Merit-based Incentive Payment System (MIPS)

2024 Improvement Activities Performance Category Quick Start Guide

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Purpose: This resource focuses on the improvement activities performance category, providing high-level requirements about data collection and submission for the 2024 performance year for individual, group, virtual group, subgroups, and Alternative Payment Model (APM) Entity participation. This resource does not address improvement activity requirements under the APM Performance Pathway (APP).

Already know what MIPS is? Skip ahead by clicking the links in the Table of Contents.

How to Use This Guide

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How to Use This Guide

Please Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.

Table of Contents

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Hyperlinks

Hyperlinks to the Quality Payment Program website are included throughout the guide to direct the reader to more information and resources.

Overview

What is the Merit-based Incentive Payment System?

The Merit-based Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP). Under MIPS, we evaluate your performance across multiple categories that drive improved quality and value in our healthcare system.

If you're eligible for MIPS in 2024:

- You have to report measure and activity data for the quality, improvement activities, and Promoting Interoperability performance categories.

  o Exceptions to these reporting requirements include your MIPS reporting option, special status, clinician type, extreme and uncontrollable circumstances or hardship exception. Detailed information will be available in the forthcoming 2024 Traditional MIPS Scoring Guide, 2024 APP Scoring Guide and 2024 MIPS Value Pathways Implementation Guide. These will be posted to the QPP Resource Library.

- We collect and calculate data for the cost performance category for you, if applicable.

  o Exceptions include your MIPS reporting option, participation option, extreme and uncontrollable circumstances and whether or not you meet case minimum for any cost measures.

- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points.

- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.

  o Positive payment adjustment for clinicians with a 2024 final score above 75.

  o Neutral payment adjustment for clinicians with a 2024 final score equal to 75.

  o Negative payment adjustment for clinicians with a 2024 final score below 75.

- Your MIPS payment adjustment is based on your performance during the 2024 performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1, 2026.

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To Learn More About MIPS Eligibility And Participation Options:

- Visit the How MIPS Eligibility is Determined and Participation Options Overview webpages on the Quality Payment Program website.

- View the 2024 MIPS Eligibility and Participation Quick Start Guide.

- Check your current participation status using the QPP Participation Status Tool.

What is the Merit-based Incentive Payment System (Continued)

There are **3 reporting options** available to MIPS eligible clinicians to meet MIPS reporting requirements:

Traditional MIPS	MIPS Value Pathways (MVPs)	APM Performance Pathway (APP)
• The original reporting option for MIPS. • Visit the Traditional MIPS Overview webpage to learn more.	• The newest reporting option, offering clinicians a more meaningful and reduced grouping of measures and activities relevant to a specialty or medical condition. • Visit the MIPS Value Pathways (MVPs) webpage to learn more.	• A streamlined reporting option for **clinicians who participate in a MIPS Alternative Payment Model (APM)**. • Visit the APM Performance Pathway webpage to learn more.
• You select the quality measures and improvement activities that you'll collect and report from all of the quality measures and improvement activities finalized for MIPS.	• You select an MVP that's applicable to your practice. • Then you choose from the quality measures and improvement activities available in your selected MVP. • You'll report a reduced number of quality measures and improvement activities as compared to traditional MIPS.	• You'll report a predetermined set of quality measures. • MIPS APM participants currently receive full credit in the improvement activities performance category, though this is evaluated on an annual basis.
• You'll report the complete Promoting Interoperability measure set.	• You'll report the complete Promoting Interoperability measure set (the same as reported in traditional MIPS).	• You'll report the complete Promoting Interoperability measure set (the same as reported in traditional MIPS).
• We collect and calculate data for the cost performance category for you.	• We collect and calculate data for the cost performance category and population health measures for you.	• Cost isn't evaluated under the APP.

What is the MIPS Improvement Activities Performance Category?

The improvement activities performance category assesses your participation in clinical activities that support the improvement of clinical practice, care delivery, and outcomes. With over 100 activities to choose from, you can select from the 2024 Improvement Activities Inventory (ZIP, 499KB) to find those that best fit your practice and support the needs of your patients by improving patient engagement, care coordination, patient safety, and other areas in patient care.

