

Quality Payment PROGRAM

Merit-based Incentive Payment System (MIPS)

Participating in the Improvement
Activities Performance Category in the
2022 Performance Year: Traditional
MIPS



Contents

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Purpose: This detailed resource focuses on the improvement activities performance category requirements under the traditional Merit-based Incentive Payment System (MIPS) (original framework for collecting and reporting data since the inception of the Quality Payment Program), including data collection and submission for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation for the 2022 performance year. This resource doesn't address improvement activities requirements under the Alternative Payment Model Pathway (APP).



How to Use This Guide



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.

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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

COVID-19 and 2022 Participation

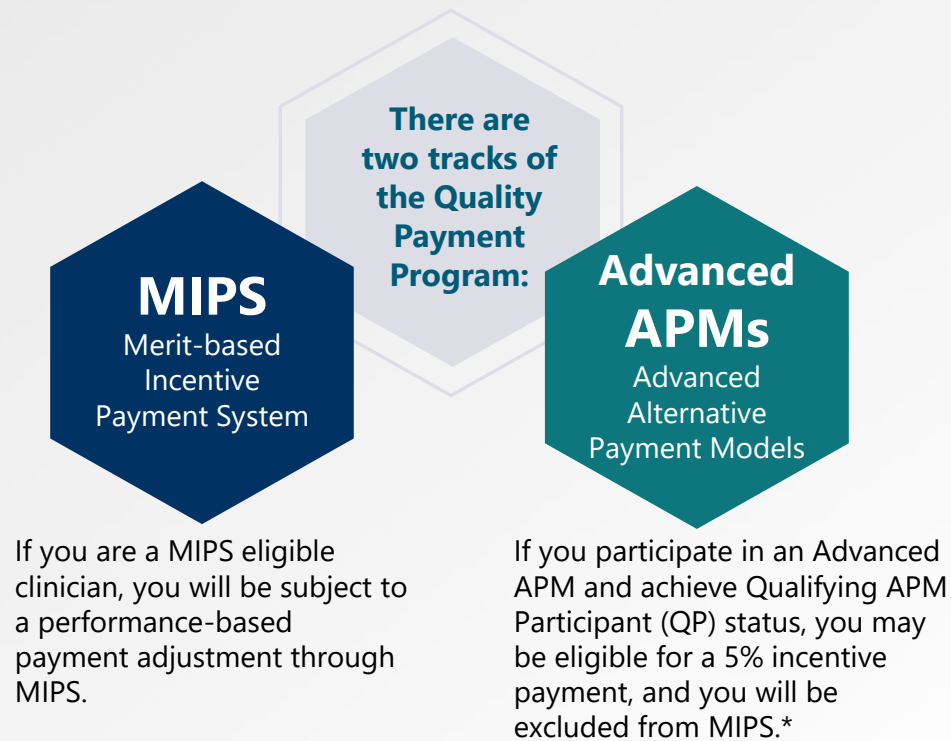
The 2019 Coronavirus (COVID-19) public health emergency continues to impact clinicians across the United States and territories. However, we recognize that not all practices have been impacted by COVID-19 to the same extent. For the 2022 performance year, we'll continue to use our Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, virtual groups, and APM Entities to [submit an application](#) requesting reweighting of one or more MIPS performance categories to 0% due to the current COVID-19 public health emergency. The application will be available in spring of 2022 along with additional resources.

For more information about the impact of COVID-19 on Quality Payment Program (QPP) participation, see the [QPP COVID-19 Response webpage](#).



What is the Quality Payment Program?

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 Medicare payment rates for clinicians. MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the QPP, which rewards value in 1 of 2 ways:



***Note:** If you participate in an Advanced APM and don't achieve QP or Partial QP status, you will be subject to a performance-based payment adjustment through MIPS unless you are otherwise excluded.

What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in the QPP, a program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The program determines 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 2022:

- 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 on your performance during the 2022 performance year and applied to payments for covered professional services beginning on January 1, 2024.

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 [2022 MIPS Eligibility and Participation Quick Start Guide \(PDF\)](#).
- Check your current MIPS participation status using the [QPP Participation Status Tool](#).

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

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

Under the traditional MIPS, participants select from 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, designed to reduce reporting burden, will be available to MIPS eligible clinicians.

- The **APM Performance Pathway (APP)** is a streamlined reporting framework available 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 subsets of measures and activities, established through rulemaking, that can be used to meet MIPS reporting requirements beginning with the 2023 performance year. The MVP framework aims to align and connect measures and activities across the quality, cost, and improvement activities performance categories of MIPS for different specialties or conditions. In addition, MVPs incorporate a foundational layer that leverages Promoting Interoperability measures and a set of administrative claims-based quality measures that focus on population health/public health priorities. **There are currently 7 MVPs that will be available for reporting in the 2023 performance year:**

1. Advancing Rheumatology Patient Care
2. Coordinating Stroke Care to Promote Prevention and Cultivate Positive Outcomes
3. Advancing Care for Heart Disease
4. Optimizing Chronic Disease Management
5. Adopting Best Practices and Promoting Patient Safety within Emergency Medicine
6. Improving Care for Lower Extremity Joint Repair
7. Patient Safety and Support of Positive Experiences with Anesthesia

We encourage clinicians interested in reporting an applicable MVP to become familiar with the MVP's requirements in advance of the 2023 performance year. For more information on the finalized MVPs, please refer to the [CY 2022 Physician Fee Schedule Final Rule](#). We'll also be adding more information to the [MIPS Value Pathways section of the QPP website](#).

