

## Merit-based Incentive Payment System (MIPS)

Participating in the Improvement  
Activities Performance Category in the  
2021 Performance Year: Traditional  
MIPS

Updated: 08/06/2021



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**Purpose:** This detailed resource focuses on the improvement activities performance category requirements under the traditional Merit-based Incentive Payment System (MIPS) (original framework for collecting and reporting data since the inception of the Quality Payment Program), including data collection and submission for individual, group, virtual group, and Alternative Payment Model (APM) Entity participation for the 2021 performance year. This resource doesn't address improvement activities requirements under the Alternative Payment Model Pathway (APP).



## 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 [QPP website](#) are included throughout the guide to direct you to more information and resources.



## Overview

## COVID-19 and 2021 Participation

The 2019 Coronavirus (COVID-19) public health emergency continues to impact all clinicians across the United States and territories. However, we recognize that not all practices have been impacted by COVID-19 to the same extent. For the 2021 performance year, we will continue to use our Extreme and Uncontrollable Circumstances policy to allow MIPS eligible clinicians, groups, virtual groups, and APM Entities to [submit an application](#) requesting reweighting of one or more MIPS performance categories to 0% due to the current COVID - 19 public health emergency. The application will be available in spring 2021 along with additional resources.

Due to the anticipated need for continued COVID-19 clinical trials and data collection, MIPS eligible clinicians, groups, and virtual groups that meet the improvement activity criteria will be able to receive credit for the COVID-19 Clinical Reporting with or without Clinical Trial improvement activity for the 2021 performance year.

For more information about the impact of COVID-19 on Quality Payment Program (QPP) participation, see the [QPP COVID-19 Response webpage](#).



## What is the Quality Payment Program?

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) ended the Sustainable Growth Rate (SGR) formula, which would have resulted in a significant cut to Medicare payment rates for clinicians. MACRA advances a forward-looking, coordinated framework for clinicians to successfully participate in the Quality Payment Program (QPP), which rewards value in one of 2 ways:



\* Note: If you participate in an Advanced APM and don't achieve QP or Partial QP status, you will be subject to a performance-based payment adjustment through MIPS unless you are otherwise excluded.

## What is the Merit-based Incentive Payment System?

The Merit-based Incentive Payment System (MIPS) is one way to participate in QPP, a program authorized by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). The program changes how we reimburse MIPS eligible clinicians for Part B covered professional services and reward them for improving the quality of patient care and health outcomes.

Under MIPS, we evaluate your performance across multiple performance categories that lead to improved quality and value in our healthcare system.

If you're [eligible for MIPS in 2021](#):

- You generally have to submit data for the quality, improvement activities, and Promoting Interoperability performance categories.
- 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.
- Your MIPS payment adjustment is based on your performance during the 2021 performance year and applied to payments for covered professional services beginning on January 1, 2023.

### To learn more about how to participate in MIPS:

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Overview](#) webpages on [the QPP website](#).
- View the [2021 MIPS Eligibility and Participation Quick Start Guide \(PDF\)](#).
- Check your current MIPS participation status using the [QPP Participation Status Tool](#).



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

**Traditional MIPS**, established in the first year of the QPP, is the original framework for collecting and reporting data to MIPS.

Under traditional MIPS, participants select from over 200 quality measures and over 100 improvement activities, in addition to reporting the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.

In addition to traditional MIPS, 2 other MIPS reporting frameworks will be available to MIPS eligible clinicians:

The **APM Performance Pathway (APP)** is a streamlined reporting framework beginning with the 2021 performance year for MIPS eligible clinicians who participate in a MIPS APM. The APP is designed to reduce reporting burden, create new scoring opportunities for participants in MIPS APMs, and encourage participation in APMs.

**MIPS Value Pathways (MVPs)** are a reporting framework that will offer clinicians a subset of measures and activities, established through rulemaking. MVPs are tied to our goal of moving away from siloed reporting of measures and activities towards focused sets of measures and activities that are more meaningful to a clinician's practice, specialty, or public health priority. We didn't propose any MVPs for implementation in 2021 but intend to do so through future rulemaking.

