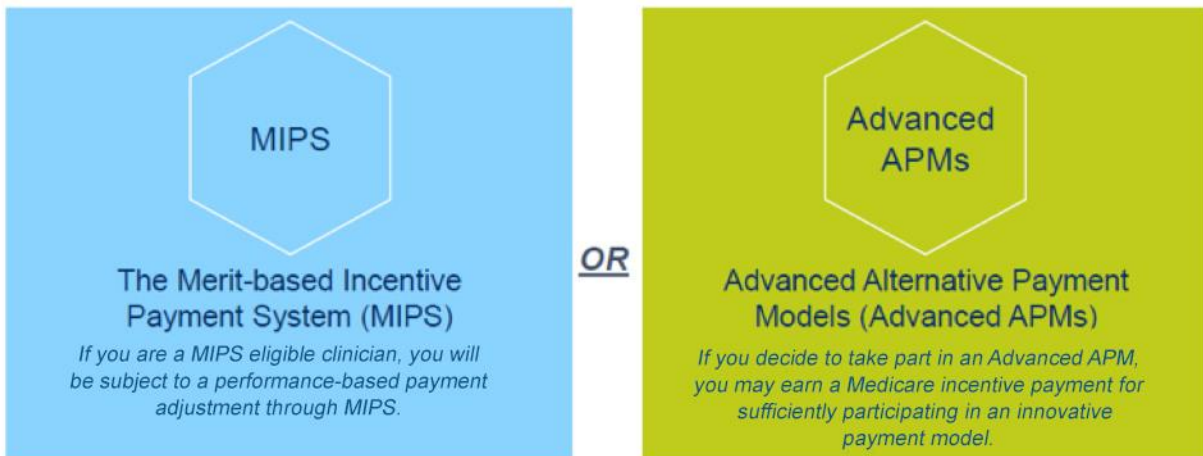


Quality Payment PROGRAM

2018 MIPS Improvement Activities 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:



Under MIPS, there are 4 performance categories that 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 MIPS payment adjustment assessed for MIPS eligible clinicians is based on the Final Score. These are the performance category weights for the 2018 performance period:

MIPS Performance Categories for Year 2 (2018)



What are the MIPS Improvement Activities?

The MIPS Improvement Activities performance category gauges your participation in activities that improve clinical practice, such as:

- Ongoing care coordination
- Clinician and patient shared decision making
- Regularly using patient safety practices
- Expanding practice access.

In the 2018 performance period, MIPS eligible clinicians will be able to choose from 100+ activities to show their performance.

If you are included in MIPS, you'll have fewer reporting requirements if you're a MIPS eligible clinician who is:

- Non-patient facing
- In a small practice (15 or fewer clinicians)
- Practicing in a rural area or Health Professional Shortage Area (HPSA)
- Practicing in a certified or recognized patient-centered medical homes
- Participating in an Alternative Payment Model (APM)

The required performance period for the Improvement Activities performance category is at least a continuous 90-day period in 2018, up to and including the full calendar year (January 1, 2018, through December 31, 2018).

How Do I Pick Improvement Activities?

We added new improvement activities for the 2018 performance period, including those that qualify for a bonus in the Promoting Interoperability (PI, formerly Advancing Care Information) performance category. We also updated some existing Improvement Activities.

You'll be able to pick from 100+ activities, separated into these 9 subcategories:

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 can find all of the Improvement Activities for the Quality Payment Program Year 2 on the Quality Payment Program website in the 2018 [MIPS Improvement Activities](#) inventory list.

How Do I Submit Improvement Activities?

The 2018 performance period submission methods for reporting Improvement Activities are the same methods you used for the 2017 transition year:

2018 Improvement Activity submission mechanisms:

- Attestation
- Qualified Clinical Data Registry (QCDR)
- Qualified Registry
- Electronic Health Record (EHR)
- CMS Web Interface (groups or virtual groups of 25 or more)

Eligible clinicians, groups and virtual groups can use the Quality Payment Program website to attest that they completed their chosen Improvement Activities. Or, they can work with a vendor to find the best way to submit their activities using a QCDR, a qualified registry, or their EHR system. We won't combine Improvement Activities if you report using more than one submission method.

We urge you to keep documentation for 6 years since that's what the CMS document retention policy requires.