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

To learn more about the APP:

- Visit the [APM Performance Pathway \(APP\) webpage](#) on the Quality Payment Program website.
- View the following:
 - [2021 APM Performance Pathway \(APP\) for MIPS APM Participants Fact Sheet \(PDF\)](#);
 - [2021 APM Performance Pathway \(APP\) Infographic \(PDF\)](#);
 - [2021 APM Performance Pathway Quick Start Guide \(PDF\)](#).

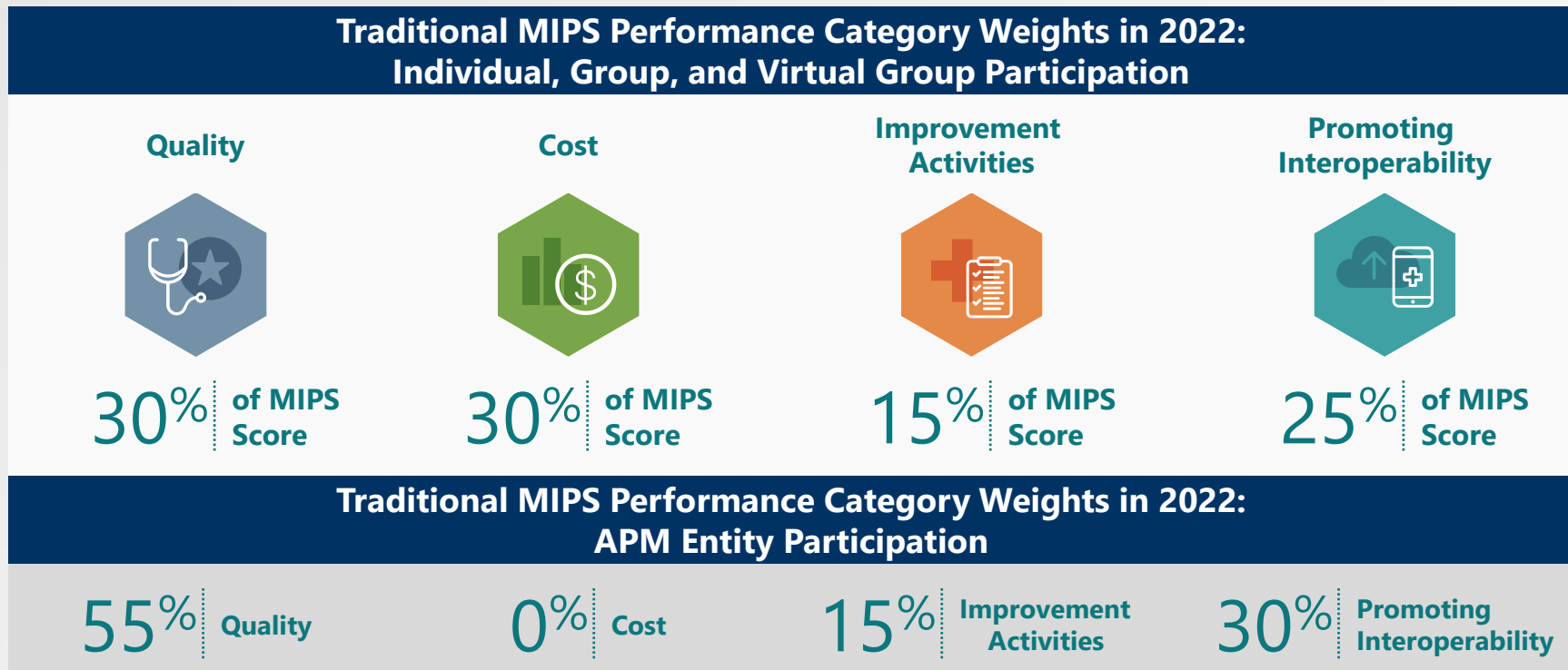
To learn more about MVPs:

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



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

This guide focuses on the **improvement activities** performance category under traditional MIPS for the 2022 performance year of the QPP.



For information about the improvement activities performance category under the APP, please refer to the [2021 APM Performance Pathway \(APP\) for MIPS APM Participants Fact Sheet \(PDF\)](#) or the [2021 APM Performance Pathway Quick Start Guide \(PDF\)](#). For more information on participating in an APM, visit our [APMs Overview webpage](#) and check out our APM-related resources in the [QPP Resource Library](#).

NOTE: MIPS APM participants reporting under traditional MIPS will automatically receive 50% credit for the improvement activities performance category for the 2022 performance year.



Improvement Activities Basics



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 [2022 Improvement Activities Inventory \(ZIP\)](#) to find those that best fit your practice and support the needs of your patients.

The MIPS improvement activities are divided into the following eight subcategories:



What is the MIPS Improvement Activities Performance Category? (Continued)

For 2022, the improvement activities performance category for traditional MIPS:

- Is worth 15% of your MIPS final score.
- Requires you to implement 2 to 4 improvement activities to receive the maximum score of 40 points in this performance category.
- Has a performance period of 90 continuous days for most improvement activities with a few exceptions.
- Requires you to simply attest to activities during the performance year (PY) 2022 submission window (1/3/2023 – 3/31/2023). While you do not have to submit any supporting data when you attest to completing an activity, you must keep documentation for 6 years subsequent to submission.

What's New with Improvement Activities in 2022?