### To learn more about the APP:

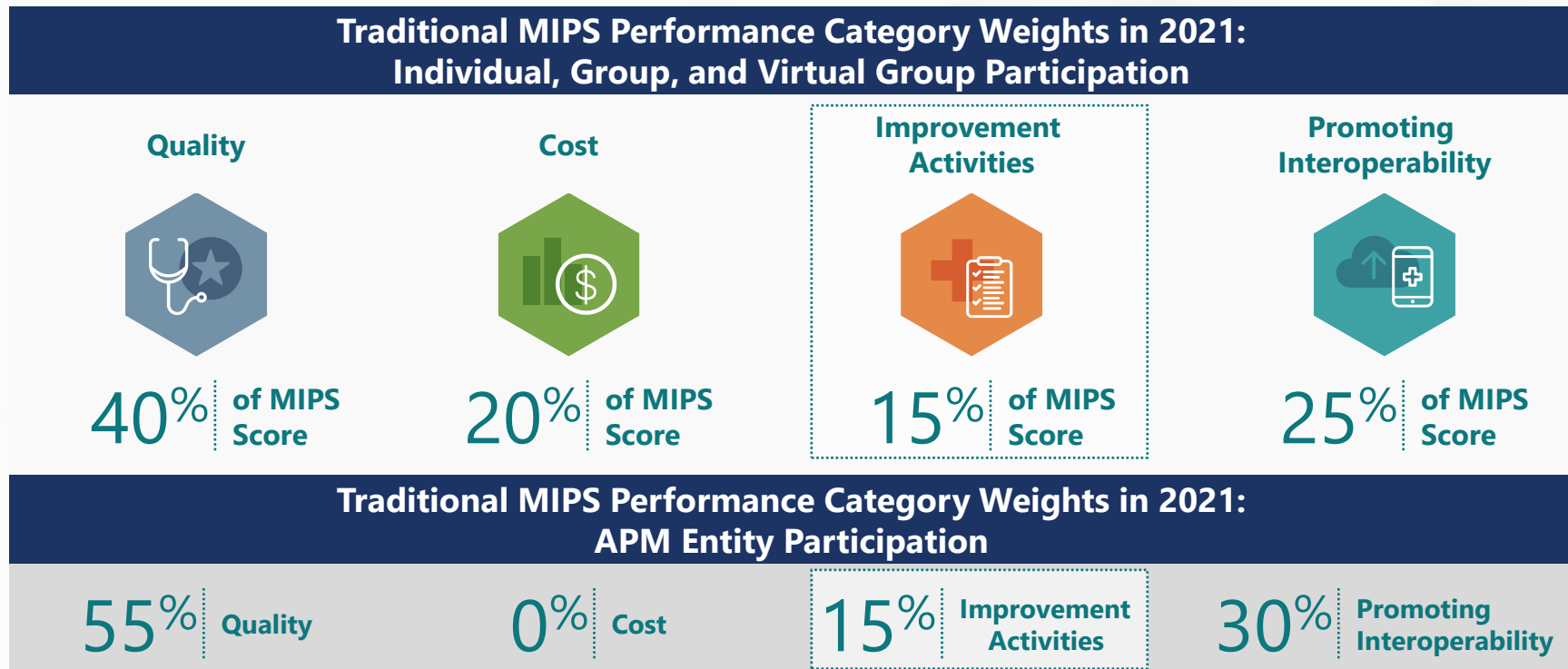
- Visit the [APM Performance Pathway \(APP\) webpage](#) on the QPP website.
- View the following:
  - [2021 APM Performance Pathway \(APP\) for MIPS APM Participants Fact Sheet \(PDF\)](#);
  - [2021 APM Performance Pathway \(APP\) Infographic \(PDF\)](#);
  - [2021 APM Performance Pathway Reporting Scenarios \(PDF\)](#);
  - [2021 APM Performance Pathway Quick Start Guide \(PDF\)](#).

### To learn more about MVPs:

- Visit the [MIPS Value Pathways \(MVPs\) webpage](#) on the QPP website.

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

This guide focuses on the **improvement activities** performance category under traditional MIPS for the 2021 performance year of the QPP.



For information about the improvement activities performance category under the APP, please refer to the [2021 APM Performance Pathway \(APP\) for MIPS APM Participants Fact Sheet \(PDF\)](#) or the [2021 APM Performance Pathway Quick Start Guide \(PDF\)](#). For more information on participating in an APM, visit our [APMs Overview webpage](#) and check out our APM-related resources in the [QPP Resource Library](#).

**NOTE:** MIPS APM participants reporting under traditional MIPS will automatically receive 50% credit for the improvement activities performance category for the 2021 performance year.



