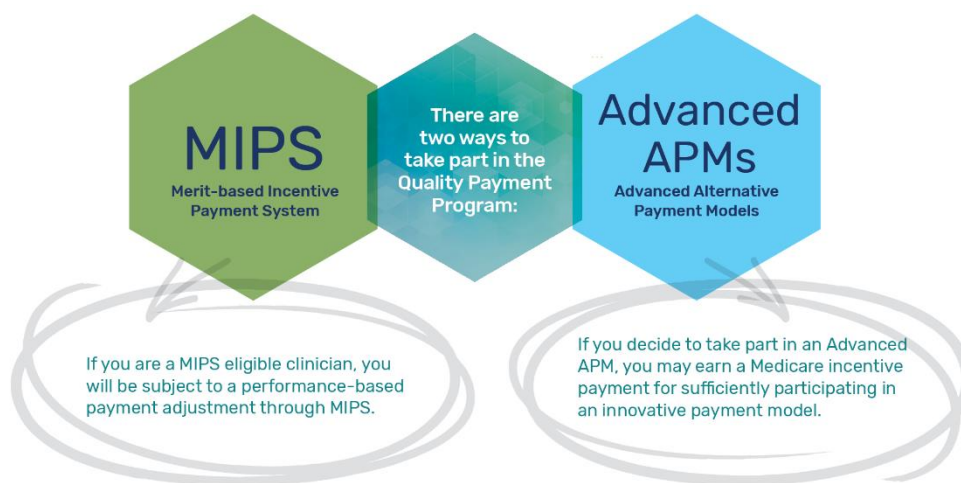


2019 Merit-based Incentive Payment Program (MIPS) Improvement Activities Performance Category Fact Sheet

Updated 4/27/2020

CMS is implementing multiple flexibilities to provide relief to clinicians responding to the 2019 Novel Coronavirus (COVID-19) pandemic. Refer to the [Quality Payment Program COVID-19 Response Fact Sheet](#) for more information.

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

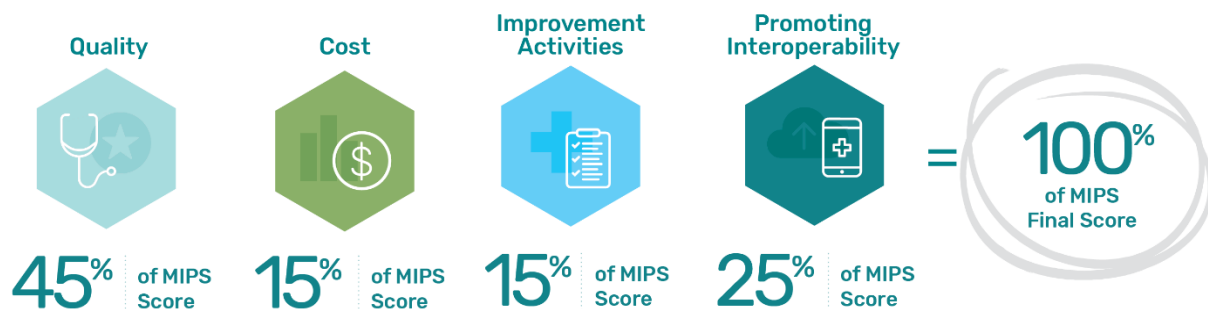


Calendar Year (CY) 2019 is the third year (or “Year 3”) of the MIPS. Data reported on measures and activities for the 2019 MIPS performance period will result in a 2019 MIPS final score for each MIPS eligible clinician. 2019 MIPS Final Scores will impact MIPS payment adjustment factors (and, if applicable, additional MIPS payment adjustment factors) to clinicians in 2021, referred to as the 2021 MIPS payment year.

Updated: 4/27/2020



Under MIPS, there are four performance categories that could affect your future Medicare payments. Each performance category is scored by itself and has a specific weight that is part of the MIPS Final Score. The payment adjustment determined for each MIPS eligible clinician is based on the Final Score. These are the performance category weights for the 2019 MIPS Performance Period:



What are the MIPS Improvement Activities?