New Improvement Activities

1. Create and Implement an Anti-Racism Plan (IA_AHE_8) **7 Added**
2. Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (IA_AHE_9)
3. Implementation of a Trauma-Informed Care (TIC) Approach to Clinical Practice (IA_BMH_11)
4. Promoting Clinician Well-Being (IA_BMH_12)
5. Implementation of a Personal Protective Equipment (PPE) Plan (IA_ERP_4)
6. Implementation of a Laboratory Preparedness Plan (IA_ERP_5)
7. Application of CDC's Training for Healthcare Providers on Lyme Disease (IA_PSPA_33)

What is the MIPS Improvement Activities Performance Category? (Continued)

What's New with Improvement Activities in 2022? (Continued)

Modified Improvement Activities:

15
Modified

1. Enhance Engagement of Medicaid and Other Underserved Populations (IA_AHE_1)
2. MIPS Eligible Clinician Leadership in Clinical Trials or CBPR (IA_AHE_5)
3. Use of Certified EHR to Capture Patient Reported Outcomes (IA_BE_1)
4. Regularly Assess Patient Experience of Care and Follow Up on Findings (IA_BE_6)
5. Promote Self-Management in Usual Care (IA_BE_16)
6. Drug Cost Transparency (IA_BE_25)
7. Practice Improvements that Engage Community Resources to Support Patient Health Goals (IA_CC_14)
8. PSH Care Coordination (IA_CC_15)
9. Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (IA_EPA_1)
10. Use of Telehealth Services that Expand Practice Access (IA_EPA_2)
11. Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities (IA_PM_6)
12. Regular Review Practices in Place on Targeted Patient Population Needs (IA_PM_11)
13. Consultation of the Prescription Drug Monitoring Program (IA_PSPA_6)
14. Measurement and Improvement at the Practice and Panel Level (IA_PSPA_18)
15. COVID-19 Clinical Data Reporting with or without Clinical Trial (IA_ERP_3)

Removed Improvement Activities:

6
Removed

1. Regularly Assess the Patient Experience of Care through Surveys, Advisory Councils and/or Other Mechanisms (IA_BE_13)
2. Participation in CAHPS or Other Supplemental Questionnaire (IA_PSPA_11)
3. Use of Tools to Assist Patient Self-Management (IA_BE_17)
4. Provide Peer-Led Support for Self-Management (IA_BE_18)
5. Implementation of Condition-Specific Chronic Disease Self-Management Support Programs (IA_BE_20)
6. Improved Practices that Disseminate Appropriate Self-Management Materials (IA_BE_21)

What is the MIPS Improvement Activities Performance Category? (Continued)

What's New with Improvement Activities in 2022? (Continued)

Small Practices

We've modified the performance category weight redistribution policies for small practices to more heavily weight the improvement activities performance category when the Promoting Interoperability, or Promoting Interoperability and cost, performance categories are reweighted to 0%.

- **When the Promoting Interoperability performance category is reweighted:**
 - The quality performance category will be weighted at 40%.
 - The cost performance category will be weighted at 30%.
 - The improvement activities performance category will be weighted at 30%.
- **When both the cost and Promoting Interoperability performance categories are reweighted:**
 - The quality performance category will be weighted at 50%.
 - The improvement activities performance category will be weighted at 50%.

Under our existing policies, applicable to all MIPS eligible clinicians (not just those in small practices):

- **When both the quality and Promoting Interoperability performance categories are reweighted:**
 - The cost performance category will be weighted at 50%.
 - The improvement activities performance category will be weighted at 50%.

How Do I Choose Improvement Activities?

You should select activities that are most meaningful to your practice and support the needs of your patients by improving patient engagement, care coordination, patient safety, health equity, and other areas in patient care. You might choose to focus on a particular subcategory or use the [Explore Measures & Activities Tool](#) to search for activities using keywords that align with your selected quality performance category measures.

For example, for one of your improvement activities, you might pair Glycemic Management Services (IA_PM_4) or Chronic Care and Preventative Care Management for Empaneled Patients (IA_PM_13) with Diabetes: Hemoglobin A1c (HbA1c) Poor Control (>9%) (Quality ID 001), Diabetes: Medical Attention for Nephropathy (Quality ID 119), and/or Controlling High Blood Pressure (Quality ID 236).

When selecting improvement activities, here are some questions you should consider:

Will you be reporting as a group, virtual group, or APM Entity?

If you plan to report as a group, virtual group, or APM Entity, **at least 50% of the eligible clinicians in the group, virtual group, or APM Entity must implement the same activity** during any continuous 90-day period (or as the period specified in the activity description) in the same performance year in order to attest to that activity. Individual clinicians within the group, virtual group, or APM Entity can implement the activity during any continuous 90-day period (or the period specified in the activity description). For example, if there are a total of 4 clinicians in your virtual group, 2 or more clinicians will each need to implement the same improvement activity for the performance period specified in the activity description at some point during the 2022 performance year in order for the group to successfully attest to the activity. Assuming the activity has a 90-day performance period, one clinician can implement the activity from March 1, 2022 to June 30, 2022 and the other can implement the same activity from October 3, 2022 to December 31, 2022.

Do you have a special status designation?

The number of activities you'll need to implement and attest to receive the maximum score for the improvement activities performance category depends on whether or not you have any special designations (e.g., small practice, non-patient facing) or are part of a patient-centered medical home or comparable specialty practice or MIPS APM. Most clinicians must implement and attest to 2 to 4 improvement activities to receive the maximum score of 40 points. However, clinicians with certain special status designation only need to submit 1 to 2 improvement activities. See [page 21](#) for more information.

