

Merit-based Incentive Payment System (MIPS)

2021 Improvement Activities
Performance Category
Quick Start Guide: Traditional MIPS



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Purpose: This resource focuses on the improvement activities performance category under traditional MIPS, providing high-level requirements about data collection and submission for the 2021 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).



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.

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Hyperlinks

Hyperlinks to the [Quality Payment Program website](#) are included throughout the guide to direct the reader to more information and resources.



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 multiple categories that lead to improved quality and value in our healthcare system.

If you're [eligible for MIPS in 2021](#):

- You generally have to submit data for the quality, improvement activities, and Promoting Interoperability performance categories.
- 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 2021 performance year and applied to payments for covered professional services beginning on January 1, 2023.

To learn more about MIPS eligibility and participation options:

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Overview](#) webpages on the [Quality Payment Program website](#).
- View the [2021 MIPS Eligibility and Participation Quick Start Guide](#) (available on [page 18](#)).
- Check your current participation status using the [Quality Payment Program Participation Status Tool](#).

What is the Merit-based Incentive Payment System? (continued)

Traditional MIPS, established in the first year of the Quality Payment Program, is the original framework for collecting and reporting data to MIPS.

Under traditional MIPS, participants select from over 200 quality measures and over 100 improvement activities, in addition to reporting the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.

In addition to traditional MIPS, 2 other MIPS reporting frameworks will be available to MIPS eligible clinicians:

The **APM Performance Pathway (APP)** is a streamlined reporting framework beginning with the 2021 performance year for MIPS eligible 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.

MIPS Value Pathways (MVPs) are a reporting framework that will offer clinicians a subset of measures and activities, established through rulemaking. MVPs are tied to our goal of moving away from siloed reporting of measures and activities towards focused sets of measures and activities that are more meaningful to a clinician's practice, specialty, or public health priority. We anticipate the first MVP candidates to be proposed in the CY 2022 Quality Payment Program Proposed Rule.

To learn more about the APP:

- Visit the [APM Performance Pathway webpage](#) on the Quality Payment Program website.
- View the [2021 APM Performance Pathway \(APP\) for MIPS APM Participants](#) and [2021 APM Performance Pathway \(APP\) Infographic](#) resources.

To learn more about MVPs:

- Visit the [MIPS Value Pathways \(MVPs\) webpage](#) on the Quality Payment Program website.

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 [2021 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 2021: Individual, Group, and Virtual Group Participation

Quality



40% of MIPS Score

Cost



20% of MIPS Score

Improvement Activities



15% of MIPS Score

Promoting Interoperability



25% of MIPS Score

Traditional MIPS Performance Category Weights in 2021: APM Entity Participation

50% Quality

0% Cost

20% 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 APP [fact sheet](#).

What's New with Improvement Activities in 2021?

- We're continuing the high-weighted COVID-19 Clinical Data Reporting with or without Clinical Trial (IA_ERP_3) improvement activity for performance year (PY) 2021.
- We modified 2 existing improvement activities: Engagement of Patient through Implementation of Improvements in Patient Portal (IA_BE_4) and Comprehensive Eye Exams (IA_AHE_7).
- We removed 1 activity that is obsolete: CMS Partner in Patients Hospital Engagement Network (IA_CC_5).



Get Started with Improvement Activities for Traditional MIPS in 4 Steps



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

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, 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 will also report improvement activities at the APM Entity level.

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 patient-centered medical home (PCMH) or comparable specialty society. ¹	40 points	Yes – You must attest to this participation during the 2021 submission period.
Participate in an APM. ²	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 [Quality Payment Program 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 [Quality Payment Program 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 displayed in mid-2021.



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

² We will identify MIPS APM participants on the [Quality Payment Program Participation Status Tool](#) as this information becomes available, beginning in July.

Get Started with Improvement Activities for Traditional MIPS in 4 Steps

Step 2. Select and Plan to Implement Your Improvement Activities

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

- The [2021 Improvement Activities Inventory](#) in the Quality Payment Program Resource Library or the [Explore Measures & Activities Tool](#) on qpp.cms.gov list the names, sub-categories, and descriptions of all available activities and are available now or in early 2021.
- The 2021 Specialty Guides (**TIP:** filter by “Resource Type”) suggest improvement activities that may be relevant to a given specialty practice and will be available on the [Quality Payment Program Resource Library](#) later in the performance period.

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

- Plan to implement each improvement activity for at least one **continuous 90-day period, unless otherwise stated in the activity description, in calendar year (CY) 2021** (activities don’t have to be performed concurrently).
- If you’re reporting to 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.
- Note: Individual 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 2021. (Note that they don’t have to perform the activity during the same period).
- You can attest to improvement activities you performed during the 2020 performance period again unless otherwise indicated in the activity description.
- The last continuous 90-day period to perform an improvement activity begins **October 3, 2021**.

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 2021 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 'Column G' of 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.

2021 Data Validation Criteria

The 2021 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 later in the performance period as part of the 2021 MIPS Data Validation Criteria, which includes MIPS Data Validation Criteria for the Promoting Interoperability performance category.
- **TIP:** On 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 (PCMH) participation during the PY 2021 submission period (1/3/2022 – 3/31/2022). To submit your attestations, you or your third-party representative will need Quality Payment Program credentials and authorization. See the [Quality Payment Program Access User Guide](#) for more information.

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

Who	How
You	Sign in to gpp.cms.gov and attest to the activities you've performed.
You or a third party	Sign in to gpp.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 are not 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 are responsible for compiling and maintaining documentation for all activities to which you attest.

Did you know? The level at which you participate in MIPS (individual, group, or virtual group) generally 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.

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





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 a.m.-8 p.m. Eastern Time or by e-mail at: 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 [Quality Payment Program Resource Library](#).

Additional Resources

The [Quality Payment Program 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
2021 Improvement Activities Inventory	A complete list and descriptions of the 2021 MIPS improvement activities.
2021 MIPS Quick Start Guide	A high-level overview of the Merit-based Incentive Payment System (MIPS) requirements to get you started with participating in the 2021 performance year.
2021 Eligibility and Participation Quick Start Guide: Traditional MIPS	A high-level overview and actionable steps to understand your 2021 MIPS eligibility and participation requirements.
2021 Quality Performance Category Quick Start Guide: Traditional MIPS	A high-level overview and practical information about quality measure selection, data collection, and submission for the 2021 MIPS quality performance category.
2021 Part B Claims Quick Start Guide: Traditional MIPS	A high-level overview and practical information about reporting quality measures through Medicare Part B claims.
2021 Promoting Interoperability Performance Category Quick Start Guide: Traditional MIPS	A high-level overview and practical information about data collection and submission for the 2021 MIPS Promoting Interoperability performance category.
2021 Cost Performance Category Quick Start Guide: Traditional MIPS	A high-level overview of cost measures, including calculation and attribution, for the 2021 MIPS cost performance category.
2021 Quality Payment Program Final Rule Resources	A zip file containing 2021 QPP final rule resources, including the 2021 QPP Final Rule Fact Sheet, FAQs, and Proposed and Final Rule Comparison Table.

Version History

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

Date	Description
01/14/2021	Original posting