Individual, Group, Subgroup*, and Virtual Group** Participation

Traditional MIPS and MVP Performance Category Weights in 2024:

Quality	Cost	Improvement Activities	Promoting Interoperability
30% of MIPS Score	30% of MIPS Score	15% of MIPS Score	25% of MIPS Score
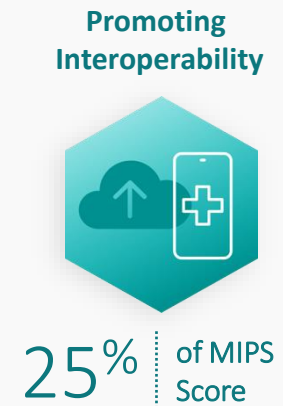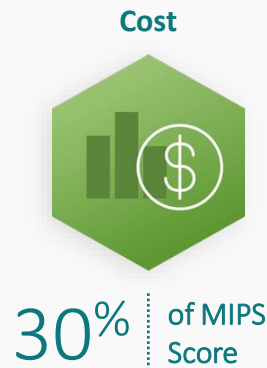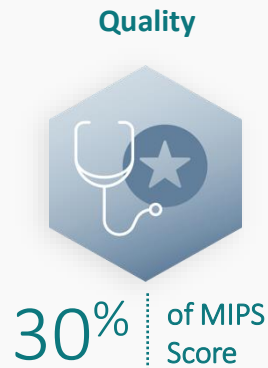
*Available for MVP reporting only.
**Available for traditional MIPS reporting only.

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APM Entity Participation

Traditional MIPS and MVP Performance Category Weights in 2024:

Quality	Cost	Improvement Activities	Promoting Interoperability
55% of MIPS Score	**0**% of MIPS Score	**15**% of MIPS Score	**30**% of MIPS Score

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Standard Weighting for Small Practices
(Promoting Interoperability Automatically Reweighted)

Traditional MIPS and MVP Performance Category Weights in 2024:

Quality

40% | of MIPS Score

Cost

30% | of MIPS Score

Improvement Activities

30% | of MIPS Score

Promoting Interoperability

0% | of MIPS Score
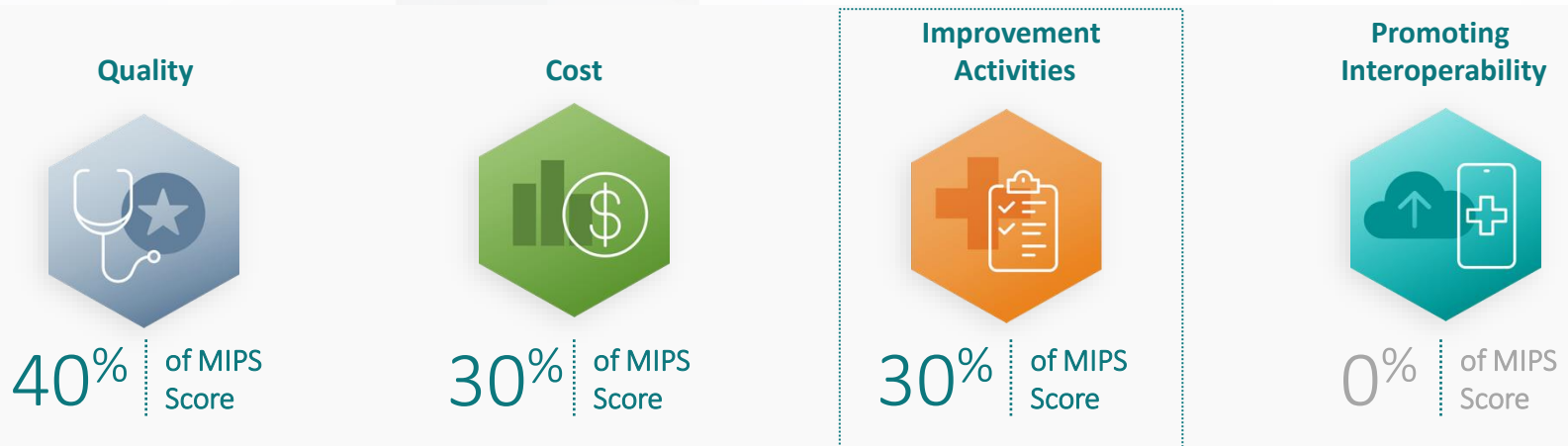
This resource examines the improvement activities performance category under traditional MIPS and MVPs. For information about the improvement activities performance category under the APP, please refer to the Improvement Activities: APP Requirements webpage and the 2024 APP Toolkit (ZIP), which will be available in the Quality Payment Program Resource Library later in 2024.