How Do I Choose Improvement Activities? (Continued)

- **Who will attest to improvement activities?** You'll also want to consider how you plan to attest to the completion of your improvement activities during the PY 2022 submission period. For example, will a third-party intermediary attest on your behalf? If you are working with a Qualified Registry or Qualified Clinical Data Registry (QCDR), you should check the [2022 Qualified Registries Qualified Posting](#) or [2022 QCDRs Qualified Posting](#) to see if your vendor supports this performance category and/or desired activities. See [page 28](#) for more detail on submission options.
- **Have you attested to the activity in previous years?** Most activities can be reported in consecutive performance years, but some activities limit how frequently an activity can be implemented. For example, the description for Administration of the AHRQ Survey of Patient Safety Culture (IA_PSPA_4) states that the activity can only be implemented once every 4 years. Information on whether or not an activity can be reported across multiple years can be found in the [2022 Improvement Activities Inventory \(ZIP\)](#).
- **What are the documentation requirements?** While you do not have to submit any supporting data when you attest to completing an improvement activity, **you must keep documentation of the efforts you or your MIPS group undertook to meet the improvement activity for 6 years subsequent to submission.** Documentation guidance for each activity can be found in the [2022 MIPS Data Validation Criteria \(ZIP\)](#). Additional information on documentation also can be found on [slide 27](#). We suggest reviewing the data validation criteria you select your improvement activities to ensure you document your work appropriately.

For a full list of improvement activities, including descriptions, for the 2022 performance year, review the [2022 Improvement Activities Inventory \(ZIP\)](#) or the [Explore Measures & Activities Tool](#).

- Most, but not all, improvement activities have a continuous 90-day performance period, but several improvement activities require completion of modules where there is a year-long or alternate performance period. For instance, IA_CC_10, Care transition documentation practice improvements, has a 30-day reporting period. An activity's performance period is 90 days unless otherwise stated in the activity description.
- Each improvement activity can be reported only once for the 2022 performance year.

What if I Provide Care to Patients with COVID-19?

We're continuing the high-weighted COVID-19 Clinical Data Reporting with or without Clinical Trial (IA_ERP_3) improvement activity for the 2022 performance year to provide an opportunity for clinicians to receive credit in MIPS for the important work they are doing across the country.

There are two ways MIPS eligible clinicians or groups can receive credit for the COVID-19 improvement activity:

A clinician must participate in a COVID-19 clinical trial utilizing a drug or biological product to treat a COVID-19 patient and report their findings through a clinical data repository or clinical drug registry for the duration of their study

OR

A clinician must participate in the care of COVID-19 patients and simultaneously submit relevant clinical data to a clinical data registry for ongoing or future COVID-19 research

While clinicians can choose any combination of improvement activities to submit to receive full credit in this performance category, clinicians working on COVID-19 research could pair the COVID-19 activity with IA_ERP_2, Participation in a 60-day or greater effort to support domestic or international humanitarian needs (high-weighted) for their submission. Note: See [page 21](#) for additional information about activity weights and points and the [2022 Improvement Activities Inventory \(ZIP\)](#) for additional improvement activities that may be applicable to your practice.

We intend for the COVID-19 Clinical Data Reporting with or without Clinical Trial improvement activity to be applicable to MIPS eligible clinicians who are reporting their COVID-19 related patient data to a clinical data registry, such as a registry found on the [National Institute of Health \(NIH\) website](#); a clinical data repository, such as Oracle's [COVID-19 Therapeutic Learning System](#); and clinicians participating in clinical trials, such as the [COVID-19 clinical trials](#) being conducted by the NIH. Oracle has developed and donated a system to the U.S. government that allows clinicians and patients at no cost to record the effectiveness of promising COVID-19 drug therapies. You can refer to the [2022 MIPS Data Validation Criteria \(ZIP\)](#) for additional examples of clinical data registries, clinical data repositories, and clinical trials. You can also refer to the [CY 2022 Physician Fee Schedule \(PFS\) Final Rule](#) for additional requirements on this improvement activity.





Participation Requirements

How Many Improvement Activities Do I Need to Implement and Attest to?

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

Each improvement activity is worth 10 to 40 points depending on its weight (medium or high) and applicable special status designations.

NOTE: If you're reporting measures for the quality performance category as an APM Entity, you will also attest to improvement activities at the APM Entity level.

- **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 displayed in mid-2022.

For most MIPS eligible clinicians, groups, virtual groups, and APM Entities:



Each medium-weighted activity is worth **10 points**



Each high-weighted activity is worth **20 points**

For MIPS eligible clinicians, groups, virtual groups, and APM Entities with certain special status designations (small practice, non-patient facing, rural, or Health Professional Shortage Area (HPSA)):



Each medium-weighted activity is worth **20 points**



Each high-weighted activity is worth **40 points**

How Many Improvement Activities Do I Need to Implement and Attest to? (Continued)

To achieve the maximum 40 points for the MIPS improvement activities performance category, MIPS eligible clinicians, groups, virtual groups, and APM Entities may use one of the following combinations:

Activity combinations to reach the maximum 40 points for most MIPS eligible clinicians, groups, virtual groups, and APM Entities:



4 medium-weighted activities = **40 points**



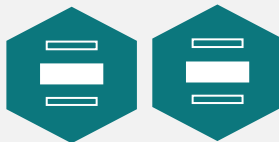
2 medium-weighted activities + 1 high-weighted activity = **40 points**



2 high-weighted activities = **40 points**

TIP: If you do not attest to implementing any improvement activities, you will receive 0 points in this performance category.

Activity combinations to reach the maximum 40 points for those with certain special status designations (small practice, non-patient facing, rural, or Health Professional Shortage Area (HPSA)):



2 medium-weighted activities = **40 points**



1 high-weighted activity = **40 points**

For a full list of improvement activities for the 2022 performance year, including activity weights and descriptions, see the [2022 Improvement Activities Inventory \(ZIP\)](#) or the [Explore Measures & Activities Tool](#).

What If I Participate in a Patient-Centered Medical Home?

A MIPS eligible clinician who is in a practice that is certified or recognized as a patient-centered medical home or comparable specialty practice will receive 100% (full credit) for the improvement activities performance category. If reporting as a group, at least 50% of the practice sites within a group's TIN must be recognized as a patient-centered medical home or comparable specialty practice.