Improvement activities are activities that relevant MIPS eligible clinician organizations and stakeholders have identified as improving clinical practice or care delivery and that the Secretary determines, when effectively executed, are likely to result in improved outcomes. Over 100 MIPS improvement activities are divided into the following subcategories:

1. Expanded Practice Access (EPA)
2. Population Management (PM)
3. Care Coordination (CC)
4. Beneficiary Engagement (BE)
5. Patient Safety and Practice Assessment (PSPA)
6. Achieving Health Equity (AHE)
7. Emergency Preparedness and Response (EPR)
8. Integrated Behavioral and Mental Health (BMH)

You can find all of the improvement activities for 2019 MIPS performance period in the [2019 MIPS Improvement Activities Inventory List](#). You don't have to pick activities from each of the nine subcategories or from a certain number of subcategories; you should attest to the activities that you performed and are most meaningful to your practice.

The required performance period for most, but not all, improvement activities is at least a continuous 90-day period, but several improvement activities require completion of modules where there is a year-long or alternate performance period. The performance period is 90 days unless otherwise stated in the activity description. Each improvement activity can be reported only once during the 12-month performance period, unless otherwise specified within the improvement activity description.

Updated: 4/27/2020

What are the New, Modified and Removed Improvement Activities for the 2019 MIPS Performance Period?

Six new improvement activities are available for 2019 performance period. They are:

- Comprehensive Eye Exams (Activity ID: IA_AHE_7)
- Financial Navigation Program (Activity ID: IA_BE_24)
- Completion of Collaborative Care Management Training Program (Activity ID: IA_BMH_10)
- Relationship-Centered Communication (Activity ID: IA_CC_18)
- Patient Medication Risk Education (Activity ID: IA_PSPA_31)
- Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinician Decision Support (Activity ID: IA_PSPA_32)

Five existing improvement activities were modified; modifications are effective in 2019. Modifications were made to the following improvement activities:

- Care Transition Documentation Practice Improvements (Activity ID: IA_CC_10)
- Chronic Care and Preventative Care Management for Empaneled Patients (IA_PM_13)
- Participation in MOC Part IV (Activity ID: IA_PSPA_2)
- Use of Patient Safety Tools (Activity ID: IA_PSPA_8)
- Implementation of Analytic Capabilities to Manage Total Cost of Care for Practice Population (Activity ID: IA_PSPA_17)

One improvement activity was removed from the Improvement Activities Inventory beginning in 2019 because it is duplicative of IA_PM_17: Participation in Population Health Research. The removed activity is Activity ID: IA_PM_9.

For additional details for each of the above-listed activities, including the subcategory, activity description and weighting, please refer to Tables A & B in Appendix 2 of the [CY 2019 PFS final rule](#). These tables are located at 83 FR 60287 and 83 FR 60295.

What are the 2019 Improvement Activities Performance Category Reporting Requirements?

The maximum number of points available for the Improvement Activities performance category is 40. MIPS eligible clinicians generally receive 10 points for each medium-weighted improvement activity and 20 points for each high-weighted improvement activity. Clinicians and groups with certain special statuses (see page 4 of this Fact Sheet) receive 20 points for each medium-weighted improvement activity and 40 points for each high-weighted improvement activity.

If one MIPS eligible clinician (identified by TIN/NPI) in a group (identified by TIN) completes and attests to an improvement activity, the entire group will receive credit for that improvement activity. MIPS eligible clinicians, groups and virtual groups that don't attest to any improvement activities will get 0 points in this performance category unless they are identified as a MIPS APM participant who will be scored under the APM scoring standard, which is at least 50 percent. All MIPS eligible clinicians reporting as a group will receive the same Improvement Activities performance category score if at least one clinician within the group performed an improvement activity for a continuous 90 days (unless otherwise stated in the activity description) in the performance period.

NEW for 2019 Under the Promoting Interoperability performance category, we adopted a new approach for scoring that moves away from the base, performance, and bonus score methodology. This approach removes the availability of a bonus score for attesting to completing one or more specified improvement activities using CEHRT beginning with the CY 2019 performance period and future years.

