

Improve Your Knowledge of the MIPS Improvement Activities Category

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Background: MIPS focuses on the categories of quality, cost, practice-based improvement activities (IA), and advancing care information (ACI), the last of which focuses on use of certified electronic health record technology (CEHRT). It can be tough to wrap your head around MIPS when you take all the categories together. To help bring some simplicity, below is a closer look at IA, including what to expect for performance year 2018.

What Are the Activities Supposed to Improve?

The goal of the IA category is to improve clinical practice, care delivery, and outcomes.

How Much Does IA Count Toward Final Score?

For the 2018 performance year (2020 MIPS payment year), the IA category counts as 15 percent of your final score. That's the same percentage as 2017.

How Do You Submit Data?

According to the Quality Payment Program (QPP) 2018 final rule, MIPS-eligible clinicians and groups submit data using one of these options:

- Qualified registries
- EHR submission mechanisms
- Qualified Clinical Data Registry (QCDR)
- CMS Web Interface
- Attestation

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The final rule for 2018 states that “for activities that are performed for at least a continuous 90 days during the performance period, MIPS eligible clinicians must submit a yes response for activities within the Improvement Activities Inventory.”

The general requirement for MIPS-eligible clinicians to reach maximum points remains reporting four activities (four medium or two high-weighted, or a combination). The requirements for non-patient facing MIPS-eligible clinicians, geographic HPSAs, rural practices, and small practices stay the same with the requirement being two activities (two medium or one high-weighted).

Don't miss: CMS no longer requires “self-identifications for non-patient facing MIPS eligible clinicians, small practices, practices located in rural areas or geographic HPSAs, or any combination thereof, beginning with the 2018 MIPS performance period and for future years,” the final rule states. CMS can identify those MIPS-eligible clinicians.

Group participation note: Only one MIPS-eligible clinician in a Taxpayer Identification Number (TIN) needs to perform the IA for the TIN to get credit.

How Many Activities Are There to Choose From?

In 2017, CMS included 92 activities in the IA Inventory. In 2018, there are 112. There are 21 new IAs, and 27 with changes, including one removed. You can see new IAs in Table F of the final rule and IAs with changes in Table G.

Tip: CMS will continue to designate IAs in the Inventory that also qualify for the advancing care information bonus score.