

## 2025 MIPS IMPROVEMENT ACTIVITY PERFORMANCE CATEGORY: HELPFUL INFORMATION

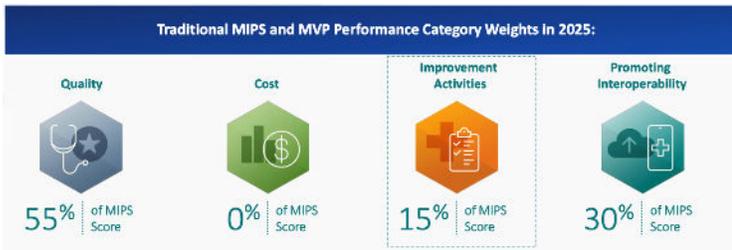
\*Please note: The MIPS Improvement Activity (IA) Performance Category reporting requirements for MIPS-eligible clinicians and groups for the 2025 reporting year are available in the CMS Quality Payment Program Resource Library.

**The minimum required period for full credit in the IA category for 2025 is 90 days\*, so there is still time!**

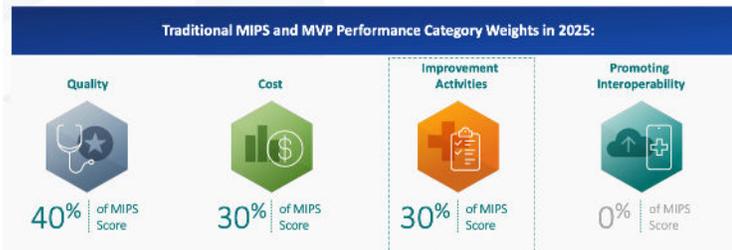
### MIPS Improvement Activity Performance Category

For 2025, the improvement activities performance category for traditional MIPS:

- Is typically worth 15% of your MIPS final score, but small practices are reweighted to 30%.
- Clinicians, groups, and virtual groups with the small practice, rural, non-patient facing, or health professional shortage area special status must attest to 1 activity.
- All other clinicians, groups, and virtual groups must attest to 2 activities.
- Requires you to attest to activities during the submission window (1/2/2025 – 4/1/2025) for the 2025 performance year.
- At least 50% of the clinicians (in the group or virtual group) must perform the same activity within the same performance period.



Standard Weighting for Small Practices  
(Promoting Interoperability Automatically Reweighted)



### How to Report IAs

There are several submission mechanisms available for Improvement Activities during the 2025 performance period, including manual attestation through the [QPP website](#) or through a third party such as Qualified Clinical Data Registry (QCDR)\* or Qualified Registry.

### IA 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 (or 30% for small practices). The number of required activities depends on whether the clinicians have certain **special statuses**. CMS does not limit the number of activities you may submit, though you can only be awarded a maximum of 40 total points.

Traditional MIPS
<p>Clinicians, groups, virtual groups, and APM Entities with certain special statuses (small practice, rural, health professional shortage area (HPSA), non-patient facing) select (from over 100 activities) and perform:</p> <ul style="list-style-type: none"> <li>• 1 improvement activity (40 points)</li> </ul>
<p>All other MIPS eligible clinicians select (from over 100 activities) and perform:</p> <ul style="list-style-type: none"> <li>• 2 improvement activities (20 points each)</li> </ul>

## 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](#).

### What's New with Improvement Activities in 2025?

<p>We updated activity weighting and number of activities required to attest</p>	<p>Improvement activities won't be weighted, and we've changed the number of activities clinicians are required to attest to completing.</p> <ul style="list-style-type: none"><li>• MVP Reporting: Clinicians, groups, and subgroups (regardless of special status) must attest to 1 activity</li><li>• Traditional MIPS Reporting:<ul style="list-style-type: none"><li>– Clinicians, groups, and virtual groups with the small practice, rural, non-patient facing, or health professional shortage area special status must attest to 1 activity.</li><li>– All other clinicians, groups, and virtual groups must attest to 2 activities.</li></ul></li></ul>
<p>We added 2 new improvement activities:</p>	<ul style="list-style-type: none"><li>• Implementation of Protocols and Provision of Resources to Increase Lung Cancer Screening Uptake (IA_PM_24)</li><li>• Save a Million Hearts: Standardization of Approach to Screening and Treatment for Cardiovascular Disease Risk (IA_PM_25)</li></ul>
<p>We removed 4 improvement activities:</p>	<ul style="list-style-type: none"><li>• Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (IA_EPA_1)</li><li>• Implementation of a Personal Protective Equipment (PPE) Plan (IA_ERP_4)</li><li>• Implementation of a Laboratory Preparedness Plan (IA_ERP_5)</li><li>• Invasive Procedure or Surgery Anticoagulation Medication Management (IA_PSPA_27)</li></ul>

Note: The following activities have been suspended for the 2025 performance period: IA\_AHE\_5, IA\_AHE\_8, IA\_AHE\_9, IA\_AHE\_11, IA\_AHE\_12, IA\_PM\_6, IA\_ERP\_3, and IA\_PM\_26. However, if any of the suspended improvement activities have already been completed or were in the process of being completed, clinicians will still be able to attest to completing them and receive credit. Please review the [2025 Improvement Activities Inventory](#) for available improvement activities.

## 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.\*

## 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."

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

- Screenshot or digital capture of relevant information supporting the attestation.
- Improvement plans and/or outlines supporting the interventional strategies/processes implemented to meet the intent of the improvement activity.
- EHR Report: Retain a copy of documentation relevant to the chosen improvement activity as evidence of attestation.

### 2025 Data Validation Criteria

The 2025 MIPS Data Validation Criteria document, which will help you understand improvement activity documentation requirements:

- Contains examples of ways to demonstrate completion of each improvement activity and clarifies the flexibilities clinicians have in implementing the activities.
- Articulates the objective of each activity.
- Will be available in early 2025 and also includes MIPS Data Validation Criteria for the Promoting Interoperability performance category.

\*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 [2025 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 2025 (ex. September 1, 2025-December 31, 2025)
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\_PSPA\_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 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) AND use them to drive improvements for specific patient populations 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\_2 Use of Telehealth Services that Expand Access- Describing workflow AND printing out audit log or time/date note from medical records demonstrating standardized processes.*
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 2025 MIPS Quick Start Guide](#)

[CMS 2025 IA Quick Start Guide](#)

[2025 MIPS Data Validation Criteria](#)

**DISCLAIMER:** Participation in the OEIS National Registry QCDR does not guarantee satisfactory participation in CMS MIPS program. Successful submission to CMS is contingent upon each individual eligible clinician and/or group meeting the MIPS program requirements and the timeliness, quality, and accuracy of the data they provide for reporting. The information provided is not to be construed as practice management or legal advice. Every reasonable effort has been made to ensure the accuracy of the information presented at the time of posting, but in the unlikely event of certain errors or omissions, OEIS National Registry will not be liable for any loss or damage incurred by third parties arising from the use of the