Beginning with the 2019 MIPS performance period, CMS is not awarding bonus points for completing improvement activities using Certified Electronic Health Record Technology (CEHRT) Qualifications for reduced reporting requirements are discussed in more detail below.

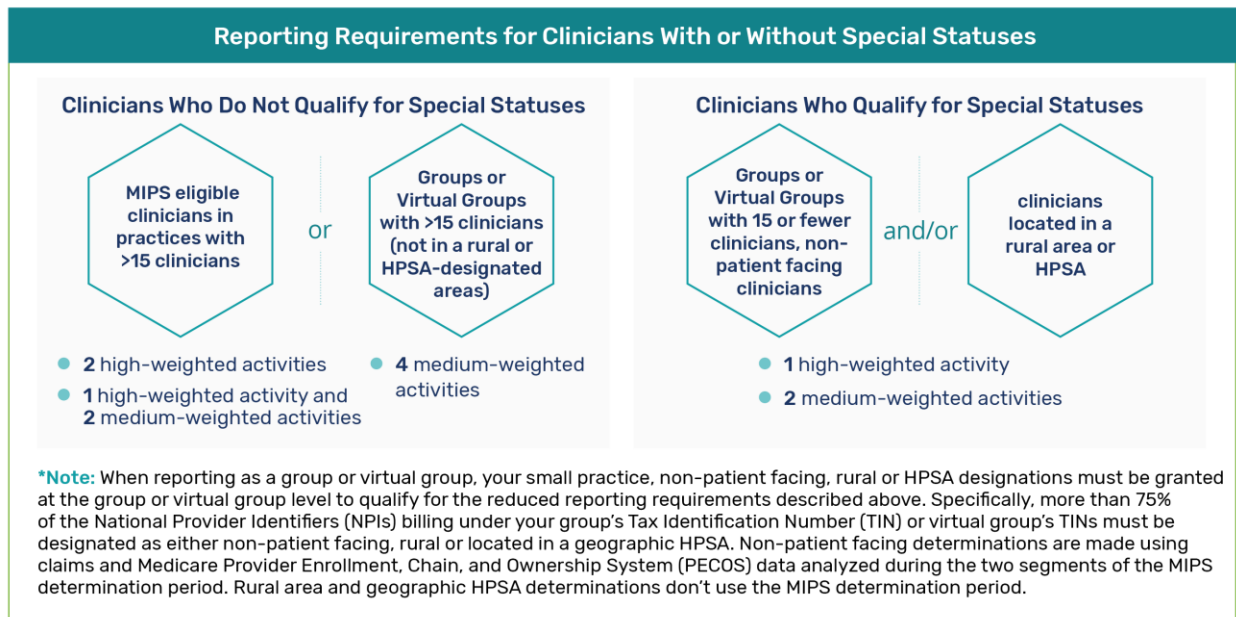
You'll have fewer reporting requirements for the Improvement Activities performance category if you're a MIPS eligible clinician who qualifies for one of these **special statuses**:

- In a small practice – a TIN consisting of 15 or fewer eligible clinicians during the MIPS determination period.
- In practices located in rural areas (rural areas are defined as ZIP codes designated as rural using the most recent Health Resources & Services Administration (HRSA) Area Health Resource File data set available)¹
- In practices located in a geographic health professional shortage area (HPSA)²
- Non-patient facing
- Participating in an APM or MIPS APM
- In a practice that is certified or recognized Patient Centered Medical Home (PCMH) or comparable specialty practice.

¹ The Area Health Resources Files (AHRF) are available [here](#) and include data on Health Care Professions, Health Facilities, Population Characteristics, Economics, Health Professions Training, Hospital Utilization, Hospital Expenditures, and Environment at the county, state and national levels, from over 50 data sources.

²A list of designated HPSAs is available using HRSA's [HPSA Find tool](#).

