

# Quality Payment PROGRAM

## MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

2020 Improvement Activities  
Performance Category  
Quick Start Guide



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Already know what MIPS is?  
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**Purpose:** This resource focuses on the Improvement Activities performance category, providing high-level requirements about data collection and submission for the 2020 performance period. This resource does not review requirements for MIPS Alternative Payment Model (APM) participants scored under the APM Scoring Standard.



## How to Use This Guide



**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

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## Hyperlinks

Hyperlinks to the [QPP 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 changes how we reimburse MIPS eligible clinicians for Part B covered professional services and rewards them for improving the quality of patient care and outcomes.

Under MIPS, we evaluate your performance across four categories that lead to improved quality and value in our healthcare system.

If you're [eligible for MIPS in 2020](#):

- You generally have to submit data for the [Quality](#), Improvement Activities, and [Promoting Interoperability](#) performance categories. (We collect and calculate data for the [Cost](#) performance category for you.)
- 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 off your performance during the 2020 performance period and applied to payments for covered professional services beginning on January 1, 2022.

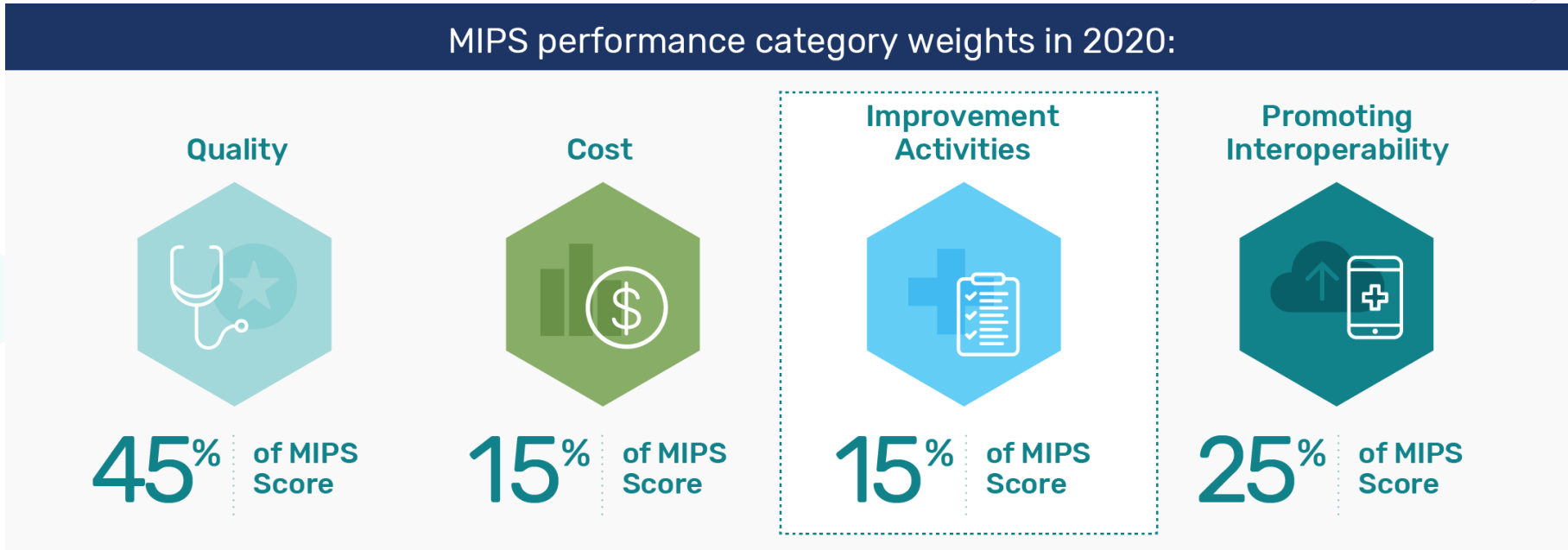
### ***To learn more about how to participate in MIPS:***

- Visit the [How MIPS Eligibility is Determined and Individual or Group Participation web pages on the Quality Payment Program website](#).
- View the [2020 MIPS Eligibility and Participation Quick Start Guide](#).
- Check your current participation status using the [QPP Participation Status Tool](#).

