



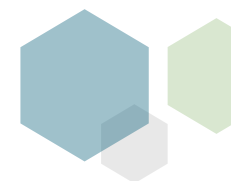
# Quality Payment PROGRAM

## MERIT-BASED INCENTIVE PAYMENT SYSTEM:

Participating in the Improvement  
Activities Performance Category  
in the 2019 Performance Year



Updated 4/27/2020



# TABLE OF CONTENTS

<a href="#"><u>How to Use This Guide</u></a>	3
<a href="#"><u>Overview</u></a>	5
<a href="#"><u>Improvement Activities Basics</u></a>	8
<a href="#"><u>Participation Requirements</u></a>	10
<a href="#"><u>Reporting Requirements</u></a>	13
<a href="#"><u>Submission/Reporting Methods</u></a>	17
<a href="#"><u>Scoring</u></a>	20
<a href="#"><u>Annual Call for Improvement Activities</u></a>	24
<a href="#"><u>Resources, Glossary, and Version History</u></a>	26

*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.*





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

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



OVERVIEW





## What is the Quality Payment Program?

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



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

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





## What is MIPS?

Under MIPS, there are 4 performance categories. Each performance category is scored by itself and has a specific weight that contributes to your MIPS Final Score.

### MIPS performance category weights in 2019:

#### Improvement Activities



15% of MIPS Final Score

#### Cost



15% of MIPS Final Score

#### Quality



45% of MIPS Final Score

#### Promoting Interoperability



25% of MIPS Final Score

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

20% Improvement Activities

0% Cost

50% Quality

30% Promoting Interoperability

To learn more about how to participate in MIPS:

- Visit the [About MIPS Participation and Individual or Group Participation](#) webpages on the [Quality Payment Program website](#).
- View the [2019 MIPS Participation and Eligibility Fact Sheet](#).
- Check your current participation status using the [QPP Participation Status Tool](#).

This guide focuses on the [Improvement Activities](#) performance category in 2019 (or “Year 3”) of the Quality Payment Program.





.....

# IMPROVEMENT ACTIVITIES BASICS





## 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 115 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)

## How to Choose Improvement Activities

You don't have to pick activities from each of the subcategories or from a certain number of subcategories; you should attest to the activities that you performed and are most meaningful to your practice. For a full list of improvement activities for the 2019 performance year, see the [2019 MIPS Improvement Activities Inventory List](#).



*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. 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.*



.....

## PARTICIPATION REQUIREMENTS





## Improvement Activity Weights

Improvement activities are weighted as either 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**

***TIP:** Most, but not all, improvement activities have a continuous 90-day performance period unless otherwise stated in the activity description. If you do not choose any activities, you will receive 0 points in this performance category.*