The reporting requirements for clinicians who qualify for special statuses (other than those participating in an APM or in a certified or recognized PCMH or comparable specialty practice) are summarized on the right-hand side in the graphic below, while reporting requirements for clinicians who do not qualify for special statuses are summarized on the left-hand side:



Reporting Requirements for Individual MIPS Eligible Clinicians & Groups that Participate in a Recognized or Certified PCMH or Comparable Specialty Practice

A MIPS eligible clinician who is in a practice that is certified or recognized as a PCMH, including a Medicaid Medical Home Model, Medical Home Model, or comparable specialty practice, will receive 100 percent for the Improvement Activities performance category. For the 2019 MIPS payment year, at least one practice site within a group's TIN must be certified or recognized as a patient-centered medical home or comparable specialty practice. For the 2020 MIPS payment year and future years, at least 50 percent of the practice sites within a group's TIN must be recognized as a patient-centered medical home or comparable specialty practice.

A MIPS eligible clinician or group must attest to their status as a PCMH or comparable specialty practice in order to receive full credit.

Updated: 4/27/2020

Reporting Requirements for Individual MIPS Eligible Clinicians and Groups that Participate in an APM or MIPS APM

MIPS eligible clinicians participating in MIPS APMS are scored under the APM Scoring Standard and are assigned an Improvement Activities performance category score. This score will be at least 50 percent of the highest potential score and may be higher. CMS will develop an Improvement Activities performance category score for each MIPS APM by comparing the requirements of the specific MIPS APM with the list of improvement activities in the Improvement Activities Inventory. After completing this comparison, if the MIPS APM does not receive the maximum Improvement Activities performance category score, the APM entity can submit additional improvement activities. Individual MIPS eligible clinicians that participate in APMs that are not classified as MIPS APMs will receive at least a 50 percent score provided data is submitted for one or more performance categories. These clinicians will need to select additional improvement activities to achieve the highest score.

MIPS eligible clinicians scored under the APM scoring standard during the 2019 performance period will earn at least 50 percent of the highest potential score for the Improvement Activities performance category and only need to report improvement activities data if the CMS-assigned Improvement Activities score is below the maximum category score.

How Do I Submit Improvement Activities?

Improvement activities may be submitted using the following submission types, summarized in the table below:

Submission Type	Definition/Additional Information
Direct	<p>Individuals, clinicians, groups, virtual groups, and third-party intermediaries can perform a direct submission, transmitting data through a computer-to-computer interaction, such as an Application Programming Interface (API). A third-party intermediary is an entity that has been approved to submit data on behalf of a MIPS eligible clinician, group, or virtual group for one or more of the quality, improvement activities, and promoting interoperability performance categories - such intermediaries can be a qualified registry, a qualified clinical data registry (QCDR), a health IT vendor or other authorized third party that obtains data from a MIPS eligible clinician's CEHRT, or a CMS-approved survey vendor.</p>
Login and upload	<p>Allows individual clinicians, groups, virtual groups, and third-party intermediaries to upload and submit data in the form and manner specified by CMS with a set of authenticated credentials. Currently, this occurs on qpp.cms.gov.</p>
Login and attest	<p>Individual clinicians, groups, third-party intermediaries and virtual groups with a set of authenticated credentials can log in and manually attest to their improvement activities data on qpp.cms.gov.</p> <p>For each improvement activity that is performed for at least a continuous 90-days (unless otherwise stated in the activity description) during the performance period, individuals, groups and/or virtual groups using the “log in and attest” submission mechanism must attest to the improvement activity by submitting a “yes” response for each of these improvement activities within the Improvement Activities Inventory.</p> <p>Groups and virtual groups can attest to an improvement activity if at least one clinician in the group or virtual group participated in the improvement activity for a continuous 90-days (unless otherwise stated in the activity description) during the performance period.</p>

Please note the following additional Improvement Activities reporting requirements:

- ***NEW for 2019*** Beginning with the 2019 MIPS performance period, MIPS eligible clinicians, groups and virtual groups may submit improvement activities data using multiple data submission types provided that the individual clinician/group/virtual group uses the same and consistent identifier(s) for all performance categories and all data submissions.
- There are several improvement activities related to participation with a QCDR. To receive credit for these improvement activities, you must perform the improvement activity for a minimum of a continuous 90-day period (unless otherwise stated in the activity description) and attest to the improvement activity during the submission period if using the “login and attest” submission mechanism **or** have the QCDR submit the specific improvement 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.

