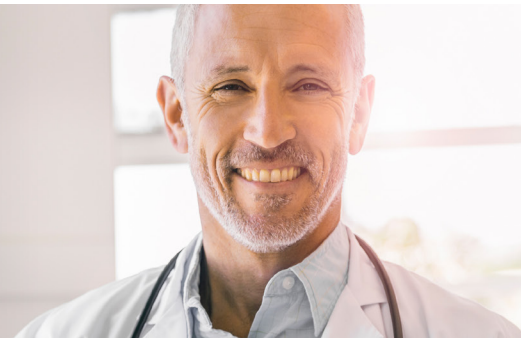


Clinical Integration Educational Series

Deep Dive into the Improvement Activities Category of MIPS



Introduction

The Medicare Access and CHIP Reauthorization Act (MACRA) establishes a new clinician reimbursement mechanism with two payment tracks: the Merit-Based Incentive Payment System (MIPS) track and the Advanced Alternative Payment Model (APM) track.

So far in this educational series we've reviewed MACRA, the timing of implementation, and the impact of MIPS on clinician reimbursement. MIPS adjusts clinician payments based on their performance across four categories. Last week, we covered the Quality category in depth. This week, we will go into detail about the Improvement Activities category.



Improvement Activities Reporting under MIPS

The Improvement Activities category within MIPS measures a clinician's or group's efforts to make care delivery more patient-centric. The Improvement Activities score comprises 15% of a clinician's total MIPS score in performance year 2017. As a reminder, clinician performance under MIPS in 2017 impacts payment in 2019.

In order to meet the Improvement Activities category requirements in performance year 2017, clinicians choose from over 90 activities in CMS's inventory related to:

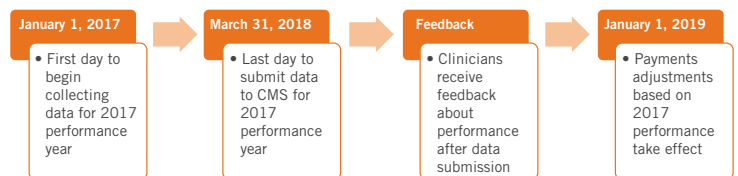
1. Beneficiary Engagement
2. Patient Safety and Practice Assessment
3. Achieving Health Equity
4. Behavioral and Mental Health
5. Expanded Practice Access
6. Population Management
7. Care Coordination
8. Emergency Response and Preparedness

The Improvement Activities category is worth 40 points total, with each activity worth either 10 points (medium-weight activities) or 20 points (high-weight activities). To get full credit in performance year 2017, you must perform and report on some combination of activities that equals 40 points.

In order to receive credit for an activity, you must meet all of the requirements of the activity. **No partial credit is given to clinicians who do not fulfill all of an activity's requirements.**

Clinicians can choose to report individually or as a group. No matter which method you choose, you must report at least 90 consecutive days of data for each activity. If you choose to report as a group, your group will receive a single score. If at least one clinician in your group is performing an activity for a continuous 90 days, the group is allowed report on that activity.

Reporting Timeline



Reporting Mechanisms

Improvement Activities data for MIPS can be reported through:

1. Qualified Clinical Data Registries
2. Qualified Registry
3. Electronic Health Records
4. Attestation

Groups with 25 or more clinicians may report through the CMS Web Interface. In 2017, clinicians and groups will report on Improvement Activities by designating "yes" or "no" to performing the activities that appear in CMS's inventory. You may only use one method to submit all your Improvement Activities data. A combination of methods is not allowed.

*This informational series will be distributed every other week to help clinicians stay updated on MACRA and other initiatives. The next topic will be an overview of the Advancing Care Information category under the Merit-Based Incentive Payment System (MIPS). **SRQCN will be publishing a MIPS Playbook in January 2017 which will outline the network's MIPS strategy and will facilitate strong performance in the Quality Payment Program.** In the meantime, for more details on MACRA and to explore measures please contact your physician practice liaison or visit <https://qpp.cms.gov/measures/ia>.*