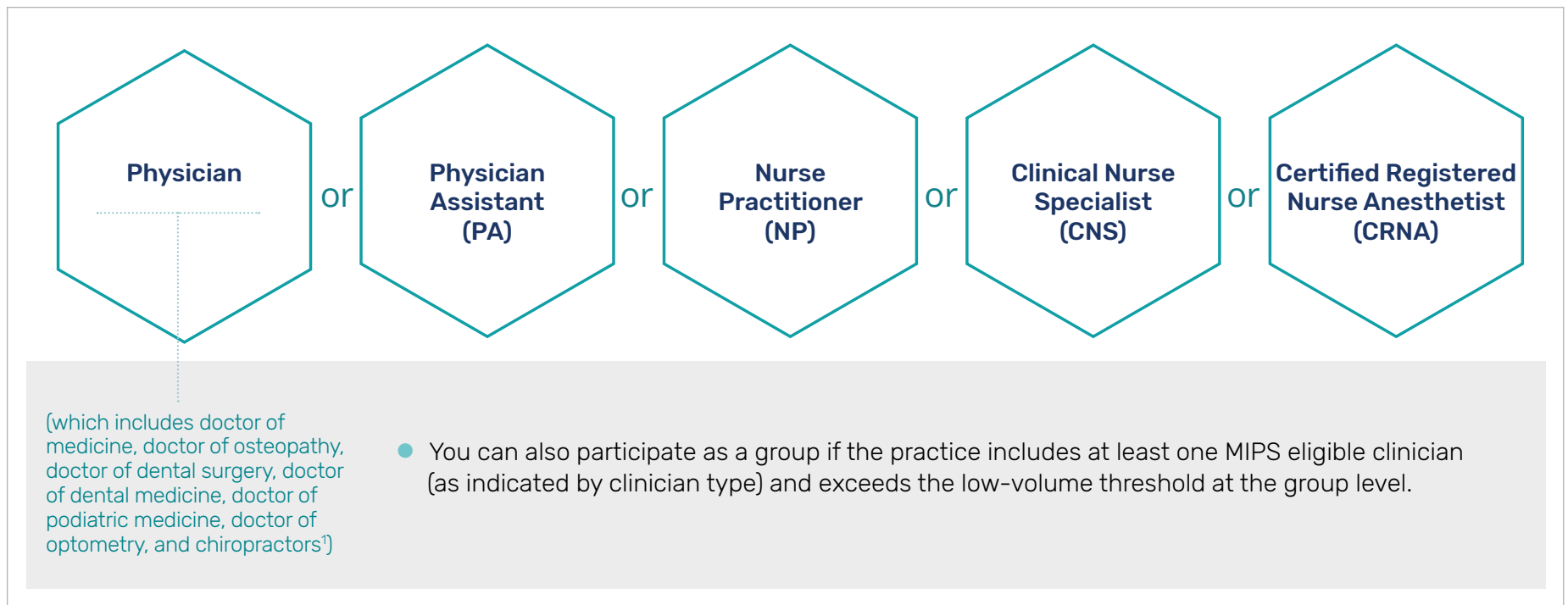
Introduction to the Quality Payment Program

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 payment rates for clinicians participating in Medicare. By law, MACRA requires CMS to implement an incentive program, referred to as the Quality Payment Program, which provides two participation tracks for clinicians:



Who is a MIPS Eligible Clinician?

For the 2018 performance period, you are a MIPS eligible clinician if you are one of the following clinician types:



¹With respect to certain specified treatment, a doctor of chiropractic must be legally authorized to practice by a State in which he/she performs this function.

Who is Excluded from MIPS?

If you are a MIPS eligible clinician (as indicated by the clinician types on the previous page), you can still be excluded from participating in MIPS for the 2018 performance year if you:

Enrolled in Medicare for the first time in 2018

or

Participate in an Advanced APM and are determined to be a Qualifying APM Participant (QP)

or

Participate in an Advanced APM and are determined to be a Partial QP and do not elect to participate in MIPS

or

Do not exceed the low-volume threshold. (More information about this exclusion is provided in the next section.)

- If you're exempt from MIPS in 2018, you do not have to participate in MIPS for the 2018 performance year and you will not receive a MIPS payment adjustment in 2020.