# Improvement Activities Basics

## 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 [2021 MIPS Improvement Activities Inventory \(ZIP\)](#) to find those that best fit your practice and support the needs of your patients.

The MIPS improvement activities are divided into the following eight subcategories:



## What is the MIPS Improvement Activities Performance Category? (Continued)

### For 2021, the improvement activities performance category for traditional MIPS:

- Is worth 15% of your MIPS Final Score.
- Requires you to implement 2 to 4 improvement activities to receive the maximum score of 40 points in this performance category.
- Has a performance period of 90 continuous days for most improvement activities with a few exceptions.
- Requires you to simply attest to activities during the performance year (PY) 2021 submission window (1/3/2022 – 3/31/2022). While you do not have to submit any supporting data when you attest to completing an activity, you must keep documentation for 6 years subsequent to submission.

### What's New with Improvement Activities in 2021?

- We're continuing the high-weighted COVID-19 Clinical Data Reporting with or without Clinical Trial (IA\_ERP\_3) improvement activity for the 2021 performance year. See [page 16](#) for more details.
- We modified 2 existing improvement activities: Engagement of Patient through Implementation of Improvements in Patient Portal (IA\_BE\_4) and Comprehensive Eye Exams (IA\_AHE\_7). See the QPP policies in the [CY 2021 Physician Fee Schedule \(PFS\) Final Rule](#) for more details about the modifications.
- We removed one activity that is obsolete: CMS Partner in Patients Hospital Engagement Network (IA\_CC\_5).



## How Do I Choose Improvement Activities?

You should select activities that are most meaningful to your practice and support the needs of your patients by improving patient engagement, care coordination, patient safety, and other areas in patient care. You might choose to focus on a particular subcategory or use the [Explore Measures & Activities Tool](#) to search for activities using keywords that align with your selected quality performance category measures.

For example, for one of your improvement activities, you might pair Glycemic Management Services (IA\_PM\_4) or Chronic Care and Preventative Care Management for Empowered Patients (IA\_PM\_13) with Hemoglobin A1c Poor Control (>9%) (Quality ID 001), Diabetes: Medical Attention for Nephropathy (Quality ID 119), and/or Evaluation Controlling High Blood Pressure (Quality ID 236).

**When selecting improvement activities, here are some questions you should consider:**

- **Will you be reporting as a group, virtual group, or APM Entity?** If you plan to report as a group, virtual group, or APM Entity, **at least 50% of the eligible clinicians in the group, virtual group, or APM Entity must implement the same activity** during any continuous 90-day period (or as the period specified in the activity description) in the same performance year in order to attest to that activity. Individual clinicians within the group, virtual group, or APM Entity can implement the activity during any continuous 90-day period (or the period specified in the activity description). For example, if there are a total of 4 clinicians in your virtual group, 2 or more clinicians will each need to implement the same improvement activity for the performance period specified in the activity description at some point during the 2021 performance year in order for the group to successfully attest to the activity. Assuming the activity has a 90-day performance period, one clinician can implement the activity from March 1, 2021 to June 30, 2021 and the other can implement the same activity from October 3, 2021 to December 31, 2021.
- **Do you have a special status designation?** The number of activities you'll need to implement and attest to receive the maximum score for the performance category depends on whether or not you have any special designations (e.g., small practice, non-patient facing) or are part of a patient-centered medical home or comparable specialty practice or MIPS APM. Most clinicians must implement and attest to 2 to 4 improvement activities to receive the maximum score of 40 points. However, clinicians with special status designation only need to submit 1 to 2 improvement activities. See [page 18](#) for more information.

## How Do I Choose Improvement Activities? (Continued)

- **Who will attest to improvement activities?** You'll also want to consider how you plan to attest to the completion of your improvement activities during the PY 2021 submission period. For example, will a third-party intermediary attest on your behalf? If you are working with a Qualified Registry or Qualified Clinical Data Registry (QCDR), you should check the [2021 Qualified Registries Qualified Posting](#) or [2021 QCDRs Qualified Posting](#) to see if your vendor supports this performance category and/or desired activities. See [page 25](#) for more detail on submission options.
- **Have you attested to the activity in previous years?** Most activities can be reported in consecutive performance years, but some activities limit how frequently an activity can be implemented. For example, the description for Administration of the AHRQ Survey of Patient Safety Culture (IA\_PSPA\_4) states that the activity can only be implemented once every 4 years. Information on whether or not an activity can be reported across multiple years can be found in the [2021 MIPS Improvement Activities Inventory \(ZIP\)](#).
- **What are the documentation requirements?** While you do not have to submit any supporting data when you attest to completing an improvement activity, **you must keep documentation of the efforts you or your MIPS group undertook to meet the improvement activity for 6 years subsequent to submission.** Documentation guidance for each activity can be found in the [2021 MIPS Data Validation Criteria \(ZIP\)](#). Additional information on documentation also can be found on [slide 24](#). We suggest reviewing this validation document as you select your improvement activities to ensure you document your work appropriately.