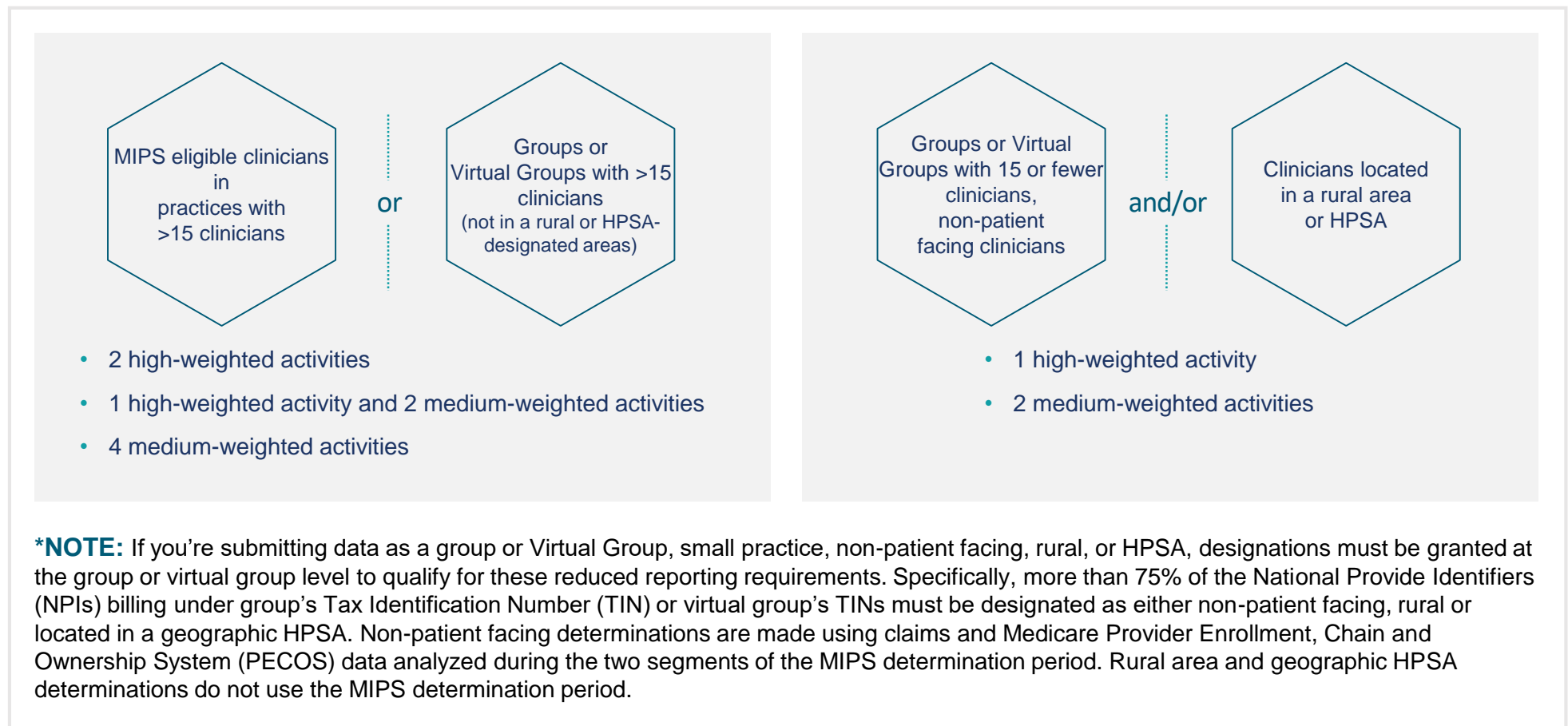




## Improvement Activity Weights

### 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.





REPORTING  
REQUIREMENTS





## How to Report Improvement Activities

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 [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 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.



### ↓ [2019 MIPS Data Validation Criteria](#)

ZIP 2MB | PY 2019 | MIPS | Overview | [Technical Guides and User Guides](#)

Lists the 2019 criteria used to audit and validate data submitted in each of the Merit-based Incentive Payment (MIPS) performance categories.

## Individual MIPS Eligible Clinicians & Groups that Participate in a Recognized or Certified Patient-Centered Medical Home (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 (full credit) for the Improvement Activities performance category. 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.

## APM Participants

If you're a MIPS eligible clinician identified as participating in an APM that is not classified as a MIPS APM and is therefore not scored under the APM Scoring Standard, you can get credit for participating in an APM and receive at least one half of the total points for the MIPS Improvement Activities performance category score provided data is submitted for one or more performance categories. You will need to select additional improvement activities to achieve the highest score.

**NOTE:** APM participation status is updated based on each of the 2019 snapshot dates: March 31, June 30, August 31, and, for full-TIN APM participants (such as the Medicare Shared Savings Program and the Bundled Payments for Care Improvement—Advanced Model) only, December 31.



## 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, (which assigns a weight of 20% to the Improvement Activities performance category) and you will be 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.

For additional information on MIPS APMs and the Improvement Activities performance category, please reference the [2019 Improvement Activities Fact Sheet](#).