Voluntary Participation in MIPS

If you're not eligible to participate in MIPS, you can participate voluntarily. Voluntary participation allows you to prepare for and become familiar with the program without receiving a payment adjustment (positive or negative). This may be helpful if you become eligible for MIPS in future years.

Low-Volume Threshold Exclusion for 2018

There are two low-volume threshold determination periods for the 2018 performance year, during which CMS reviews both historical and performance period claims data.

Historical claims data:
September 1, 2016 – August 31, 2017

and

**Performance period
claims data:**
September 1, 2017 – August 31, 2018

- The low-volume threshold is calculated at both the practice (TIN) level and clinician (TIN/NPI) level. MIPS eligible clinicians who have reassigned billing rights to multiple practices will be evaluated for the low-volume threshold at each practice (under each TIN/NPI combination), which means you may be required to participate in MIPS at one practice but are excluded at another.

For the 2018 performance period, CMS updated the low-volume threshold; clinicians, groups and MIPS APM entities are excluded from MIPS if, during **either** determination period they:

Billed Medicare for **less than or equal to \$90,000** in Medicare Part B allowed charges for covered professional services payable under the Medicare Physician Fee Schedule (PFS).

or

Provided care for **200 or fewer** Part B-enrolled Medicare FFS beneficiaries.

The low-volume threshold exclusion is applied at the level in which you will participate in MIPS.

- **If you participate as an individual (each MIPS eligible clinician submits their own individual data collected at the practice),** the low-volume threshold is applied at the individual level.
 - MIPS eligible clinicians who do not exceed the low-volume threshold as individuals are not required to submit individual data collected at this practice and will not receive a payment adjustment at this practice.
- **If you participate as a group (the practice submits aggregated data collected on behalf of all the MIPS eligible clinicians in the practice),** the low-volume threshold is applied at the group level.
 - MIPS eligible clinicians who do not exceed the low-volume threshold as individuals will receive a payment adjustment at this practice based on the group's submission provided the group exceeds the low-volume threshold.
- **If you participate as a virtual group (the virtual group submits aggregated data collected on behalf of all the MIPS eligible clinicians in the virtual group),** the low-volume threshold is applied at the virtual group level.
 - MIPS eligible clinicians who do not exceed the low-volume threshold as individuals will receive a payment adjustment at this practice based on the virtual group's submission. (The approval process requires that all virtual groups exceed the low-volume threshold.)

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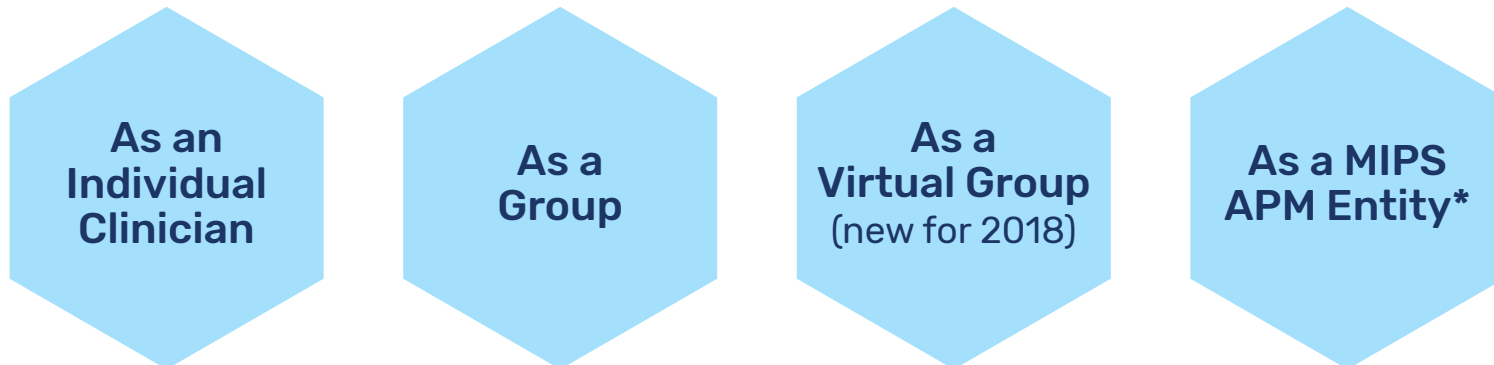
- **If you participate in a MIPS APM**, the low-volume threshold is calculated for the MIPS APM Entity, and is not applied at the individual or group level. MIPS eligible clinicians participating in a MIPS APM should work with their MIPS APM Entity to understand their data submission requirements.