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What's New with Improvement Activities in 2024?

We added 5 new improvement activities:
- Improving Practice Capacity for Human Immunodeficiency Virus (HIV) Prevention Services (IA_PM_22)
- Practice-Wide Quality Improvement in MIPS Value Pathways (IA_MVP)
- Use of Computable Guidelines and Clinical Decision Support to Improve Adherence for Cervical Cancer Screening and Management Guidelines (IA_PM_23)
- Behavioral/Mental Health and Substance Use Screening & Referral for Pregnant and Postpartum Women (IA_BMH_14)
- Behavioral/Mental Health and Substance Use Screening & Referral for Older Adults (IA_BMH_15)

We removed 3 improvement activities:
- Implementation of co-location PCP and MH services (IA_BMH_6)
- Obtain or Renew an Approved Waiver for Provision of Buprenorphine as Medication-Assisted Treatment [MAT] for Opioid Use Disorder (IA_BMH_13)
- Consulting Appropriate Use Criteria (AUC) Using Clinical Decision Support when Ordering Advanced Diagnostic Imaging (IA_PSPA_29)

We also modified 1 existing improvement activity:
- Use decision support—ideally platform-agnostic, interoperable clinical decision support (CDS) tools—and standardized treatment protocols to manage workflow on the care team to meet patient needs (IA_PSPA_16)

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Get Started with
Improvement
Activities in 4 Steps

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Overview

STEP 1 →

STEP 2 →

STEP 3 →

STEP 4 →

Understand Your Reporting Requirements

Select and Plan to Implement Your Improvement Activities

Implement Your Activities and Compile Documentation Supporting Your Work

Submit Your Data

Any time

Early 2024

Until December 31, 2024

January 2 – March 31, 2025

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Step 1. Understand Your Reporting Requirements

Most clinicians must implement and **submit 2 to 4 improvement activities** to receive the **maximum score of 40 points** in this performance category. Each improvement activity is classified as either medium-weighted or high-weighted.

Traditional MIPS	MVPs
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: • **2 medium-weighted activities** (20 points each) **OR** • **1 high-weighted activity** (40 points)	N/A – there are no reduced reporting requirements for special status designations
All other MIPS eligible clinicians select (from over 100 activities) and perform: • **2 high-weighted activities** (20 points each) **OR** • **1 high-weighted and 2 medium-weighted activities** (10 points each) **OR** • **4 medium-weighted activities**	**All MVP participants** select (from the **activities available within the MVP**): • **2 medium-weighted activities** (20 points each) **OR** • **1 high-weighted activity** (40 points)

Helpful Reminder: If you're reporting measures for the quality performance category as an APM Entity, you'll also report improvement activities at the APM Entity level.

You can't combine performance data submitted between different reporting options (e.g., traditional MIPS and MVPs) into a single final score or submit performance data for one performance category and count it for both reporting options.

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Step 1. Understand Your Reporting Requirements (Continued)

You can also receive credit in this performance category from your participation in certain improvement activities or payment models:

Other Ways to Earn Improvement Activity Points under both traditional MIPS and the MVP reporting option	Points Received	Action Required?
Participate in a certified or recognized **patient-centered medical home** or comparable specialty society.	40 points	**Yes** – You must attest to this participation (IA_PCMH) during the 2024 submission period.
Participate in an APM. [1]	At least 20 points (out of 40 possible)	**Yes** – You must submit data for another MIPS performance category to receive the points awarded (half credit / 50%) for APM participation for the improvement activities performance category. You must attest to additional activities to achieve the maximum 40 points.