.....  
SUBMISSION/  
REPORTING  
METHODS





### What are the Additional Reporting 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 2019 performance year).

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 year.

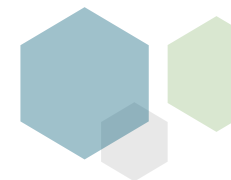
Reminder: To report (or “submit”) an improvement activity, eligible clinicians/groups simply attest to having completed it. No data needs to accompany the attestation as part of the submission. However, **you must keep documentation of the efforts you or your MIPS group undertook to meet the improvement activity for six years subsequent to submission.**

***TIP:** 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 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.*

*\*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. The performance period is 90 days unless otherwise stated in the activity description.*







For the 2019 MIPS performance year, you can submit data in the same ways you did for the 2018 performance year\*.

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

Submission Type	Description
Direct	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.
Log-in and Upload	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 <a href="http://qpp.cms.gov">qpp.cms.gov</a> .
Log-in 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 <a href="http://qpp.cms.gov">qpp.cms.gov</a>.</p> <p>For each improvement activity that is performed for a continuous 90-days (unless otherwise stated in the activity description) during the performance year, 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 year.</p>

**\*NEW FOR 2019:** Beginning with the 2019 MIPS performance year, 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 constant identifier(s) for all performance categories and all data submissions. Remember to keep your documentation for six years as required by the CMS documentation retention policy.





× ÷  
- +

.....

SCORING



## How are Improvement Activities Scored?

The Improvement Activities performance category is **15% of your MIPS final score** in 2019.

This is how the Improvement Activities performance category is scored:

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

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

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

## Scoring Scenarios

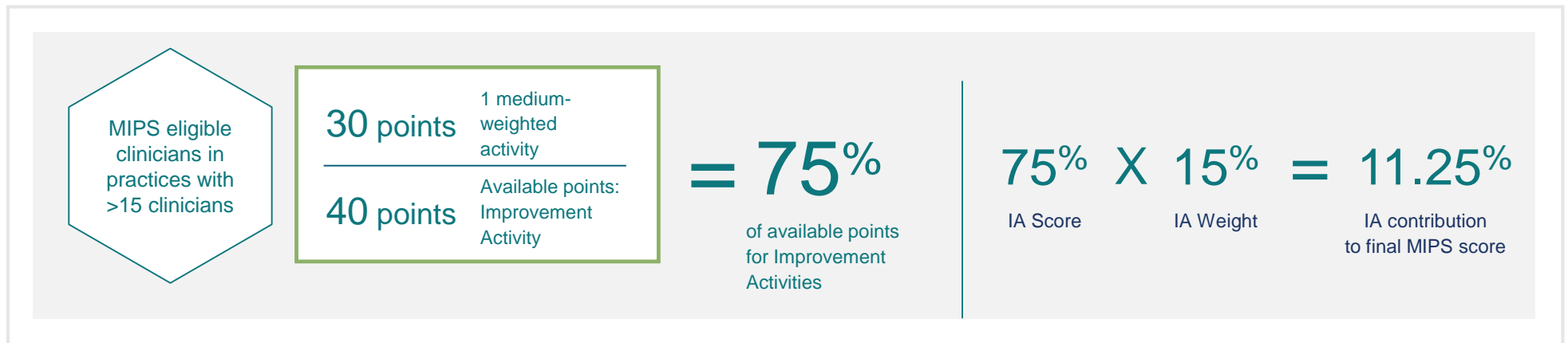
### Scenario 1:

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



### 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.





## Scoring Scenarios (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.



## Bonus Scoring

Beginning with the 2019 MIPS performance year, CMS is not awarding bonus points for completing improvement activities using Certified Electronic Health Record Technology (CEHRT) qualifications. 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 year and future years.





ANNUAL CALL FOR  
IMPROVEMENT  
ACTIVITIES



## Call for Improvement Activities Overview

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 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 \(zip\)](#).

