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

2020 Improvement Activities Category Overview
MEDICARE QPP PHYSICIAN EDUCATION INITIATIVE

2020 Improvement Activities Category Overview

2020 is the fourth 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 2020, 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 2020, there are 105 improvement activities to choose from that are eligible for MIPS credit.

What are my options for the improvement activities category?

Like the 2019 MIPS performance year, physicians will still have the continuous 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 2020, eligible clinicians include physicians (MD, DO, DDS, DMD, DPM, OD), osteopathic practitioners, chiropractors, physician assistants, nurse practitioners, certified nurse anesthetists, physical therapists, occupational therapists, clinical psychologists, qualified speech-language pathologists, qualified audiologists, registered dietitians or nutrition professionals.

Important: Beginning in 2020, group and Virtual Group practices, will only be permitted to attest to an improvement activity if at least 50% of the clinicians in the group or Virtual Group perform
the same activity during any consecutive 90-day period, or as specified in the activity description for the same performance year.

**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 105 Improvement Activities and select those that are already applicable to your practice. There are 8 subcategories of improvement activities:

- **Expanded Practice Access**
  - e.g., same day appointments for urgent need or after-hours access to advice or services

- **Population Management**
  - e.g., adopting and implementing processes to develop Advance Care Planning

- **Care Coordination**
  - e.g., timely communication of test results or exchange of clinical information to patients

- **Beneficiary Engagement**
  - e.g., participation in a QCDR that promotes use of patient engagement tools

- **Patient Safety and Practice Assessment**
  - e.g., annual registration in a prescription drug monitoring program

- **Achieving Health Equity**
  - e.g., engaging new Medicaid patients and following-up in a timely manner

- **Emergency Response and Preparedness**
  - e.g., participation on Disaster Medical Assistance Team

- **Behavioral and Mental Health**
  - e.g., integrating behavioral health with primary care to address substance use disorders or other health conditions

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.
It is recommended that you review the data validation criteria and documentation required for each activity for audit purposes.

**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.

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, 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>
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<tbody>
<tr>
<td>Improvement Activities</td>
<td>Individual, Groups, Virtual Groups, and Third-Party Intermediaries (e.g., Qualified Registry, QCDR, CEHRT, CMS-approved survey vendor)</td>
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<tr>
<td></td>
<td>Direct; Log-In and Upload; Log-In and Attest (via qpp.cms.gov)</td>
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If you report the improvement activities category using the attestation option through the CMS OPP 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 6 years for audit purposes.

If you report the improvement activities category using a qualified registry, QCDR, certified EHR technology (CEHRT), 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 6 years for audit purposes.

The deadline to report your activities for the improvement activities category is March 31, 2021.

Where can I go for more information?

Please visit PAI’s QPP Resource Center, CMS Improvement Activities page, and the CMS’s QPP Resource Library for additional information.