The methodology used to score the Improvement Activities performance category, including information about category reweighting under specific circumstances, will be provided in a separate document.

Data Accuracy

CMS believes it is important to ensure the Quality Payment Program is based on accurate and reliable data. Under MIPS, CMS will validate data on an ongoing basis. MIPS eligible clinicians, groups, or virtual groups may also be selectively audited by CMS.

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 six years subsequent to submission.** Documentation guidance for each activity can be found in the [2019 MIPS Data Validation Criteria](#). We suggest reviewing this validation document as you select your improvement activities for the MIPS year to ensure you document your work appropriately.

If a MIPS eligible clinician, group, or virtual group is selected for audit, they would be required to comply with data sharing requests, providing all data as requested including primary source documentation. CMS may reopen and revise a MIPS payment adjustment as a result of the data validation or auditing process. CMS requires all MIPS eligible clinicians, groups, and virtual groups that submit data and information to CMS for purposes of MIPS to certify to the best of their knowledge that the data submitted to CMS is true, accurate, and complete.

Updated: 4/27/2020

Receive Improvement Activity Performance Category Credit by Way of a CMS Study

The “CMS Study on Factors Associated with Reporting Quality Measures³” assesses root causes of clinician burden associated with the collection and submission of clinical quality measures for MIPS. Those who volunteered to participate in the 2019 study will receive full credit for the Improvement Activities performance category. If you have been selected to participate in the study, you will have already been notified. To meet the 2019 study requirements, study participants must:

- Partake in two web-based survey questionnaires, and
- Submit data for at least three MIPS clinician quality measures during the 2019 MIPS performance period; and
- Be available for selection and participation in at least one focus group meeting.

This is the last year of the CMS Study on Factors Associated with Reporting Quality Measures; no further applications will be accepted in future years.

For more information about changes made to study requirements between the 2018 and 2019 performance periods, please refer to pages 17-18 of the [2019 QPP Final Rule Overview Fact Sheet](#).

What is the Annual Call for Activities?

The Annual Call for Activities is a process allowing clinicians and organizations including, but not limited to, those representing eligible clinicians such as professional associations, medical societies, and other stakeholders such as researchers and consumer groups, to identify and submit new improvement activities or modifications to current improvement activities for consideration. Proposing a new improvement activity or modification to an improvement activity for consideration is completely voluntary and not a requirement of participation; new or modifications to improvement activities are added to the Inventory through notice and comment rulemaking.

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,

³ This study was formerly named the “CMS Study on Burdens Associated with Reporting Quality Measures”

What do we look for in Improvement Activities?

We are considering activities that **(1)** go above and **beyond the standard of care** and **(2)** are **not duplicative** in nature.

1. Higher than standard of care – Sets of practices or activities that exceed defined, commonly accepted guidelines for level of quality or attainment in clinical care or quality improvement guidelines reflecting the minimum that would be expected of any clinician treating a given patient related to the concept/ recommendation/care.

2. Duplicative concepts – Improvement activities that are identical to, or may partially be contained within, an existing or retired activity; activities that are similar in concept, but are not as comprehensive as existing improvement activities.

activities submitted in 2019 would be considered for inclusion in the 2021 MIPS performance year, for which rules would be published in calendar year 2020. For more information, review the [2019 Call for Measures and Activities resources \(zip\)](#).

For a complete description of changes made to the Annual Call for Activities, effective in 2019, please refer to pages 16-17 of the [2019 QPP Final Rule Overview Fact Sheet](#).

Improvement Activities Frequently Asked Questions

The following questions are common inquiries CMS receives from stakeholders. The FAQs summarize many of the key policies covered in this document.