To be eligible for patient-centered medical home designation, the practice needs to meet one of the following for at least a continuous 90-day period during PY 2022 (to begin no later than October 3, 2022):

- Have received accreditation from an accreditation organization that is nationally recognized;
- Be participating in a Medicaid Medical Home or Medical Home Model;
- Be a comparable specialty practice that has received recognition through a specialty recognition program offered through a nationally recognized accreditation organization; or
- Have received accreditation from other certifying bodies that have certified a large number of medical organizations and meet national guidelines, as determined by the Secretary.

REMINDER: A MIPS eligible clinician or group **must attest** to their status as a patient-centered medical home or comparable specialty practice during the PY 2022 submission period in order to receive full credit for the improvement activities performance category. This credit isn't automatically awarded.



What If I Participate in an APM or MIPS APM?

If you're a MIPS eligible clinician identified as participating in an Alternative Payment Model (APM) or MIPS APM, you will automatically receive 20 points (out of 40 possible) for the MIPS improvement activities performance category under traditional MIPS. If you're a MIPS APM participant, you will receive full credit (40 points) if you're reporting the APP. See the [APP webpage](#) for more information.

For the 2022 performance year, these models include:

MIPS APMs

- Comprehensive Care for Joint Replacement (CJR) Model
- Comprehensive ESRD Care (CEC) Model
- Direct Contracting (DC) Professional PBP Model and Global PBP Model
- Independence at Home Demonstration (IAH)
- Kidney Care Choices Model: Comprehensive Kidney Care Contracting (CKCC) Graduated Option Level 1, and Level 2
- Kidney Care Choices Model: Comprehensive Kidney Care Contracting (CKCC) Professional Option
- Kidney Care Choices Model: Comprehensive Kidney Care Contracting (CKCC) Global Option
- Kidney Care Choices Model: Kidney Care First (KCF)
- Maryland Primary Care Program
- Maryland All-Payer Model: Care Redesign Program
- Medicare Shared Savings Program Accountable Care Organizations
- Oncology Care Model (OCM)
- Primary Care First (PCF)
- Value in Opioid Use Disorder Treatment (ViT) Demonstration Program
- Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)

APMs

- Accountable Health Communities (AHC)
- Frontier Community Health Integration Project Demonstration

You will need to submit data for one or more MIPS performance categories to receive the points awarded for APM or MIPS APM participation and select additional improvement activities to achieve the highest score (40 points).

NOTE: We will identify MIPS APM participants on the [QPP Participation Status Tool](#) as this information becomes available, beginning in summer 2022. We also will publish resources on improvement activity requirements for MIPS APMs to the [QPP Resource Library](#) later in 2022.



Reporting/Submission Requirements

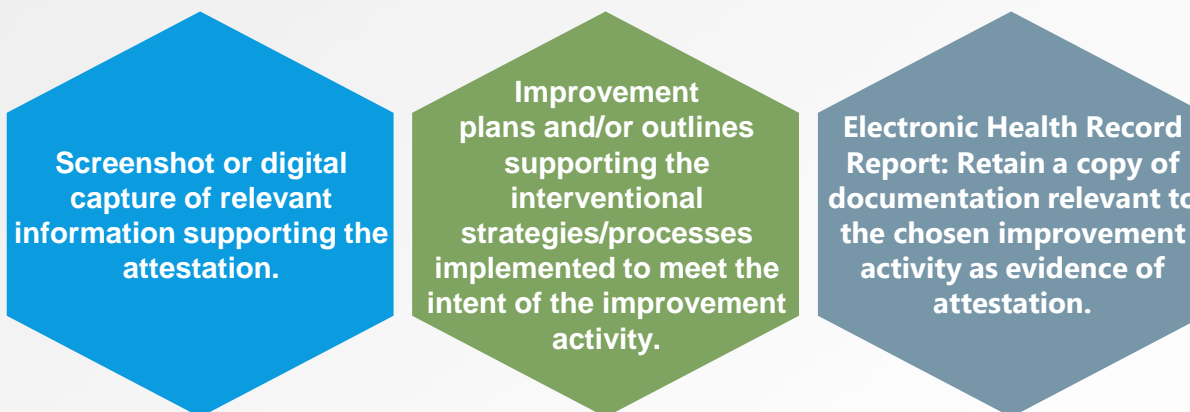
How and When Do I Report/Attest to Improvement Activities?

To report (or “submit”) an improvement activity, MIPS eligible clinicians, groups, virtual groups, and APM Entities simply attest to having completed it. No supporting data needs to accompany the attestation as part of the submission.

You will need to attest to the completion of your improvement activities or patient-centered medical home participation during the PY 2022 submission period (1/3/2023 – 3/31/2023).

While you do not have to submit any supporting documentation when you attest to completing an improvement activity, you must keep documentation of the efforts you or your MIPS group undertook to meet the improvement activity for 6 years subsequent to submission. Documentation guidance for each activity can be found in the [2022 MIPS Data Validation Criteria \(ZIP\)](#), which contains examples of ways to demonstrate completion of each improvement activity and clarifies the flexibilities clinicians have in implementing the activities.

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



What are My Submission Options?

Your improvement activities performance category attestation data can be submitted using the following submission types:

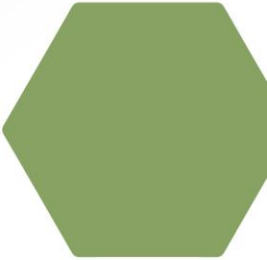
Who	How
You (Clinician or Practice Representative)	Individual clinicians, groups, virtual groups, and APM Entities with a set of authenticated credentials can sign in and manually attest to their improvement activities data on qpp.cms.gov . For each improvement activity that is implemented for a continuous 90 days (unless otherwise stated in the activity description) during the performance year, you must attest to the improvement activity by submitting a "yes" response for each of these improvement activities.
You or a third party	Individual clinicians, groups, virtual groups, APM Entities, and third-party intermediaries can sign in and upload a QPP JSON file with your activity attestations on qpp.cms.gov .
Third party	Third-party intermediaries can perform a direct submission , transmitting data through a computer-to-computer interaction using our QPP submission Application Programming Interface (API).