# Overview

## What is the MIPS Improvement Activities Performance Category?

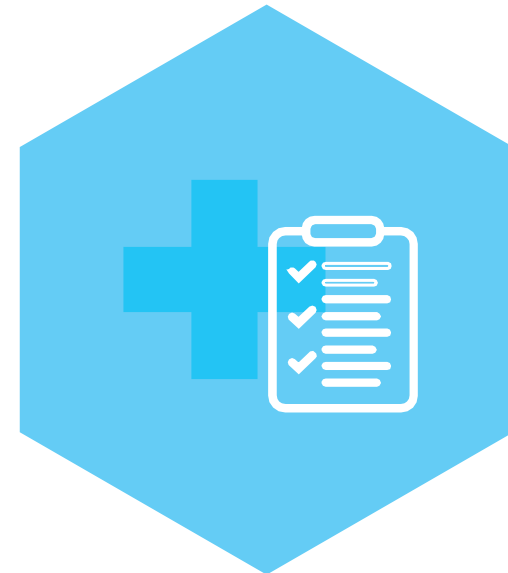
The Improvement Activities performance category assesses your participation in clinical activities that support the improvement of clinical practice, care delivery, and outcomes. With over 100 activities to choose from, you can select from the [2020 MIPS Improvement Activities Inventory](#) to find those 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.



# Overview

## What's New with Improvement Activities in 2020?

- We increased the performance threshold for groups and virtual groups to attest to an activity:
  - **At least 50% of the clinicians (in the group or virtual group) must perform the same activity during any continuous 90-day period**, or as specified in the activity description, within the same performance period.
- We clarified patient-centered medical home designation by removing specific examples of entity names of accreditation organizations or comparable specialty practice program.
- We **concluded the CMS Study on Factors Associated with Reporting Quality Measures**. This study is no longer available for credit in the Improvement Activities performance category.







## Get Started with Improvement Activities in Three Steps

# Get Started with Improvement Activities in Three Steps



# Get Started with Improvement Activities in Three Steps

## Step 1. Understand Your Reporting Requirements

Most clinicians must participate in and **submit two to four 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 and virtual groups with certain **special statuses** (small practice, rural, health professional shortage area, or non-patient facing) **earn two times** the points for each activity.

Improvement Activity Weight	Standard Scoring	Special Status Scoring: Rural   Health Professional Shortage Area (HPSA)   Non-Patient Facing   Small Practice
Medium-Weighted Activity	10 points	20 points
High-Weighted Activity	20 points	40 points

In addition to the [special statuses](#) above, 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 <b>patient-centered medical home (PCMH)</b> or comparable specialty society. <sup>1</sup>	40 points	Yes – You must attest to this participation during the 2020 submission period.
Participate in an APM whose participants are <b>not</b> scored under the APM Scoring Standard. <sup>2</sup>	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.

<sup>1</sup>Please see p. 16-17 of the [2020 Quality Payment Program Final Rule Fact Sheet](#) for more information.

<sup>2</sup>We will identify these participants on the [QPP Participation Status Lookup Tool](#) as this information becomes available.

**Reporting as an individual?**  
Check the [QPP Participation Status Lookup Tool](#) or sign in to [qpp.cms.gov](#) for any special statuses assigned at the Clinician Level.

**Reporting as a group?**  
Check the [QPP Participation Status Lookup Tool](#) or sign in to [qpp.cms.gov](#) for any special statuses assigned at the Practice Level.

**Reporting as a virtual group?**  
Sign in to [qpp.cms.gov](#) to check for any special statuses assigned to the virtual group.

# Get Started with Improvement Activities in Three Steps

## Step 2. Select and Perform Your Improvement Activities

There are a number of resources to help you find improvement activities relevant to your practice.