For a full list of improvement activities, including descriptions, for the 2021 performance year, review the [2021 MIPS Improvement Activities Inventory \(ZIP\)](#) or [2021 Explore Measures & Activities Tool](#).

- Most, but not all, improvement activities have a continuous 90-day performance period, but several improvement activities require completion of modules where there is a year-long or alternate performance period. For instance, IA\_CC\_10, Care transition documentation practice improvements, has a 30-day reporting period. An activity's performance period is 90 days unless otherwise stated in the activity description.
- Each improvement activity can be reported only once for the 2021 performance year.



## What if I Provide Care to Patients with COVID-19?

We're continuing the high-weighted COVID-19 Clinical Data Reporting with or without Clinical Trial (IA\_ERP\_3) improvement activity for the 2021 performance year to provide an opportunity for clinicians to receive credit in MIPS for the important work they are doing across the country.

There are two ways MIPS eligible clinicians or groups can receive credit for the new COVID-19 improvement activity:

A clinician must participate in a COVID-19 clinical trial utilizing a drug or biological product to treat a COVID-19 patient and report their findings through a clinical data repository or clinical drug registry for the duration of their study

OR

A clinician must participate in the care of COVID-19 patients and simultaneously submit relevant clinical data to a clinical data registry for ongoing or future COVID-19 research

While clinicians can choose any combination of improvement activities to submit to receive full credit in this performance category, clinicians working on COVID-19 research could pair the new COVID-19 activity with IA\_ERP\_2, Participation in a 60-day or greater effort to support domestic or international humanitarian needs (high-weighted) for their submission. Note: See [page 18](#) for additional information about activity weights and points and the [2021 MIPS Improvement Activities Inventory \(ZIP\)](#) for additional improvement activities that may be applicable to your practice.

We intend for the COVID-19 Clinical Data Reporting with or without Clinical Trial improvement activity to be applicable to MIPS eligible clinicians who are reporting their COVID-19 related patient data to a clinical data registry, such as a registry found on the [National Institute of Health \(NIH\) website](#); a clinical data repository, such as Oracle's [COVID-19 Therapeutic Learning System](#); and clinicians participating in clinical trials, such as the [COVID-19 clinical trials](#) being conducted by the NIH. Oracle has developed and donated a system to the U.S. government that allows clinicians and patients at no cost to record the effectiveness of promising COVID-19 drug therapies. You can refer to the [2021 MIPS Data Validation Criteria \(ZIP\)](#) for additional examples of clinical data registries, clinical data repositories, and clinical trials. You can also refer to the [Interim Final Rule with Comment Period \(IFC\) 3 \(PDF\)](#) for additional requirements on this new improvement activity.





# Participation Requirements

## How Many Improvement Activities Do I Need to Implement and Attest to?

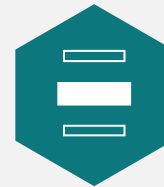
Most clinicians must implement and attest to 2 to 4 improvement activities to receive the maximum score of 40 points in this performance category.

Each improvement activity is worth 10 to 40 points depending on its weight (medium or high) and applicable special status designations.

**NOTE:** If you're reporting measures for the quality performance category as an APM Entity, you will also attest to improvement activities at the APM Entity level.

- **Participating as an individual?** Check the [QPP Participation Status Tool](#) or sign in to [qpp.cms.gov](#) for any special statuses assigned at the "Clinician Level."
- **Participating as a group?** Check the [QPP Participation Status Tool](#) or sign in to [qpp.cms.gov](#) for any special statuses assigned at the "Practice Level."
- **Participating as a virtual group?** Sign in to [qpp.cms.gov](#) to check for any special statuses assigned to the virtual group.
- **Participating as an APM Entity?** Sign in to [qpp.cms.gov](#) to check if the small status was assigned to the APM Entity. Small status designation for APM Entities will be displayed in mid-2021.

