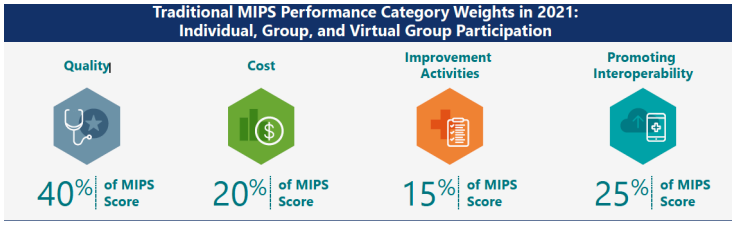
2021 MIPS IMPROVEMENT ACTIVITY PERFORMANCE CATEGORY: *HELPFUL INFORMATION*

Please note the MIPS Improvement Activity (IA) Performance Category reporting requirements for MIPS-eligible clinicians and groups for the 2021 reporting year are available in the CMS Quality Payment Program Resource Library.

The minimum required period for full credit in the IA category for 2021 is 90 days*, so there is still time to begin if you have not started already!



MIPS Improvement Activity Performance Category

The MIPS Improvement Activity performance category was introduced by CMS new in 2017. For 2021, this category will count for 15% of the overall MIPS Performance Score.

The IA category requires eligible practitioners to attest to completing a certain number of CMS-approved activities over the course of the year, with each activity taking place over at least a continuous 90 day period in 2021, up to and including the full calendar year (1/1/21-12/31/21)

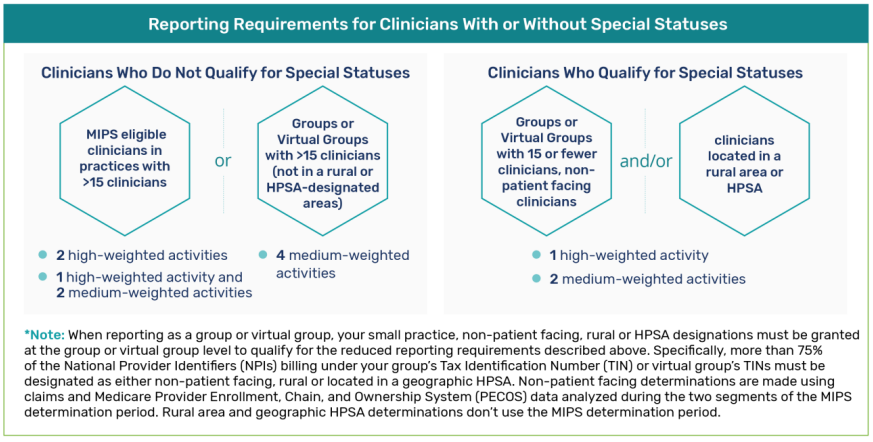
***vs. the Quality Performance Category, which requires reporting for the full year in 2021**

Improvement Activity Scoring

Your IA score is determined by the number of points earned divided by the maximum number of points (40). The IA score is then weighted by 15% when calculating your final MIPS score. The number of required activities depends on whether the group or individual is considered "patient facing" or "non-patient facing." CMS does not limit the number of high or medium weighted activities you may submit, though you can only be awarded a maximum of 40 total points.

Patient facing clinicians are required to attest to either *two high-weighted* Improvement Activities or *four medium-weighted* activities

Non-patient facing clinicians, groups of fewer than 15 participants and those in rural or health professional shortage areas only have to attest to *one high-weighted* activity or *two medium-weighted* activities.



How to Report Improvement Activities

There are several submission mechanisms available for Improvement Activities during the 2021 performance period, including Attestation, Qualified Clinical Data Registry (QCDR)*, Qualified Registry, Electronic Health Record (EHR), and CMS Web Interface (groups or virtual groups of 25 or more).

