The Physicians Advocacy Institute’s
Medicare Quality Payment Program (QPP)
Physician Education Initiative

2019 Improvement Activities Category Overview
2019 Improvement Activities Category Overview

2019 is the third year of the MACRA Quality Payment Program (QPP), under which physicians may choose to participate in an Advanced Alternative Payment Model (APM) or submit data to the Merit-Based Incentive Payment System (MIPS).

MIPS consolidates and sunsets the previous quality reporting programs by the Centers for Medicare and Medicaid Services (CMS), including the Physician Quality Reporting System (PQRS), Value-based Payment Modifier (VM), and the Electronic Health Records (EHR) Incentive program (Meaningful Use), into one program. In 2019, MIPS has four weighted performance categories: quality (45%), based on PQRS; cost (15%), based on VM; promoting interoperability (PI) (25%), previously advancing care information (ACI); and improvement activities (15%).

This resource provides an overview and guidance for the improvement activities category which rewards physicians and practices for engaging in clinical practice improvement activities.
What are improvement activities?

Improvement activities are activities that improve clinical practice or care delivery that are likely to result in improved outcomes. In 2019, there are 118 improvement activities to choose from that are eligible for MIPS credit.

What are my options for the improvement activities category?

Like the 2018 MIPS performance year, physicians will still have the consecutive 90-day performance period option for the improvement activities and may elect to have a full-year performance period. Physicians must still report any combination of medium- and high-weight activities to achieve 40 total points.

* For 2019, eligible clinicians include physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, physical therapist, occupational therapist, qualified speech-language pathologist, qualified audiologist, clinical psychologist, registered dietitian or nutrition professionals.
What improvement activities should I report?

It is likely that you are already performing at least one improvement activity in your practice but may be calling it by a different name. It is recommended that you review the list of improvement activities and select that are already applicable to your practice. There are 9 subcategories of improvement activities:

<table>
<thead>
<tr>
<th>Expanded Practice Access</th>
<th>• e.g., same day appointments for urgent need or after-hours access to advice or services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population Management</td>
<td>• e.g., participation in population health research</td>
</tr>
<tr>
<td>Care Coordination</td>
<td>• e.g., timely communication of test results or exchange of clinical information to patients</td>
</tr>
<tr>
<td>Beneficiary Engagement</td>
<td>• e.g., participation in a QCDR that promotes use of patient engagement tools</td>
</tr>
<tr>
<td>Patient Safety and Practice Assessment</td>
<td>• e.g., annual registration in a prescription drug monitoring program</td>
</tr>
<tr>
<td>Participating in an APM</td>
<td>• e.g., Medicare Shared Savings Program (MSSP)</td>
</tr>
<tr>
<td>Achieving Health Equity</td>
<td>• e.g., engaging new Medicaid patients and following-up in a timely manner</td>
</tr>
<tr>
<td>Emergency Response and Preparedness</td>
<td>• e.g., participation on Disaster Medical Assistance Team</td>
</tr>
<tr>
<td>Behavioral and Mental Health</td>
<td>• e.g., integrating behavioral health with primary care to address substance use disorders or other health conditions</td>
</tr>
</tbody>
</table>

We recommend narrowing the list of activities by the subcategories that may be the most applicable to your practice and patient population.

You are not required to perform activities in each subcategory or select activities from a certain number of subcategories in order to receive the highest possible score. You may select any combination of activities from any subcategory to achieve the 40 points.

CMS will post the data validation and documentation required for each activity for audit purposes on the CMS QPP Resource Library.
What exactly do I need to report? How and by when?

There are generally five collection type options via which physicians can submit their MIPS data: Medicare Part B claims, CMS Web Interface, Log-In and Attest, Log-In and Upload, and Direct.

<table>
<thead>
<tr>
<th>Reporting Mechanism</th>
<th>Reporting Options</th>
</tr>
</thead>
</table>
| Medicare Part B claims | • Quality measures are reported through routine billing processes  
• Only available to small practices (15 or fewer ECs) |
| Direct | • Third-party intermediaries transmit data through a computer-to-computer interaction (e.g., an API)  
• Third-party intermediaries include qualified clinical data registries (QCDRs), qualified registries, and EHR vendors |
| CMS Web Interface | • Web-based application with a required set of measures  
• Only available to groups of 25 or more clinicians |
| Log-In and Attest | • Participants can login and manually attest to data submission  
• Available to individual physicians and those in groups, as well as third-party intermediaries |
| Log-In and Upload | • Participants can login and upload data in an approved format on qpp.cms.gov  
• Available to individual physicians and those in groups, as well as third-party intermediaries |

Reporting mechanisms that can be used to submit your MIPS data depend on the category and whether you participate as an individual, group, or Virtual Group. You can report different categories using different collection types and reporting mechanisms; you are not required to submit MIPS data using one collection type or reporting mechanism across all the categories. Additionally, beginning with 2019, you can submit quality measures and improvement activities data using multiple reporting mechanisms and CMS will aggregate the data for scoring purposes.

<table>
<thead>
<tr>
<th>Category</th>
<th>Reporting Options</th>
</tr>
</thead>
</table>
| Improvement Activities | Individual, Groups, Virtual Groups, and Third-Party Intermediaries (e.g., Qualified Registry, QCDR, CEHRT, CMS-approved survey vendor)  
| Direct; Log-In and Upload; Log-In and Attest (via qpp.cms.gov) |

If you report the improvement activities category using the attestation option through the CMS QPP Submission portal, you do not need to submit data on the specific activities to CMS, but you will need to attest “yes” to each activity that you performed. This option is available to you at no
cost by CMS. It is recommended that you retain documentation supporting your attestation for at least 10 years for audit purposes.

If you report the improvement activities category using a qualified registry, QCDR, EHR technology, or the CMS Web Interface, these intermediaries may have specific data submission requirements for each activity, and these intermediaries will need to certify to CMS that you performed the activities as indicated. It is recommended that you contact the vendor for the reporting mechanism you elect and ask them about their capabilities and fees for reporting the improvement activities category to CMS on your behalf. Again, it is recommended that you retain documentation supporting your attestation for at least 10 years for audit purposes.

The deadline to report your activities for the improvement activities category is March 31, 2020.

**Where can I go for more information?**

Please visit PAI’s [QPP Resource Center](https://physiciansadvocacy.org/qualitypayforperformance), [CMS Improvement Activities page](https://www.cms.gov/Quality-Payers/Quality-Payers-Programs/Improvement-Activities), and the [CMS’s QPP Resource Library](https://www.cms.gov/About-CMS/Our-Management/Quality-Payers) for additional information.