TIP: Beginning with the 2018 performance year, the low-volume threshold calculations will be based on PFS allowed charges and the number of patients receiving covered PFS services.

For more information on the low-volume threshold and the two determination periods, please refer to [the 2018 MIPS Participation and Overview Fact Sheet](#).

What are my Participation Options?

In 2018, if you're eligible for MIPS, you can participate in the following ways:



**If you're in a specific type of APM called a MIPS APM, you will participate in MIPS through that APM and be scored using what is called the "APM scoring standard." Clinicians in a MIPS APM are awarded credit for activities performed within the APM; all clinicians in the same MIPS APM Entity receive the same score, based on the data submitted by or on behalf of the Entity.*

Can I Participate as an Individual and a Group?

Yes: MIPS eligible clinicians can submit data as an individual and as part of a group under the same TIN. In this instance, the clinician will be evaluated across all four MIPS performance categories on their individual performance and on the group's performance, with a final score calculated for each evaluation. The clinician will receive a payment adjustment based on the higher of the two scores.

To learn more about how to participate in MIPS:

- Visit the [About MIPS Participation](#) and [Individual or Group Participation](#) web pages on the Quality Payment Program [website](#).
- View the [MIPS Participation and Overview Fact Sheet](#).
- Check your participation status using the [QPP Participation Status Tool](#).

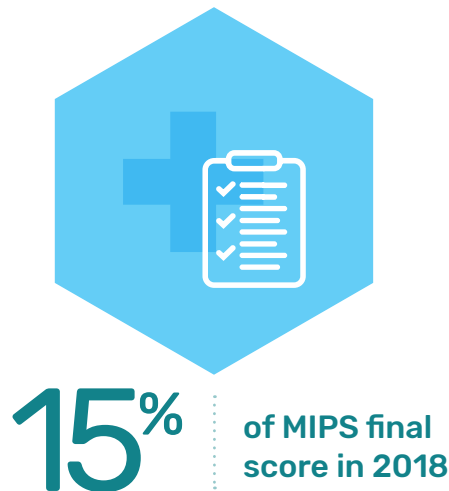
IMPROVEMENT ACTIVITIES BASICS



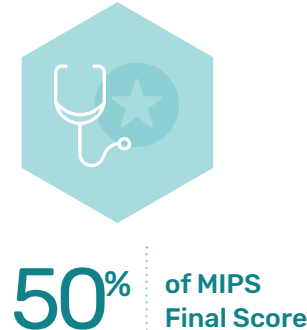
There are four performance categories under MIPS that affect future Medicare payments. Each performance category has a specific weight, and your performance in these categories contributes to your MIPS final score.

MIPS performance category weights in 2018:

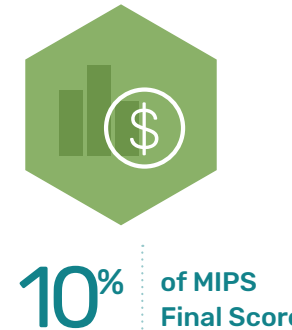
Improvement Activities



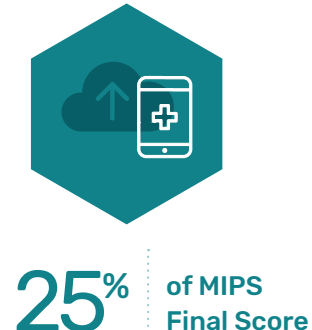
Quality



Cost



Promoting Interoperability (formerly Advancing Care Information)



Please note that for MIPS APM participants scored under the APM scoring standard, the performance categories have the following weights:

20% Improvement Activities

50% Quality

0% Cost

30% Promoting Interoperability
(formerly Advancing Care Information)

This guide focuses on the Improvement Activities performance category in 2018 (or “Year 2”) of the Quality Payment Program.

What are Improvement Activities?