For most MIPS eligible clinicians, groups, virtual groups, and APM Entities:



Each medium-weighted activity is worth **10 points**



Each high-weighted activity is worth **20 points**

For MIPS eligible clinicians, groups, virtual groups, and APM Entities with certain special status designations (small practice, non-patient facing, rural, or Health Professional Shortage Area (HPSA)):



Each medium-weighted activity is worth **20 points**



Each high-weighted activity is worth **40 points**

## How Many Improvement Activities Do I Need to Implement and Attest to? (Continued)

**NOTE:** If you're submitting data as a group, virtual group, or APM Entity, special status designations must be determined at the group, virtual group, or APM Entity level to qualify for these reduced reporting requirements. For example, more than 75% of the National Provider Identifiers (NPIs) billing under the group's Tax Identification Number (TIN) must be designated as non-patient facing for the group to receive this special status.

**TIP:** Small practices can apply for a Promoting Interoperability hardship exception but will need to report improvement activities and quality measures to avoid getting a score of 0 in the improvement activities and quality performance categories.

## How Many Improvement Activities Do I Need to Implement and Attest to? (Continued)

To achieve the maximum 40 points for the MIPS improvement activities performance category, MIPS eligible clinicians, groups, virtual groups, and APM Entities may use one of the following combinations:

Activity combinations to reach the maximum 40 points for most MIPS eligible clinicians, groups, virtual groups, and APM Entities:



4 medium-weighted activities = **40 points**



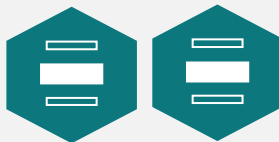
2 medium-weighted activities + 1 high-weighted activity = **40 points**



2 high-weighted activities = **40 points**

**TIP:** If you do not attest to implementing any activities, you will receive 0 points in this performance category.

Activity combinations to reach the maximum 40 points for those with certain special status designations (small practice, non-patient facing, rural, or Health Professional Shortage Area (HPSA)):



2 medium-weighted activities = **40 points**



1 high-weighted activity = **40 points**

For a full list of improvement activities for the 2021 performance year, including activity weights and descriptions, see the [2021 MIPS Improvement Activities Inventory \(ZIP\)](#) or the [Explore Measures & Activities Tool](#).

## What If I Participate in a Patient-Centered Medical Home?

A MIPS eligible clinician who is in a practice that is certified or recognized as a patient-centered medical home or comparable specialty practice will receive 100% (full credit) for the improvement activities performance category. If reporting as a group, at least 50% of the practice sites within a group's TIN must be recognized as a patient-centered medical home or comparable specialty practice.

To be eligible for patient-centered medical home designation, the practice needs to meet one of the following for at least a continuous 90-day period during PY 2021 (to begin no later than October 3, 2021):

- Have received accreditation from an accreditation organization that is nationally recognized;
- Be participating in a Medicaid Medical Home or Medical Home Model;
- Be a comparable specialty practice that has received recognition through a specialty recognition program offered through a nationally recognized accreditation organization; or
- Have received accreditation from other certifying bodies that have certified a large number of medical organizations and meet national guidelines, as determined by the Secretary.

**REMINDER:** A MIPS eligible clinician or group must attest to their status as a patient-centered medical home or comparable specialty practice during the PY 2021 submission period in order to receive full credit for the improvement activities performance category.

## What If I Participate in an APM or MIPS APM?

If you're a MIPS eligible clinician identified as participating in an Alternative Payment Model (APM) or MIPS APM, you will automatically receive 20 points (out of 40 possible) for the MIPS improvement activities performance category under traditional MIPS. If you're a MIPS APM participant, you will receive full credit (40 points) if you're reporting the APP. See the APP webpage for more information.