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



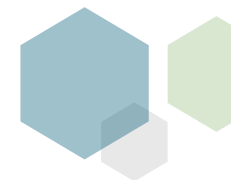


RESOURCES,  
GLOSSARY, AND  
VERSION HISTORY



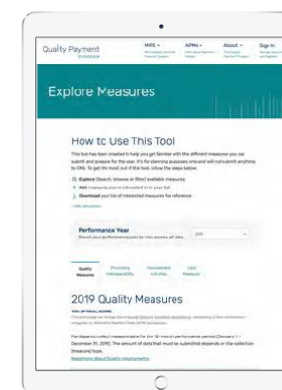
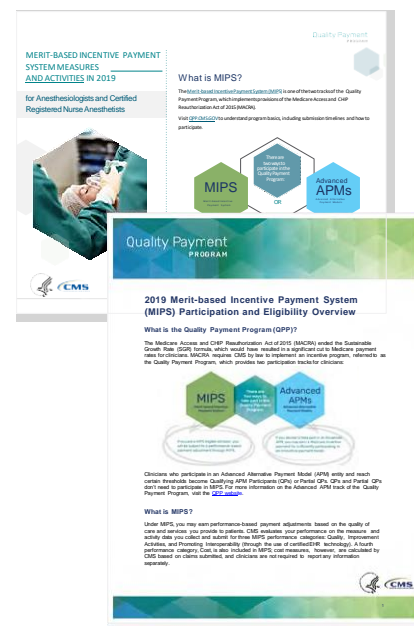
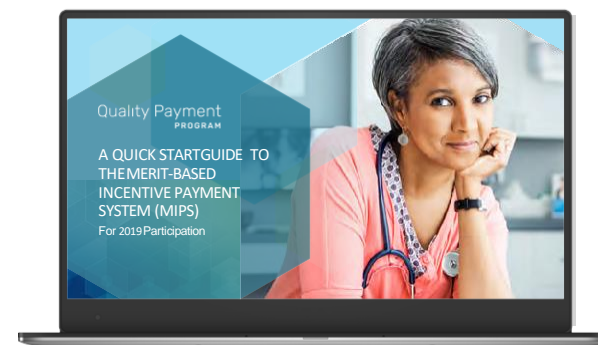
# Resources, Glossary, and Version History