The following resources are available now (or will be available in early 2020):

- The [2020 Improvement Activities Inventory](#) on the QPP Resource Library or the [Explore Measures & Activities](#) tool on [qpp.cms.gov](http://qpp.cms.gov)

The following resources will be available on the [QPP Resource Library](#) later in the performance period:

- The 2020 Specialty Guides (**TIP:** filter by “Resource Type”)
- The 2020 MIPS Data Validation Criteria to help you understand improvement activity documentation requirements

After you select your improvement activities:

- Perform each improvement activity for at least one **continuous 90-day period, unless otherwise stated in the activity description, in Calendar Year (CY) 2020** (activities don't have to be performed concurrently).
- If you're reporting to MIPS as a group (or virtual group), **at least 50% of the clinicians in the group (or virtual group) must perform the activity** for the group to attest and receive credit for that activity.
  - Note: Individual clinicians within the group or virtual group can perform the same activity during different continuous 90-day periods, or as specified in the activity description, during CY 2020 (they don't have to perform the activity during the same continuous 90-day period, or as specified in the activity description).
- You can attest to improvement activities you performed during the 2019 performance year unless otherwise indicated in the activity description.
- The last continuous 90-day period to perform an improvement activity begins **October 3, 2020**.

# Get Started with Improvement Activities in Three Steps

## Step 3. Submit Your Data

You will need to attest to the completion of your Improvement Activities or Patient-Centered Medical Home (PCMH) participation during the PY 2020 submission period (1/2/2021 – 3/31/2021). To submit your attestations, you or your third-party representative will need QPP credentials and authorization. See the [QPP Access User Guide](#) for more information.

There are three ways to attest to the completion of your Improvement Activities:

Who	How
You	Sign in to <a href="http://qpp.cms.gov">qpp.cms.gov</a> and attest to the activities you've performed.
You or a third party	Sign in to <a href="http://qpp.cms.gov">qpp.cms.gov</a> and upload a file with your activity attestations.
Third party	Perform a direct submission on your behalf, using our submissions API.

You are not required to include supporting documentation when you attest to completing an improvement activity, but **you must keep documentation for six years** subsequent to submission.

Documentation guidance for each improvement activity will be available later in the performance period as part of the 2020 MIPS Data Validation Criteria. We suggest reviewing this validation document during the performance period to ensure you document your work appropriately.

**Did you know?** The level at which you participate in MIPS (individual, group or virtual group) applies to all performance categories. We will not 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 will be evaluated for all performance categories as an individual.
- If your practice submits any data as a group, you will be evaluated for all performance categories as a group.
- If data is submitted both as an individual and a group, you will be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score.



## Help, Resources, and Version History

# Help, Resources, and Version History

## Where Can You Go for Help?

- Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8:00 AM-8:00 PM ET or by e-mail at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).
  - Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.
- Connect with your [local technical assistance organization](#). We provide no-cost technical assistance to **small, underserved, and rural practices** to help you successfully participate in the Quality Payment Program.
- 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 [QPP Resource Library](#).

# Help, Resources, and Version History

## Additional Resources

The [QPP Resource Library](#) houses fact sheets, specialty guides, technical guides, user guides, helpful videos, and more. We will update this table as more resources become available.

Resource	Description
<a href="#">2020 Improvement Activities Inventory</a>	A complete list and descriptions of the 2020 MIPS improvement activities.
<a href="#">2020 MIPS Quick Start Guide</a>	A high-level overview of the Merit-based Incentive Payment System (MIPS) requirements to get you started with participating in the 2020 performance period.
<a href="#">2020 MIPS Eligibility and Participation Quick Start Guide</a>	A high-level overview and actionable steps to understand your 2020 MIPS eligibility and participation requirements.
<a href="#">2020 MIPS Quality Performance Category Quick Start Guide</a>	A high-level overview and practical information about quality measure selection, data collection and submission for the 2020 MIPS Quality performance category.
<a href="#">2020 MIPS Promoting Interoperability Performance Category Quick Start Guide</a>	A high-level overview and practical information about data collection and submission for the 2020 MIPS Promoting Interoperability performance category.
<a href="#">2020 MIPS Cost Performance Category Quick Start Guide</a>	A high-level overview of cost measures, including calculation and attribution, for the 2020 MIPS Cost performance category.



# Help, Resources, and Version History

## Version History

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

Date	Change Description
1/2/20	Original posting