**For the 2021 performance year, these models include:**




- Comprehensive Care for Joint Replacement (CJR) Model
- Comprehensive Primary Care Plus (CPC+) Model
- Comprehensive ESRD Care (CEC) Model
- Direct Contracting (DC) Professional PBP Model and Global PBP Model
- Independence at Home Demonstration (IAH)
- Kidney Care Choices Model: Comprehensive Kidney Care Contracting (CKCC) Graduated Option Level 1, and Level 2
- Kidney Care Choices Model: Comprehensive Kidney Care Contracting (CKCC) Professional Option
- Kidney Care Choices Model: Comprehensive Kidney Care Contracting (CKCC) Global Option
- Kidney Care Choices Model: Kidney Care First (KCF)
- Maryland Primary Care Program
- Maryland All-Payer Model: Care Redesign Program
- Medicare Shared Savings Program Accountable Care Organizations
- Medicare Accountable Care Organization (ACO) Track 1+ Model
- Next Generation ACO Model
- Oncology Care Model (OCM) Primary Care First (PCF)
- Value in Opioid Use Disorder Treatment (ViT) Demonstration Program
- Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)

### APMs

- Accountable Health Communities (AHC)
- ESRD Treatment Choices (ETC) Model – CEHRT
- Million Hearts: Cardiovascular Disease Risk Reduction Model (MH CVDRR)

You will need to submit data for one or more MIPS performance categories to receive the points awarded for APM or MIPS APM participation and select additional improvement activities to achieve the highest score (40 points).

**NOTE:** We will identify MIPS APM participants on the [QPP Participation Status Tool](#) as this information becomes available, beginning in July 2021. We also will publish resources on improvement activity requirements for MIPS APMs to the [QPP Resource Library](#) later in 2021.



# Reporting/Submission Requirements

## How and When Do I Report/Attest to Improvement Activities?

To report (or “submit”) an improvement activity, MIPS eligible clinicians, groups, virtual groups, and APM Entities simply attest to having completed it. No supporting data needs to accompany the attestation as part of the submission.

You will need to attest to the completion of your improvement activities or patient-centered medical home participation during the PY 2021 submission period (1/3/2022 – 3/31/2022).

While you do not have to submit any supporting documentation when you attest to completing an improvement activity, you must keep documentation of the efforts you or your MIPS group undertook to meet the improvement activity for 6 years subsequent to submission. Documentation guidance for each activity can be found in the [2021 MIPS Data Validation Criteria \(ZIP\)](#), which contains examples of ways to demonstrate completion of each improvement activity and clarifies the flexibilities clinicians have in implementing the activities.

**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.**



## What are My Submission Options?

Your improvement activities performance category attestation data can be submitted using the following submission types:

Who	How
<b>You (Clinician or Practice Representative)</b>	<p>Individual clinicians, groups, virtual groups, and APM Entities with a set of authenticated credentials can <b>sign in and manually attest</b> to their improvement activities data on <a href="https://qpp.cms.gov">qpp.cms.gov</a>.</p> <p>For each improvement activity that is implemented for a continuous 90 days (unless otherwise stated in the activity description) during the performance year, you must attest to the improvement activity by submitting a “yes” response for each of these improvement activities.</p>
<b>You or a third party</b>	Individual clinicians, groups, virtual groups, APM Entities, and third-party intermediaries can sign in and upload a QPP JSON file with your activity attestations on <a href="https://qpp.cms.gov">qpp.cms.gov</a> .
<b>Third party</b>	Third-party intermediaries can perform a <b>direct submission</b> , transmitting data through a computer-to-computer interaction using our QPP submission Application Programming Interface (API).

**TIP:** To submit your attestations, you or your third-party representative will need QPP credentials and authorization. See the [QPP Access User Guide \(ZIP\)](#) for more information. Note that simply participating with a QCDR and having them submit data for the quality or Promoting Interoperability performance categories does not satisfy any requirements for the improvement activities performance category.



# Scoring

## How is the Performance Category Scored?

The improvement activities performance category is **15% of your MIPS Final Score** in 2021.

This is how the improvement activities performance category is scored:

$$\text{Improvement Activities Performance Category Score} = \frac{\text{Total Number of Points Scored for Completed Activities}}{\text{Total Maximum Number of Points (40)}} \times 100\%$$

Your improvement activities performance category score is then multiplied by the 15% improvement activities performance category weight. The overall improvement activities performance category score is added to the other performance category scores to determine your MIPS Final Score.

**TIP:** Improvement activities can contribute toward no more than 15% of your MIPS Final Score, and you can't earn more than 40 points in this performance category, regardless of the number of activities you submit. Please note that submission platforms may allow you to attest to more than 40 points-worth of activities. If you do attest to more than 40-points worth of activities, you are responsible for compiling and maintaining documentation for all activities to which you attest.

## Scoring Scenarios

### Scenario 1:

You are a MIPS eligible clinician in a large practice (more than 15 clinicians) and complete 1 medium-weighted improvement activity for 10 of 40 points in the performance category.