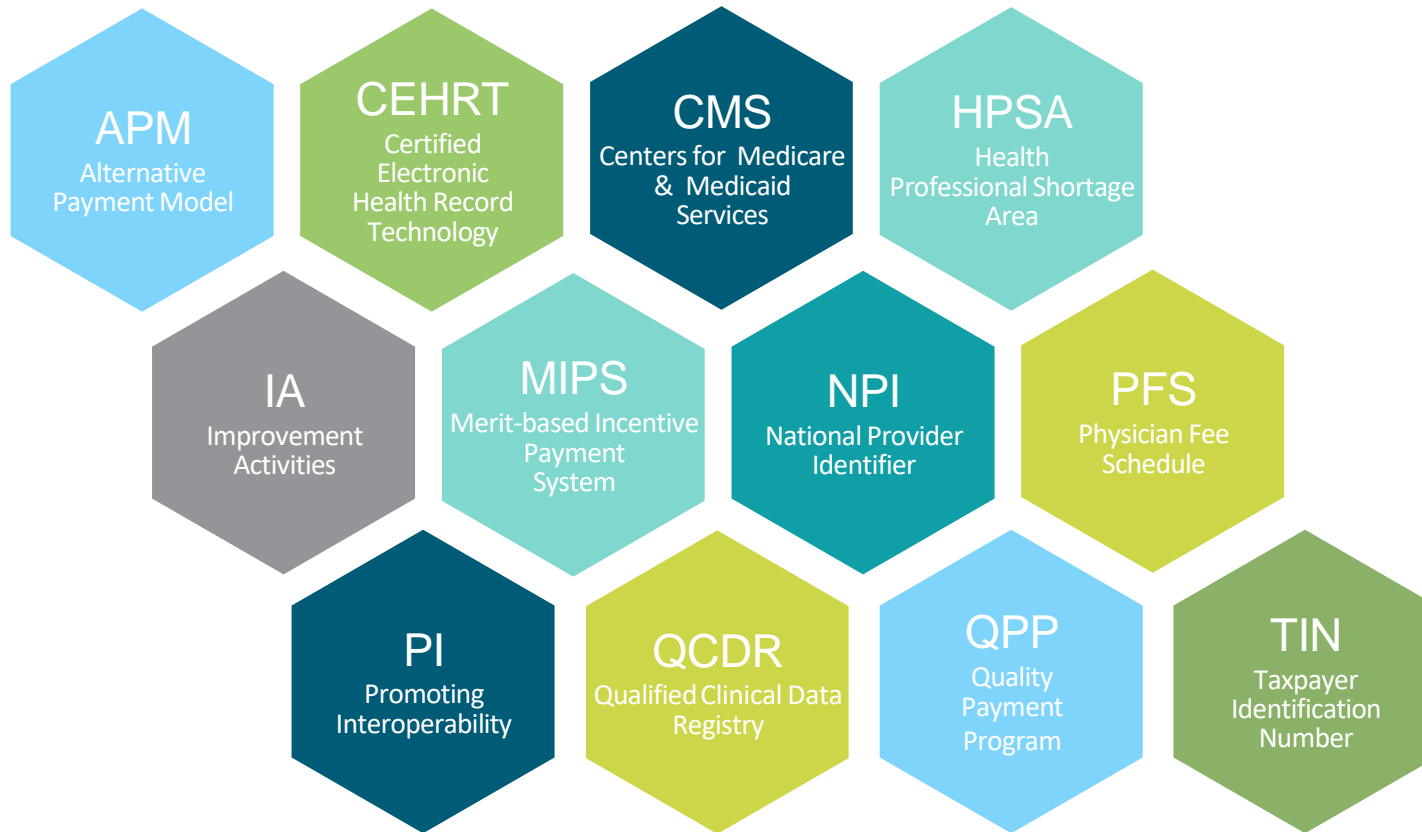
## Additional Resources

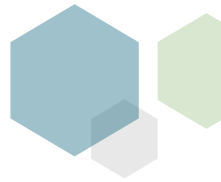


The following resources are available on the [QPP Resource Library](#) and other QPP and CMS webpages:

- [2019 MIPS Quick Start Guide](#)
- [2019 MIPS Participation and Eligibility Fact Sheet](#)
- [2019 Improvement Activities Fact Sheet](#)
- [2019 List of Improvement Activities](#)
- [Improvement Activities Requirements](#)
- [2019 Improvement Activities Webinar Recording](#)
- [2019 Call for Measures and Activities](#)
- [2019 Scores for Improvement Activities in MIPS APMs](#)
- [2019 MIPS Data Validation Criteria](#)
- [2019 MIPS Data Validation and Audit Overview Fact Sheet](#)







## Version History

Date	Description
4/27/2020	Added disclaimer language regarding changes to 2019 MIPS in response to COVID-19.
10/16/2019	Updated language on page 15 to confirm that those participating in APMs not classified as MIPSAPMs will receive at least a 50 percent score for the Improvement Activities performance category provided data is submitted for one or more performance categories.
9/27/2019	<ul style="list-style-type: none"><li>• Removed “Participation in an APM” as an improvement activities subcategory on page 9.</li><li>• Clarified that not all improvement activities have a continuous 90-day performance period and that some may require a longer performance period on pages 9, 11, 18, and 19.</li><li>• Added page 14 to detail Improvement Activities and data validation reporting requirements and added that information to page 18.</li><li>• Switched the order of pages 18 and 19.</li><li>• Updated the Call for Improvement Activities information on page 25 following the close of the 2019 period.</li><li>• Included additional resources on page 27.</li></ul>
8/16/2019	Original version