The MIPS Improvement Activities performance category assesses participation in activities that improve clinical practice and include:



Ongoing care coordination



Clinician and patient shared decision making



Regularly using patient safety practices



Expanding practice access

How to Choose Improvement Activities

You have the flexibility to choose from more than 110+ Improvement Activities under 9 subcategories (categorized as either high-weighted or medium-weighted):



1. Expanded Practice Access
2. Population Management
3. Care Coordination
4. Beneficiary Engagement
5. Patient Safety and Practice Assessment
6. Participation in an APM
7. Achieving Health Equity
8. Integrating Behavioral and Mental Health
9. Emergency Preparedness and Response

You should choose the activities that are most relevant to your practice. There is no requirement to select activities from specific subcategories.

For a full list of Improvement Activities for the 2018 performance period, see the [2018 MIPS Improvement Activities inventory list](#).

PARTICIPATION REQUIREMENTS



Improvement Activities are weighted as medium or high.

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



Each
medium-weighted
activity is worth

10
Points

Each
high-weighted
activity is worth

20
Points

You will receive **double points** for each high- or medium-weighted activity submitted if you have any of these [special status designations](#): small practice, non-patient facing, rural, or Health Professional Shortage Area (HPSA).

This means:

Each
medium-weighted
activity is worth

20
Points

Each
high-weighted
activity is worth

40
Points

Getting the Maximum Points for Improvement Activities

To get the maximum score of 40 points for the Improvement Activities performance category score, you can pick from any of these combinations:

**MIPS eligible
clinicians in
practices with
>15 clinicians**

or

**Groups or
Virtual Groups
with >15 clinicians
(not in a rural or
HPSA-designated
areas)**

- 2 high-weighted activities
- 1 high-weighted activity and 2 medium-weighted activities
- 4 medium-weighted activities

**Groups or
Virtual Groups
with 15 or fewer
clinicians, non-
patient facing
clinicians**

and/or

**clinicians
located in a
rural area or
HPSA**

- 1 high-weighted activity
- 2 medium-weighted activities

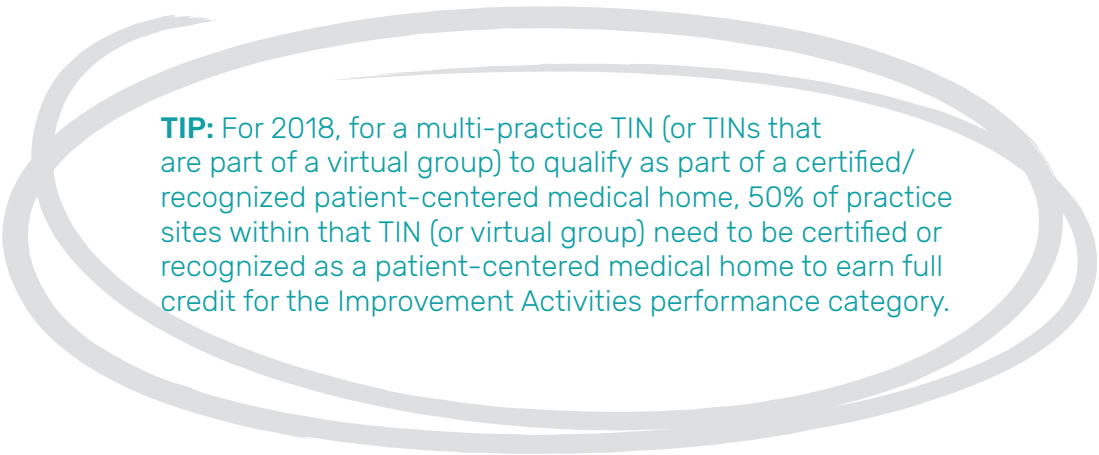
***Note:** If you're submitting data as a group or virtual group, small practice, non-patient facing, rural, or HPSA designations must be at the group or virtual group level to qualify for these reduced reporting requirements. Specifically, non-patient facing, rural or HPSA designations must have more than 75% of the NPIs billing under the group's TIN, or virtual group's TINs, during the applicable determination period.

TIP:

Each of these activities must be performed for at least 90 continuous days during 2018. If you do not choose any activities, you will receive 0 points in this performance category.

Certified Patient-Centered Medical Homes Participants

If you're practicing in a certified or recognized patient-centered medical home, or comparable specialty practice, you will earn full credit for the Improvement Activities performance category. To earn this credit, you must attest during the submission period to being a certified/recognized patient-centered medical home.