Please note that reporting requirements differ for APMs, which is outlined below.

What are the Improvement Activity Reporting Requirements?

- You will attest to a specified number of Improvement Activities, as explained in the table on the next page.
- You can 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 current performance period).
- Groups and virtual groups can attest to an Improvement Activity as long as 1 clinician in the group or virtual group participated in the activity for the performance period.
- You can report Improvement Activities using a qualified registry, certified EHR Technology (CEHRT), QCDR, the CMS Web Interface (for groups or virtual groups of 25 or more) in which they'll need to attest that you performed the activities, or by attesting yourself.
- You should attest to the set of activities that are most meaningful to your practice. You don't have to pick activities from each of the 9 subcategories or from a certain number of subcategories.
- If you choose to participate in MIPS through a QCDR, you will not meet the reporting requirement for the performance category simply by submitting through a QCDR or attesting to one of those activities. In addition to the QCDR submitting your other MIPS data, you will need to also attest to each improvement activity to meet the reporting requirement.

- You can earn a 10% bonus in the PI performance category for using 2015 Edition CEHRT to perform certain improvement activities. Appendix B of the [2018 PI fact sheet](#) outlines Improvement Activities eligible for the PI performance category bonus.

The Improvement Activity performance category counts for 15% of a clinician’s MIPS final score, unless the clinician, group or virtual group is subject to the APM Scoring Standard. See below for more information about APM participation.

What Do I Have to Do for Improvement Activity Performance in Year 2 (2018)?

Individual, Groups, & Virtual groups (who are not APM participants)

Individuals, Groups or Virtual groups with <u>more than 15</u> clinicians that aren’t in a rural area or HPSA	Groups or Virtual groups with <u>15 or fewer</u> clinicians, non-patient facing clinicians, and/or clinicians located in a rural area or HPSA
<p>Each activity is weighted either medium or high. To get the maximum score of 40 points for the Improvement Activity score, pick from any of these combinations:</p> <ul style="list-style-type: none"> 2 high-weighted activities (any subcategory) 1 high-weighted activity and 2 medium-weighted activities (any subcategory) 4 medium-weighted activities (any subcategory) <p>Each medium-weighted activity is worth 10 points of the total Improvement Activity performance category score. Each high-weighted activity is worth 20 points of the total category score. MIPS eligible clinicians, groups and Virtual groups that don’t pick any activities will get 0 points in this performance category unless</p>	<p>Each activity is weighted either medium or high. To achieve the maximum 40 points for the Improvement Activity score, pick 1 of these combinations:</p> <ul style="list-style-type: none"> 1 high-weighted activity (any subcategory) 2 medium-weighted activities (any subcategory) <p>Each medium-weighted activity is worth 20 points of the total Improvement Activity performance category score. A high-weighted activity is worth 40 points of the total category score. You can pick 2 medium-weighted activities or 1 high-weighted activity to earn a total of 40 points of the total category score. When reporting as a group or Virtual group, your 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 listed above. 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.</p>

they're on a 2018 APM Participation List.

Be aware that some activities were reweighted for the 2018 performance period.

Certified Patient-Centered Medical Home Participants

If you're a MIPS eligible clinician practicing in a certified patient-centered medical home, including Medical Homes Model, or a comparable specialty practice, you'll earn full credit for the Improvement Activities performance category. Starting in 2018, 50% of practice sites within a multi-practice TIN (or TINs that are part of a virtual group) need to be certified or recognized as a patient-centered medical home to earn full credit for the Improvement Activities in 2018. In 2018 the term "recognized" is the same as the term "certified" as a patient centered medical home or comparable practice.

MIPS eligible clinicians or groups **are required to** attest to being a certified/recognized patient-centered medical home to earn this credit.

APM Participants

Eligible Clinicians Participating in an Advanced APM (not a MIPS APM)

If you're a MIPS eligible clinician participating in an Advanced APM and your TIN/NPI also appears on the APM Participant List at any time during the performance period, you can get credit for participating in an advanced APM and receive one half of the total points for the MIPS Improvement Activity performance category score for that performance year.