[1] For a list of 2023 and 2024 APMs, refer to the 2023 and 2024 Comprehensive List of APMs (PDF, 484KB).

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Step 1. Understand Your Reporting Requirements (Continued)

Applicable to Traditional MIPS ONLY:

To confirm your special status under traditional MIPS, follow the instructions below.

- **Participating as an individual?** Check the QPP Participation Status Tool or sign in to the QPP website for any special statuses assigned at the "Clinician Level."

- **Participating as a group?** Check the QPP Participation Status Tool or sign in to the QPP website for any special statuses assigned at the "Practice Level."

- **Participating as a virtual group?** Sign in to the QPP website to check for any special statuses assigned to the virtual group.

- **Participating as an APM Entity?** Sign in to the QPP website to check if the small status was assigned to the APM Entity. Small status designation for APM Entities will be available in mid-2024.

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Step 2. Select and Plan to Implement Your Improvement Activities

Traditional MIPS

Resources to help you find improvement activities relevant to your practice:

- 2024 Improvement Activities Inventory (ZIP, 499KB) in the Quality Payment Program Resource Library and Explore Measures & Activities Tool (available in early 2024), which list the names, sub-categories, and descriptions of all available activities.

- 2024 Specialty Guides (ZIP) (**TIP:** filter by "Resource Type"), which suggest improvement activities that may be relevant to a given specialty practice (available in the Quality Payment Program Resource Library in the first quarter of 2024).

MVPs

Resources to help you find improvement activities relevant to your practice within your selected MVP:

- Learn about the MVP reporting option and MVP Registration on the QPP website.

- Explore MVPs and the 2024 QPP Final Rule MVP Guide, which list all finalized MVPs, including the improvement activities in each MVP.

- 2024 Improvement Activities Inventory (ZIP, 499KB) in the Quality Payment Program Resource Library, which lists the names, sub-categories, and descriptions of all available activities.

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Step 2. Select and Plan to Implement Your Improvement Activities (Continued)

After you select your improvement activities, make a plan to implement them:

- Plan to implement each improvement activity for a minimum of a **continuous 90-day period, unless otherwise stated in the activity description, in calendar year (CY) 2024** (activities don't have to be performed concurrently).

- If you're reporting **traditional MIPS** as a group, virtual group, or APM Entity, **at least 50% of the clinicians in the group, virtual group, or APM Entity must perform the same activity** for a continuous 90-day period (but don't have to perform the activity concurrently) for the group, virtual group, or APM Entity to attest and receive credit for that activity.

- If you're reporting an **MVP** as a group, subgroup, or APM Entity, **at least 50% of the clinicians in the group, subgroup, or APM Entity must perform the same activity** for a continuous 90-day period (but don't have to perform the activity concurrently) for the group, subgroup, or APM Entity to attest and receive credit for that activity.

- You can attest to improvement activities you performed during the 2023 performance period again unless otherwise indicated in the activity description.

- The last continuous 90-day period to perform an improvement activity begins **October 3, 2024**.

> **Note:** Individual MIPS eligible clinicians within the group, subgroup, virtual group, or APM Entity can perform the same activity during different continuous 90-day periods, or as specified in the activity description, within CY 2024. (Note that each MIPS eligible clinician doesn't have to perform the activity during the same period).

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Step 3. Implement Your Activities and Compile Documentation Supporting Your Work

While implementing the activities you select, compile documentation demonstrating your work.

- **Review the 2024 MIPS Data Validation Criteria document (ZIP, 599KB) for examples of individual improvement activity documentation requirements.**
    - Ensure that each activity selected and attested to is completed and documented accurately and in accordance with the guidance provided in the MIPS Data Validation document.
    - Maintain documentation for each activity you attested to for a period of 6 years as evidence of completion in the event of a CMS audit.