1. Is an improvement activity a measure?

Improvement activities are actions clinicians and their practice teams undertake to improve patient care and quality, but they are not measures in that they do not have a numerator or a denominator and are not calculated against a benchmark.

2. How do I report an improvement activity to CMS? What do I have to submit?

To report (or “submit”) an improvement activity, eligible clinicians/groups simply attest to having completed it. No data needs to accompany the attestation as part of the submission. See the [QPP Improvement Activities Requirements webpage](#) under the heading “How Should I Submit Data?” for the options for reporting data under MIPS.

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

3. Can you submit on the same improvement activity for multiple years?

Yes, unless otherwise specified for the selected improvement activity in the activity description.

4. Do you have to perform all improvement activities for a continuous 90-day period?

Most, but not all, improvement activities have a continuous 90-day performance period, but several improvement activities require completion of modules where a reporting period does not apply or has a year-long or alternate performance period. For instance, IA_CC_10, Care transition documentation practice improvements, has a 30-day reporting period. The performance period is 90 days unless otherwise stated in the activity description.

Updated: 4/27/2020

5. Can we perform various improvement activities that have different performance periods? How do we report this?

You can perform any combination of different improvement activities for different performance periods. Note that any improvement activity that requires a 90-day performance period to meet validation criteria must begin 90 days before the end of the performance year (October 2, 2019 for the 2019 performance year) in order to be considered completed. If you are reporting multiple improvement activities with different performance periods, select the full year as the reporting period when you report your data to CMS.

6. When can improvement activities be reported for a given performance year?

Improvement activities must be completed during the performance year in question. Reporting of an improvement activity in a given performance year must be completed in the first 90 days of the following year. CMS defines the 2019 performance year as January 1, 2019 – December 31, 2019, so reporting would occur in the first 90 days of 2020.

7. If I am in a MIPS group, how many clinicians need to complete an improvement activity for the group to obtain improvement activity credit?

In MIPS performance year 2019, if one MIPS eligible clinician (identified by TIN/NPI) in a group (identified by TIN) completes and attests to an improvement activity, the entire group will receive credit for that improvement activity.

8. How does a clinician in a patient-centered medical home (PCMH) attest to their participation to receive full improvement activity credit?

When you report, you must select IA_PCMH within the list of improvement activities to attest to your PCMH status and verify that you fulfill the CMS documentation criteria outlined in the [MIPS Data Validation Document](#).

Where Can I Learn More?

If you have questions, contact the Quality Payment Program at 1-866-288-8292, available Monday through Friday, 8:00 AM-8:00 p.m. ET or email at QPP@cms.hhs.gov.

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

Technical Assistance

We provide no cost technical assistance to small, underserved, and rural practices to help you successfully participate in the Quality Payment Program. To learn more about this support, or to connect with your local technical assistance organization, we encourage you to visit our [Small, Underserved, and Rural Practices page](#) on the Quality Payment Program [website](#).

Updated: 4/27/2020

Version History Table

Date	Change Description
4/27/2020	Added disclaimer language regarding changes to 2019 MIPS in response to COVID-19.
10/16/2019	<ul style="list-style-type: none">• Removed “Participation in an APM” as an improvement activities subcategory on page 2.• Clarified that not all improvement activities have a continuous 90-day performance period and that some may require a longer performance period on pages 2, 4, 7, and 8.• Added additional details on Improvement Activities data validation reporting requirements to page 8.• Updated the CMS Study information following the close of study participation and updated references to page numbers in the 2019 QPP Final Rule Overview Fact Sheet numbers on page 9.• Updated the Call for Improvement Activities information on pages 9 and 10 following the close of the 2019 period.
9/11/2019	<ul style="list-style-type: none">• Added details on what CMS looks for in improvement activities on page 9.• Fixed link to 2019 QPP Final Rule Overview Fact Sheet on pages 9 and 10.• Added FAQs section starting on page 10.• Updated technical assistance information on page 12.
2/19/2019	Original version

Updated: 4/27/2020