TIP: For 2018, for a multi-practice TIN (or TINs that are part of a virtual group) to qualify as part of a certified/recognized patient-centered medical home, 50% of practice sites within that TIN (or virtual group) need to be certified or recognized as a patient-centered medical home to earn full credit for the Improvement Activities performance category.

APM Participants

If you're a MIPS eligible clinician identified as participating in an APM (not scored under the APM scoring standard), you can get credit for participating in an APM and receive one half of the total points for the MIPS Improvement Activities performance category score.

MIPS APM Participants

If you're a MIPS eligible clinician identified on the [Quality Payment Program Participation Status Tool](#) as participating in a MIPS APM you'll be scored under the APM Scoring Standard. (Note that APM participation status is updated based on each of the 2018 snapshot dates: March 31, June 30, August 31, and, for Shared Savings Program participants only, December 31.) You'll earn points for Improvement Activities just by participating in a MIPS APM (you will not need to submit additional Improvement Activity information for MIPS), and your Improvement Activities score will be automatically assigned to you based on the MIPS APM you participate in. For the 2018 performance year, all participants in MIPS APMs will receive full credit for the Improvement Activities performance category which is weighted at 20% under the MIPS APM Scoring Standard. For additional information on MIPS APMs and the Improvement Activities performance category, please reference the [Scores for Improvement Activities in MIPS APMs in the 2018 Performance Period fact sheet](#).

**CMS STUDY
ON BURDENS
ASSOCIATED WITH
REPORTING QUALITY
MEASURES**



CMS Study on Burdens Associated with Reporting Quality Measures

We conduct an annual study to examine clinician burden and data submission related to:

Decision-making regarding participation in MIPS and quality measure selection

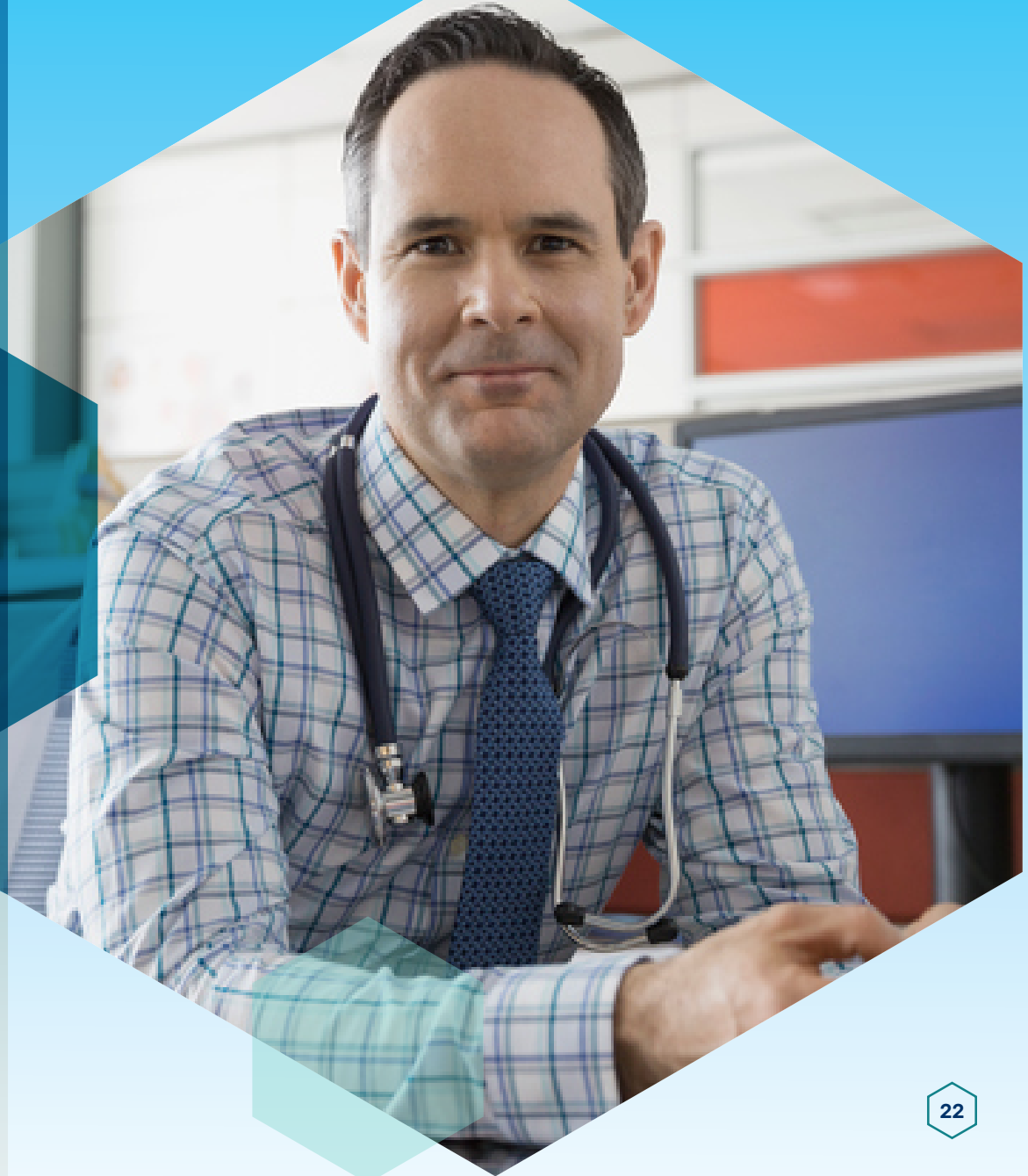
(including for groups of different sizes and individuals in both rural and non-rural settings, as well as different specialties)