- **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.
    - Electronic Health Record Report: Retain a copy of documentation relevant to the chosen improvement activity as evidence of attestation.

2024 Data Validation Criteria

The 2024 MIPS Data Validation Criteria document (ZIP, 599KB), 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 2024 and also includes MIPS Data Validation Criteria for the Promoting Interoperability performance category.

TIP: In the Quality Payment Program Resource Library, find the MIPS Data Validation Criteria (ZIP, 599KB) easily by searching for "Validation" without filters.

We suggest reviewing this validation document during the performance period to ensure you document your work appropriately.

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Step 4. Submit Your Data

You will need to attest to the completion of your improvement activities or patient-centered medical home participation during the 2024 data submission period (1/2/2025 – 3/31/2025). To submit your attestations, you or your third-party representative will need QPP credentials and authorization. See the Quality Payment Program Access User Guide (ZIP, 4MB) for more information.

There are 3 ways to attest to the completion of your improvement activities:

Who	How
You	Sign in to the QPP website and attest to (manually select) the activities you've performed.
You or a third party	Sign in to the QPP website and upload a file with your activity attestations.
Third party	Perform a direct submission on your behalf, using our submissions application programming interface (API).

IMPORTANT: Each MVP submission must include the related MVP ID, signaling your intent to report the activity data for your selected MVP. **Any data submitted without the necessary MVP ID will be attributed to traditional MIPS instead of the MVP**. If participating as a subgroup, you'll also need to include the subgroup identifier given to you by CMS to your MVP submission.

You aren't required to include supporting documentation when you attest to completing an improvement activity, but **you must keep documentation for 6 years** after submission. Please note that submission platforms may allow you to attest to more than 40 points-worth of activities, but you can't earn more than 40 points in this performance category. You're responsible for compiling and maintaining documentation for all activities to which you attest.

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Step 4. Submit Your Data (Continued)

Did you know? The level at which you participate (individual, group, subgroup, or virtual group) generally applies to all performance categories. We won't combine data submitted at the individual, group, subgroup, and/or virtual group level into a single final score.

For example:

- If you submit any data as an individual, you'll be evaluated for all performance categories as an individual.

- If your practice submits any data as a group, you'll be evaluated for all performance categories as a group.

- If data are submitted both as an individual and a group, you'll be evaluated as an individual and as a group for all

  performance categories, but your payment adjustment will be based on the higher score.

Exception: When participating as an APM Entity, the Entity will submit quality measures (and improvement activities if reporting traditional MIPS or an MVP). MIPS eligible clinicians in the Entity may submit Promoting Interoperability data as individuals or as a group and we'll calculate an average score for this performance category. However, APM Entities also have the option to choose to report Promoting Interoperability data at the APM Entity level.

Note: You also can't combine performance data submitted between different reporting options (e.g., traditional MIPS and MVPs) into a single final score or submit performance data for one performance category and count it for both reporting options.

For example, if your group is reporting both traditional MIPS and an MVP, the group would need to submit (or attest to) their improvement activities for traditional MIPS and then separately submit (or attest to) their activities for their selected MVP. This is required even if you're submitting the same activities for both traditional MIPS and MVP reporting.

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Help and Version
History

HELP AND VERSION HISTORY

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Where Can You Go for Help?

Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, by creating a QPP Service Center ticket, or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

Visit the Quality Payment Program website for other help and support information, to learn more about MIPS, and to check out the resources available in the Quality Payment Program Resource Library.

Visit the Small Practices page of the Quality Payment Program website where you can **sign up for the monthly QPP Small Practices Newsletter** and find resources and information relevant for small practices.

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Version History

If we need to update this document, changes will be identified here.

Date	Description
03/14/2024	Updated language on slides 6 and 21 for accuracy and clarity.
01/19/2024	Included links to QPP resources published after the original posting of this quick start guide. Updated slide 6 to include information about exceptions.
12/27/2023	Original Posting.