*** The OEIS National Registry QCDR optional MIPS reporting service includes IA and Quality Category reporting 2021.**

***New as of 2020:** **At least 50% of the clinicians (in the group or virtual group) must perform the same activity during any continuous 90-day period,** or as specified in the activity description**,** within the same performance period.

Available Activities

OEIS National Registry offers participating physicians and groups a list of **OEIS NR Recommended Improvement Activities.** The full list of all CMS-approved Quality Payment Program Improvement Activities is available in the **QPP Resource Library.**

Attesting and Submitting Activities

For MIPS reporting, only an attestation is required to receive points for completing Improvement Activities. Participants in the OEIS National Registry QCDR can submit IA attestations using a webform that will be available to MIPS participating sites and physicians during the submission election period at the beginning of the year.

One attestation must be provided for each Improvement Activity performed for a minimum 90 day period within the performance year.* Those who choose to submit using Claims or Qualified Registries can attest to Improvement Activities using a web interface soon to be available on the CMS website.

***Please note that you cannot begin participation in OEIS NR QCDR to fulfill the specific QCDR-related Improvement Activities* after October 1, though most existing registry participating sites should should be in compliance if you have been reviewing your registry dashboard reports throughout the year.**

***See: IA_PM_7 and IA_PSPA_7 activity specifications in the OEIS NR Recommended Improvement Activities list**

Be Prepared for CMS Audit

CMS has provided some suggested documentation for each activity, for practices to use to document their IA reporting, but their guidelines are not specific. In the event of an audit, practices will need to ensure they have documentation confirming the completion of the activity.*

According to CMS, "The documentation used to validate your activities should demonstrate consistent and meaningful engagement within the period for which you attest."

***CMS currently requires maintaining records supporting MIPS performance for six (6) years following the end of the performance year. For more information, please see the CMS 2021 MIPS Data Validation Criteria.**

Suggested Documentation

OEIS NR recommends gathering your supporting documentation at the time of initial collection, reporting, and storage of data so you will be prepared in the event of an audit. Once the practice has decided which activities to report, the following steps should be followed to create the audit documentation for *each activity*:

1. **List the Improvement Activity Selected**
   - Include IA number and Activity Name from the IA List published in the CMS QPP Resource Library.
   - List the activity weight (either high or medium)
2. **List the timeframe for performing the activity**
   - Minimum 90 consecutive days in 2021 (ex. September 1, 2021-December 31, 2021)
3. **Describe how your practice plans to satisfy this activity**
   - Give a title and personalize the activity with a description including any goals and targeted outcomes or metrics
4. **Describe the current process to be improved**
   - Include people, process, technology
   - If no process currently exists, describe the lack of process that will be addressed with your improvement activity
5. **Detail the steps to implement your activity including your process and workflows**
   - Include people, process, technology, metrics, etc.

     Ex.) For IA_PM_7 Use of QCDR data for ongoing practice assessment and improvements, documenting that physicians (at least 50% of physicians in the group for a group submission) are regularly reviewing and utilizing OEIS NR QCDR reports for practice assessment and to identify areas for improvement (e.g., Emergent Transfer report allows for reviewing care trends to improve patient safety; Procedure Success and Complication reports allows assessment of best practices to improve patient care) over the course of a 90 day (minimum) period. Describe the benefits and value derived by the activity and who will benefit (patients, hospital, your practice, referring physicians, etc.)

   - Include benefits statements, return-on-investment statements, etc.
7. **Identify and include material supporting the accomplishment of the activity**
   - Examples are screen shots, images, reports, documents, etc.

     Ex.) For IA_EPA_1 Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record, printing out audit log or time/date note from outside of normal hours would provide supporting documentation
8. **Include original attestation forms along with supporting documentation**
9. **Convert all materials to a single file in .pdf format for each activity and store for reference/audit purposes**

CMS Resources:

QPP Resource Library

CMS 2021 MIPS Quick Start Guide

CMS 2021 IA Quick Start Guide

2021 MIPS Data Validation Criteria