TIP: To submit your attestations, you or your third-party representative will need QPP credentials and authorization. See the [QPP Access User Guide \(ZIP\)](#) for more information. Note that simply participating with a QCDR and having them submit data for the quality or Promoting Interoperability performance categories does not satisfy any requirements for the improvement activities performance category.





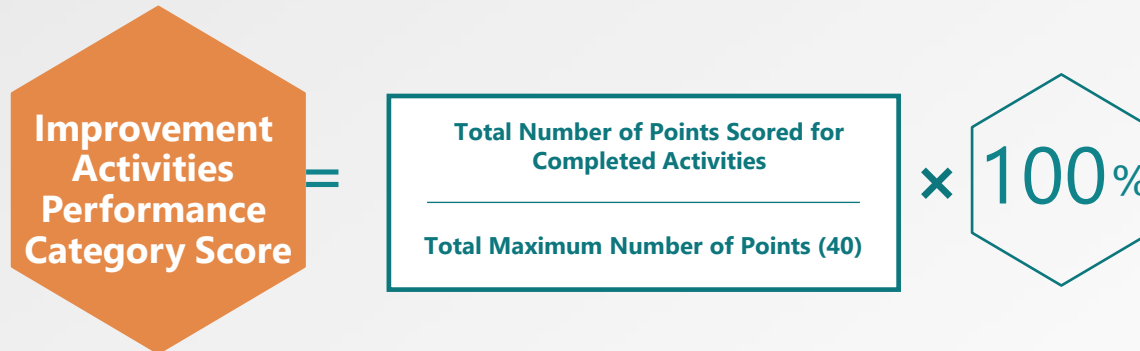
Scoring



How is the Performance Category Scored?

The improvement activities performance category is **15% of your MIPS final score** in 2022.

This is how the improvement activities performance category is scored:



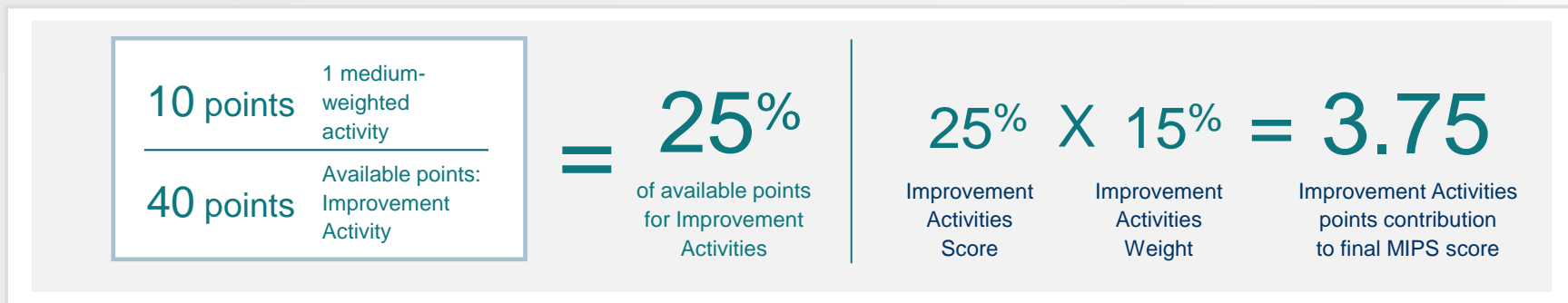
Your improvement activities performance category score is then multiplied by the 15% improvement activities performance category weight. The overall improvement activities performance category score is added to the other performance category scores to determine your MIPS final score.

TIP: You can't earn more than 40 points in this performance category, regardless of the number of activities you submit. Please note that submission platforms may allow you to attest to more than 40 points-worth of activities. If you do attest to more than 40-points worth of activities, you are responsible for compiling and maintaining documentation for all activities to which you attest even though these additional activities won't increase your score.

Scoring Scenarios

Scenario 1:

You are a MIPS eligible clinician in a large practice (more than 15 clinicians) and complete 1 medium-weighted improvement activity for 10 of 40 points in the performance category.



Scoring Scenarios (Continued)

Scenario 2: (Small Practice)

You are a MIPS eligible clinician in a small practice (15 or fewer clinicians) and complete 1 medium-weighted improvement activity for 20 of 40 points in the performance category. You don't submit Promoting Interoperability data, which means the Promoting Interoperability performance category is automatically weighted at 0% and the improvement activities performance category is weighted at 30%. The 30% weight assumes you can be scored on at least 1 cost measure.