MIPS APM Participants

If you're a MIPS eligible clinician who participates in a MIPS APM and are on the APM Participation List on any of the 2018 snapshot dates (March 31, June 30, August 31, or December 31), you'll be scored under the APM Scoring Standard. You'll earn points in the Improvement Activities category by participating in a MIPS APM. Your Improvement Activity score is automatically assigned to you based on the MIPS APM you participate in. Additionally, the score provided for participants of MIPS APM will be announced before the MIPS performance period starts and will be available in the Quality Payment Program Resource Library.

Receive Improvement Activity Credit by Way of a CMS Study

Burdens Associated with Reporting Quality Measures

Beginning in January 2017, and annually thereafter, we began studying whether clinical quality workflows and data capture using a simpler approach to quality measurement that results in:

- Better outcomes
- Reduced reporting burden
- Better clinical care

In the Quality Payment Program 2018 Final Rule with comment period, we updated the study's name to the "CMS Study on Burdens Associated with Reporting Quality Measures" to better demonstrate the study's purpose. The study weighs clinician burden and data submission errors related to:


- Collecting and submitting clinician quality measures for MIPS
- Enrolling (including Groups of different sizes and individuals in both rural and non-rural settings, as well as different specialties)

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.

This study will be open to at least:

- 20 urban individual or groups of < 3 eligible clinicians
 - Broken down into 10 individuals and 10 groups
- 20 rural individual or groups of < 3 eligible clinicians
 - Broken down into 10 individuals and 10 groups
- 10 groups of 3-8 eligible clinicians.
- 10 groups of 8-20 eligible clinicians.
- 10 groups of 20-100 eligible clinicians.
- 10 groups of 100 or greater eligible clinicians.
- 6 groups of > 20 eligible clinicians reporting as individuals
 - Broken down into 3 urban and 3 rural
- 6 specialty groups
 - Broken down into 3 reporting individually and 3 reporting as a group

Additionally, we're interested in studying up to 10 non-MIPS eligible clinicians reporting as a group or individual (any number of individuals and any group size).



Study participants are required to submit data at least quarterly, attend at least 1 focus group and provide feedback to the study team.

At the end of the first performance period, participants who've followed study guidelines will get 40 points (full credit) for the performance category, and will have the choice to continue to participate during the next year or opt-out. Those who join the study but fail to meet requirements will be removed, and will not earn any points in the performance category for their participation in the study.

If you're interested in participating, look for our yearly announcement, in the Quarter 4, about the study via the Quality Payment Program listserv.

What is the MIPS Annual Call for Improvement Activities?

We finalized, in the CY 2018 Quality Payment Program Final Rule with comment period (CMS-5522-FC), that we'll accept submissions for future Improvement Activities at any time during the performance period for the Annual Call for Activities. We'll make an Improvement Activities under Review (IAUR) list which we'll post on the [Quality Payment Program resource library](#). **Please note** that proposing a new improvement activity for consideration to be included in the Quality Payment Program is completely voluntary and not a requirement of participation.


It is important to distinguish improvement activities from quality measures that are found in the quality performance category of MIPS. Unlike a quality measure, improvement activities represent activities that do not contain the elements of a quality measure. For example, improvement activities typically do not have a numerator, a denominator, or exclusions. In addition, there typically is not a developed and tested calculation associated with an improvement activity.

We'll consider including Improvement Activity nominations submitted by March 1, 2018 in the Quality Payment Program Year 3 (2019). We'll consider any submissions we get after the March 1 deadline in the next performance period activities cycle.

The Call for Improvement Activities allows clinicians and organizations including, but not limited to, those representing eligible clinicians such as professional associations, and medical societies, and other stakeholders such as researchers and consumer groups, to identify and submit new improvement activities for consideration.

The "Annual Call for Measures and Activities" process asks these stakeholders and others for their feedback:

- Clinicians
- Professional associations and medical societies that represent eligible clinicians
- Researchers
- Consumer groups
- Other stakeholders



MIPS improvement activities submitted for consideration should:

- Show robust clinical performance supporting patient-centered care
- Further clinical achievement in the other MIPS categories
- Improve public health

Submitters should also make sure that their proposed activities aren't the same as existing activities.

Where Can I Learn More?

If you have questions, contact the Quality Payment Program at 1-866-288-8292 (TTY 1-877-715-6222), available Monday through Friday, 8:00 AM-8:00 p.m. ET or email at QPP@cms.hhs.gov.