Merit-based Incentive Payment System (MIPS)

2023 Improvement Activities Performance Category Quick Start Guide: Traditional MIPS

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Table of Contents

Purpose: This resource focuses on the improvement activities performance category under traditional MIPS, providing high-level requirements about data collection and submission for the 2023 performance year for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation. This resource does not address improvement activity requirements under the APM Performance Pathway (APP) and MIPS Value Pathways (MVPs).

How to Use this Guide

How to Use This Guide

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.

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

Hyperlinks

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

Overview

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.
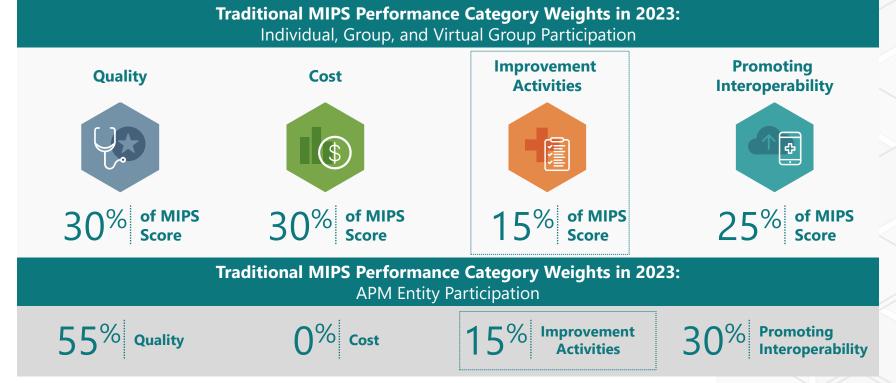
To learn more about MVPs:

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

Overview

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

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

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

Traditional MIPS Performance Category Weights in 2023:
APM Entity Participation

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

This resource examines the improvement activities performance category under traditional MIPS. For information about the improvement activities performance category under the APP, please refer to the Improvement Activities: APP Requirements webpage. For information regarding improvement activities requirements for MVPs, visit Explore MVPs.

Overview

What's New with Improvement Activities in 2023?

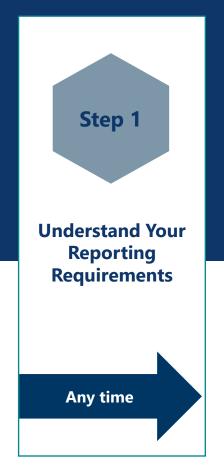|	
We <u>added</u> 4 new improvement activities:	• Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data (IA_AHE_10) • Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients (IA_AHE_11) • Create and Implement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

Get Started with Improvement Activities for Traditional MIPS in 4 Steps

Get Started with Improvement Activities for Traditional MIPS in 4 Steps

Step 1

Understand Your Reporting Requirements

Any time →

Step 2

Select and Plan to Implement Your Improvement Activities

Early 2023 →

Step 3

Implement Your Activities and Compile Documentation Supporting Your Work

Until December 31, 2023 →

Step 4

Submit Your Data

January 2 – April 1, 2024 →

Get Started with Improvement Activities for Traditional MIPS in 4 Steps

Step 1. Understand Your Reporting Requirements

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

- Each improvement activity is classified as either medium-weighted (10 points) or high-weighted (20 points).
- Clinicians, groups, virtual groups, and APM Entities with certain **special statuses** (small practice, rural, health professional shortage area (HPSA), or non-patient facing) **earn 2 times** the points for each activity.

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

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

Get Started with Improvement Activities for Traditional MIPS in 4 Steps

Step 1. Understand Your Reporting Requirements (Continued)

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

Other Ways to Earn Improvement Activity Points	Points Received	Action Required?
Participate in a certified or recognized **patient-centered medical home** or comparable specialty society.	40 points	**Yes** – You must attest to this participation during the 2023 submission period.
Participate in an APM. [1]	At least 20 points (out of 40 possible)	**Yes** – You must submit data for one or more MIPS performance categories to receive the points awarded for APM participation. You must attest to additional activities to achieve the maximum 40 points.

- **Participating as an individual?** Check the QPP Participation Status Tool or sign in to qpp.cms.gov for any special statuses assigned at the "Clinician Level."

- **Participating as a group?** Check the QPP Participation Status Tool or sign in to qpp.cms.gov for any special statuses assigned at the "Practice Level."

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

- **Participating as an APM Entity?** Sign in to qpp.cms.gov to check if the small status was assigned to the APM Entity. Small status designation for APM Entities will be available in mid-2023.

[1]We will identify MIPS APM participants on the QPP Participation Status Tool. We anticipate this information to become available in July, October, and December 2023.

Get Started with Improvement Activities for Traditional MIPS in 4 Steps

Step 2. Select and Plan to Implement Your Improvement Activities

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

- The 2023 Improvement Activities Inventory in the Quality Payment Program Resource Library or the Explore Measures & Activities Tool (available in early 2023), which lists the names, sub-categories, and descriptions of all available activities.

- The 2023 Specialty Guides (**TIP:** filter by "Resource Type") suggest improvement activities that may be relevant to a given specialty practice. We anticipate these will be available in the Quality Payment Program Resource Library in the first quarter of 2023.

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

- Plan to implement each improvement activity for a minimum of one **continuous 90-day period, unless otherwise stated in the activity description, in calendar year (CY) 2023** (activities don't have to be performed concurrently).

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

- You can attest to improvement activities you performed during the 2022 performance period again unless otherwise indicated in the activity description.

- The last continuous 90-day period to perform an improvement activity begins **October 3, 2023**.

Note: Individual MIPS eligible clinicians within the group, virtual group, or APM Entity can perform the same activity during different continuous 90-day periods, or as specified in the activity description, within CY 2023. (Note that each MIPS eligible clinician doesn't have to perform the activity during the same period).

14

Get Started with Improvement Activities for Traditional MIPS in 4 Steps

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

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

- **Review the 2023 MIPS Data Validation Criteria document for examples of individual improvement activity documentation requirements.**
  - Ensure that each activity selected and attested to is completed and documented accurately and in accordance with the guidance provided in the MIPS Data Validation document.
  - Maintain documentation for each activity you attested to for a period of 6 years as evidence of attestation in the event of a CMS audit.

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

2023 Data Validation Criteria

The 2023 MIPS Data Validation Criteria document, which will help you understand improvement activity documentation requirements:

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

- Articulates the objective of each activity.

- Will be available in early 2023 as part of the 2023 MIPS Data Validation Criteria, which also includes MIPS Data Validation Criteria for the Promoting Interoperability performance category.

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

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

Get Started with Improvement Activities for Traditional MIPS in 4 Steps

Step 4. Submit Your Data

You will need to attest to the completion of your improvement activities or patient-centered medical home participation during the 2023 data submission period (1/2/2024 – 4/1/2024). To submit your attestations, you or your third party representative will need QPP credentials and authorization. See the Quality Payment Program Access User Guide (PDF) for more information.

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

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

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

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

For example:

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

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

Help and Version History

Help 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 and Version History

Version History

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

Date	Description
12/27/2022	Original Posting.