and

Collecting and submitting clinician quality measures for MIPS

- Study participants receive full credit in the Improvement Activities performance category if they successfully elect, participate, and submit data to us for the whole calendar year.

CALL FOR IMPROVEMENT ACTIVITIES



Call for Improvement Activities

Each year we hold an “Annual Call for Improvement Activities” where stakeholders including



can submit new Improvement Activities for consideration in future years of MIPS.

Note: Proposing a new Improvement Activity is completely voluntary and not a requirement of participation.

REPORTING METHODS



Reporting Methods

For the 2018 MIPS performance period, you can submit data in the same ways you did for the 2017 transition year.

Your Improvement Activities performance category data can be submitted in the following ways:

- Attestation via the Quality Payment Program [website](#)
 - [Qualified Clinical Data Registry \(QCDR\)](#)
 - [Qualified Registry](#)
- Certified Electronic Health Record Technology (CEHRT)
- [CMS Web Interface](#) (only for groups or virtual groups of 25 or more)

Note: We won't combine Improvement Activities data submitted through more than one submission method. Remember to keep your documentation for six years as required by the CMS documentation retention policy

What are the data submission requirements?

You attest by answering **“Yes”** to each Improvement Activity that meets the **90-day** requirement (ongoing activities performed for at least **90 consecutive days** during the 2018 performance period).

and

If you're in a group or virtual group, you can attest to an Improvement Activity as long as one clinician in your group or virtual group participated in the activity for at least **90 continuous days** during the performance period.

TIP:

There are several improvement activities related to participation with a QCDR. To receive credit for these activities, you must perform the activity for a minimum of a continuous 90-day period and attest to the activity during the submission period or have the QCDR submit the specific activities on your behalf. 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



The Improvement Activities performance category is **15% of your MIPS final score** in 2018.

This is how the Improvement Activities performance category is scored:

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

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 improvement activities you submit.

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.

Scoring Examples

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

$$10 \text{ of } 40 = 25\% \text{ of available points for Improvement Activities}$$
$$25\% \text{ IA Score} \times 15\% \text{ IA Weight} = 3.75\% \text{ IA Final Score}$$

Scenario 2: You are a MIPS eligible clinician in a large practice (group with more than 15 clinicians) and complete one high-weighted Improvement Activity and one medium-weighted Improvement Activity for 30 of 40 points in the performance category.

$$30 \text{ of } 40 = 75\% \text{ of available points for Improvement Activities}$$
$$75\% \text{ IA Score} \times 15\% \text{ IA Weight} = 11.25\% \text{ IA Final Score}$$

Scoring Examples, *continued*

Scenario 3: You are a MIPS eligible clinician in a small practice (group with 15 or fewer clinicians) and complete one medium-weighted Improvement Activity for 20 of 40 points in the performance category.

$$20 \text{ of } 40 = \begin{array}{c} \text{50\%} \\ \text{of available points} \\ \text{for Improvement} \\ \text{Activities} \end{array}$$

$$\begin{array}{c} \text{50\%} \\ \text{IA Score} \end{array} \times \begin{array}{c} \text{15\%} \\ \text{IA Weight} \end{array} = \begin{array}{c} \text{7.5\%} \\ \text{IA Final Score} \end{array}$$

Bonus Scoring: If you use CEHRT to complete certain Improvement Activities, you can earn a 10 percent bonus in the Promoting Interoperability performance category. See Appendix B of the [2018 Promoting Interoperability fact sheet](#) for a list of Improvement Activities that qualify for the 10 percent bonus.