Scenario 3: (Small Practice)

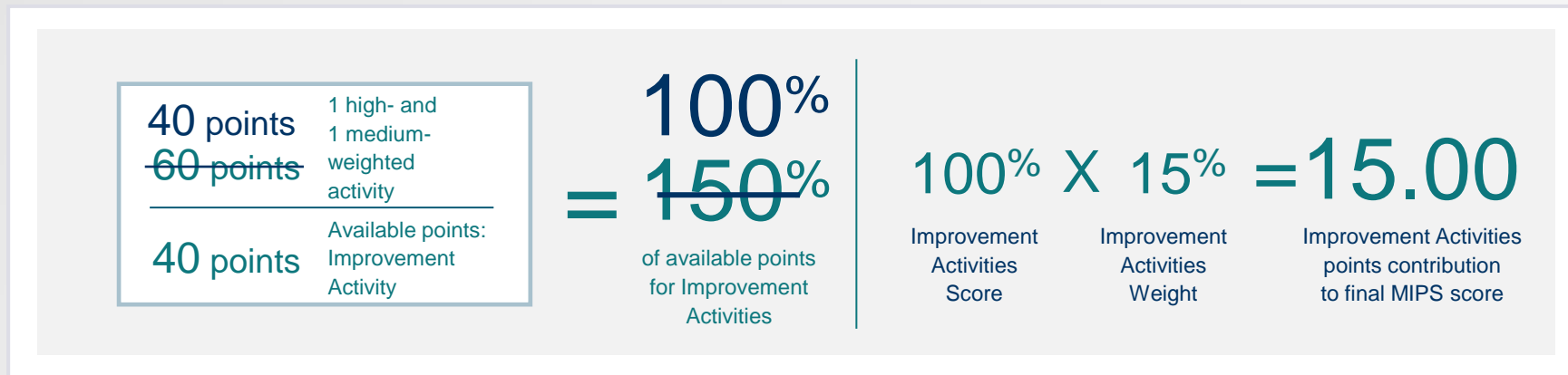
You are a MIPS eligible clinician in a small practice (15 or fewer clinicians) and complete 1 medium-weighted improvement activity for 20 of 40 points in the performance category. You don't submit Promoting Interoperability data, which means the Promoting Interoperability performance category is automatically weighted at 0%. You can't be scored on any cost measure, which means the cost performance category is automatically weighted at 0%. As a result, the improvement activities performance category is weighted at 50% of your final score, with the other 50% coming from the quality performance category.



Scoring Scenarios (Continued)

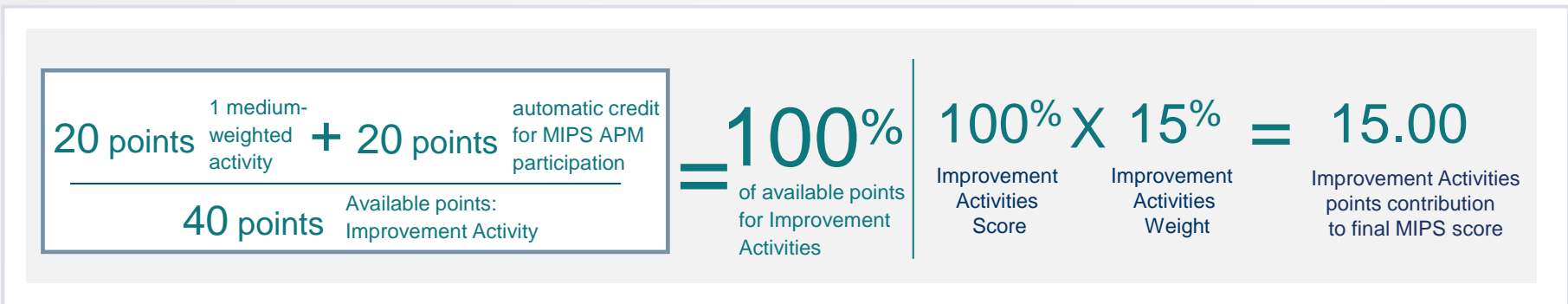
Scenario 4:

You are a MIPS eligible clinician in a small practice (15 or fewer clinicians) and complete 1 high-weighted improvement activity and 1 medium-weighted improvement activity for 60 points in the performance category. However, because 40 is the maximum points awarded, you will receive 40 points total.



Scenario 5:

You are a MIPS eligible clinician located in a rural area and participating in a MIPS APM. You complete 1 medium-weighted improvement activity for 40 points total—20 points for the medium-weighted activity and 20 automatic points for participating in a MIPS APM.





Annual Call for Improvement Activities

How are Improvement Activities Determined Each Performance Year?

Each year we hold an “Annual Call for Improvement Activities” where stakeholders—including clinicians, professional organizations, researchers, consumer groups, and others—can identify and submit new improvement activities or modifications to an improvement activity for consideration in future years of MIPS.

Improvement activity nominations submitted from February through June are considered for the following calendar year rulemaking cycle for possible implementation starting two years later. Submissions received after the July deadline each year are considered for future years. For example, activities submitted prior to the July deadline in 2022 would be considered for inclusion in the 2024 MIPS performance year, for which rules would be published in calendar year 2023. For more information, review the [2022 Call for Measures and Activities Toolkit \(ZIP\)](#).

As established in 2021, in addition to the “Annual Call for Improvement Activities” nomination period, stakeholders may submit nominations during a public health emergency. Additionally, CMS may nominate improvement activities and would consider Health and Human Services (HHS)-nominated improvement activities all year long in order to address HHS initiatives in an expedited manner. Any HHS-nominated improvement activities and those submitted during a public health emergency would be proposed through rulemaking. See the QPP policies in the [CY 2021 PFS Final Rule](#) for additional information.

NOTE: Proposing a new improvement activity is completely voluntary and not a requirement of participation.

How are Improvement Activities Determined Each Performance Year? (Continued)

Beginning in 2022, new improvement activities must at minimum meet the following 8 criteria:

- New activities must not duplicate other improvement activities in the Inventory (**NEW**)
- New activities must drive improvements that go beyond standard clinical practices (**NEW**)
- Relevance to an existing improvement activities subcategory (or a proposed new subcategory).
- Importance of an activity toward achieving improved beneficiary health outcomes.
- Feasible to implement, recognizing importance in minimizing burden, including, to the extent possible, for small practices, practices in rural areas, or in areas designated as geographic Health Professional Shortage Areas by the Health Resources and Services Administration.
- Evidence supports that an activity has a high probability of contributing to improved beneficiary health outcomes.
- Can be linked to existing and related MIPS quality, Promoting Interoperability, and cost measures, as applicable and feasible.
- CMS can validate the activity.