RESOURCES AND GLOSSARY



Resources

- [2018 Improvement Activities Fact Sheet](#)
- [2018 List of Improvement Activities](#)
- [Improvement Activities Requirements](#)
- [Improvement Activities Flexibilities for Small & Rural Practices](#)
- [MIPS Participation and Overview Fact Sheet](#)
- [MIPS Group Participation User Guide](#)
- [Scores for Improvement Activities in MIPS APMs in the 2018 Performance Period](#)

Quality Payment PROGRAM

2018 Merit-based Incentive Payment System Bonus Overview Fact Sheet

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 payment rates for clinicians participating in Medicare. MACRA requires CMS by law to implement an incentive program, referred to as the Quality Payment Program, which provides two participation tracks for clinicians:

MIPS
The Merit-based Incentive Payment System (MIPS)
If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

OR

Quality Payment PROGRAM

2018 Merit-based Incentive Payment System (MIPS) Participation & Overview

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 payment rates for clinicians participating in Medicare. MACRA requires CMS by law to implement an incentive program, referred to as the Quality Payment Program, which provides two participation tracks for clinicians:

MIPS
The Merit-based Incentive Payment System (MIPS)
If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.

OR

Advanced APMs
Advanced Alternative Payment Models (Advanced APMs)
If you choose to opt out of the MIPS program, you may earn a Medicare incentive payment for a Medicare participating, non-advanced payment model.

Under MIPS, there are four performance categories:

- Quality
- Improvement Activities
- Promoting Interoperability (formerly Advancing Care Information)
- Cost

MIPS eligible clinicians, groups, Virtual Groups, and participating with MIPS eligible clinicians in a MIPS points) as part of their performance category scores. Interoperability (formerly Advancing Care Information) earn bonus points towards their final score if they meet the following criteria:

- Quality Performance Category Bonuses
- Promoting Interoperability Performance Category
- Final Score Bonuses

This fact sheet is divided into three sections:

- [Quality Payment Program Year 2: MIPS participation](#)
- [Quality Payment Program Year 2: MIPS policy highlights](#)
- [Quality Payment Program, Comparing Final Year 1 & Year 2 policies](#)

Quality Payment Program Year 2: MIPS participation

Who can participate in Year 2?

For the 2018 MIPS performance year (Year 2), the following clinician types are eligible for MIPS:

- Physicians, which includes doctors of medicine, doctors of osteopathy (including osteopathic practitioners), doctors of dental surgery, doctors of dental medicine, doctors of podiatric medicine, doctors of optometry, and chiropractors;
- Physician assistants (PAs);
- Nurse practitioners (NPs);
- Clinical nurse specialists;
- Certified registered nurse anesthetists; and
- Any clinician group that includes one of the professionals listed above.

Glossary



Alternative Payment
Model



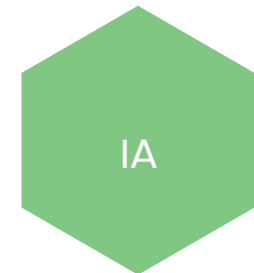
Certified Electronic
Health Record
Technology



Centers for Medicare &
Medicaid Services



Health Professional
Shortage Area



Improvement Activities



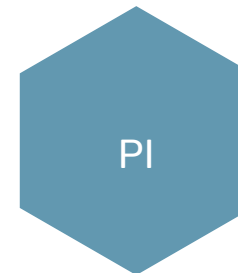
Medicare Access and
CHIP Reauthorization
Act of 2015



Merit-based Incentive
Payment System



National Provider
Identifier



Promoting
Interoperability



Physician Fee
Schedule



Qualified Clinical Data
Registry



Quality Payment
Program



Taxpayer Identification
Number