We may also consider the following 6 optional factors when reviewing nominated activities:

- Alignment with patient-centered medical homes.
- Support for the patient's family or personal caregiver.
- Responds to a public health emergency as determined by the Secretary.
- Addresses improvements in practice to reduce healthcare disparities.
- Focus on meaningful actions from the person and family's point of view.
- Representative of activities that multiple individual MIPS eligible clinicians or groups could perform (for example, primary care, specialty care).

NOTE: See the QPP policies in the [CY 2022 PFS Final Rule](#) for additional information.



Help, Resources, Glossary and Version History

Where Can You Go for Help?

Contact the Quality Payment Program Service Center at 1-866-288-8292, Monday through Friday, 8 a.m.- 8 p.m. ET or by e-mail at: QPP@cms.hhs.gov. 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 [QPP Resource Library](#).

Help, Resources, Glossary and Version History

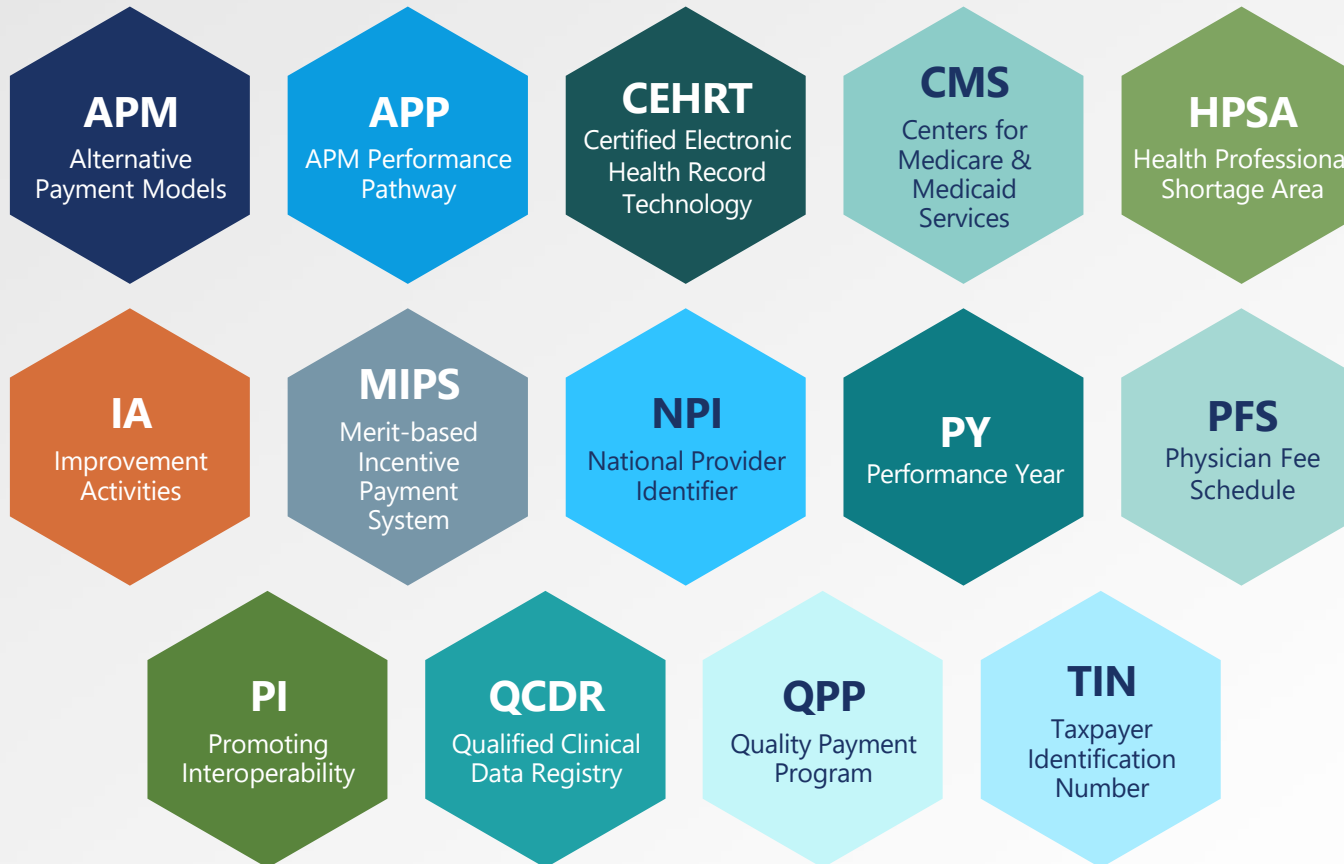
Additional Resources

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.

- [2022 MIPS Quick Start Guide \(PDF\)](#)
- [2022 Eligibility and Participation Quick Start Guide: Traditional MIPS \(PDF\)](#)
- [2022 Improvement Activities Performance Category Quick Start Guide: Traditional MIPS \(PDF\)](#)
- [2022 Improvement Activities Inventory \(ZIP\)](#)
- [Improvement Activities Performance Category: Traditional MIPS Requirements Webpage](#)
- [2022 Call for Measures and Activities Toolkit \(ZIP\)](#)
- [2022 MIPS Data Validation Criteria \(ZIP\)](#)
- [QPP COVID-19 Response Fact Sheet \(PDF\)](#)
- [2022 Quality Payment Program Final Rule Resources \(ZIP\)](#)



Glossary



Version History

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

Date	Description
03/14/2022	Original Posting.