### Scenario 2:

You are a MIPS eligible clinician in a small practice (15 or fewer clinicians) and complete 1 medium-weighted improvement activity for 20 of 40 points in the performance category.



## Scoring Scenarios (Continued)

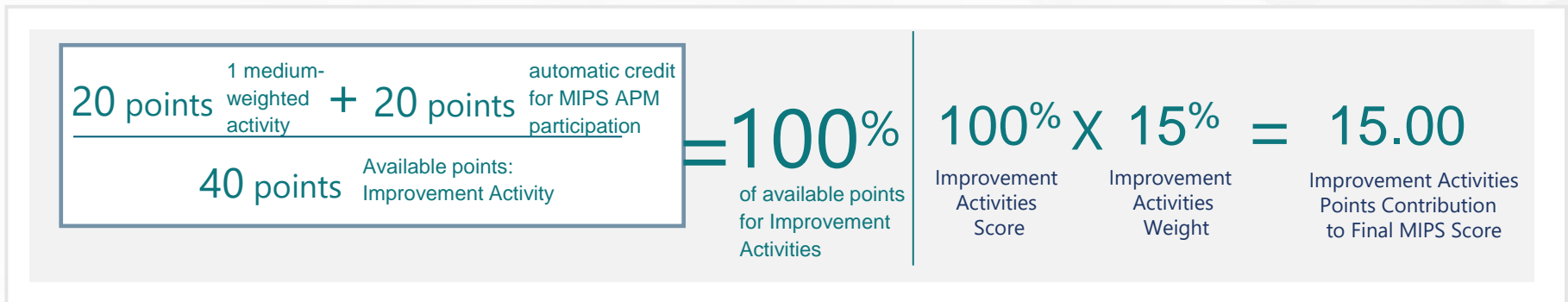
### Scenario 3:

You are a MIPS eligible clinician in a small practice (15 or fewer clinicians) and complete 1 high-weighted improvement activity and 1 medium-weighted improvement activity for 60 points in the performance category. However, because 40 is the maximum points awarded, you will receive 40 points total.



### Scenario 4:

You are a MIPS eligible clinician located in a rural area and participating in a MIPS APM. You complete 1 medium-weighted improvement activity for 40 points total—20 points for the medium-weighted activity and 20 automatic points for participating in a MIPS APM.





## **Annual Call for Improvement Activities**

## How are Improvement Activities Determined Each Performance Year?

Each year we hold an “Annual Call for Improvement Activities” where stakeholders—including clinicians, professional organizations, researchers, consumer groups, and others—can identify and submit new improvement activities or modifications to an improvement activity for consideration in future years of MIPS.

Improvement activity nominations submitted from February through June are considered for the following calendar year rulemaking cycle for possible implementation starting two years later. Submissions received after the July deadline each year are considered for future years. For example, activities submitted in 2021 would be considered for inclusion in the 2023 MIPS performance year, for which rules would be published in calendar year 2022. For more information, review the [2021 Call for Measures and Activities Toolkit \(ZIP\)](#).

Beginning in 2021, in addition to the “Annual Call for Improvement Activities” nomination period, stakeholders may submit nominations during a public health emergency. Additionally, CMS may nominate improvement activities and would consider Health and Human Services (HHS)-nominated improvement activities all year long in order to address HHS initiatives in an expedited manner. Any HHS-nominated improvement activities and those submitted during a public health emergency and those submitted during a public health emergency would be proposed through rulemaking. We also added an additional criterion for nominating improvement activities: “activities which can be linked to existing and related MIPS quality and cost measures, as applicable and feasible”. See the QPP policies in the [CY 2021 Physician Fee Schedule \(PFS\) Final Rule](#) for additional information.

**NOTE:** Proposing a new improvement activity is completely voluntary and not a requirement of participation.



**Help, Resources,  
Glossary, and Version  
History**



## Where Can You Go for Help?

The following resources are available on the [QPP Resource Library](#) and other QPP and CMS webpages:

Contact the Quality Payment Program at 1-866-288-8292, Monday through Friday, 8 a.m.-8 p.m. Eastern Time (ET) or by e-mail at: [QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov).

- Customers who are hearing impaired can dial 711 to be connected to a TRS Communications Assistant.

Connect with your [local Technical Assistance organization](#). We provide no-cost technical assistance to small, underserved, and rural practices to help you successfully participate in the Quality Payment Program.

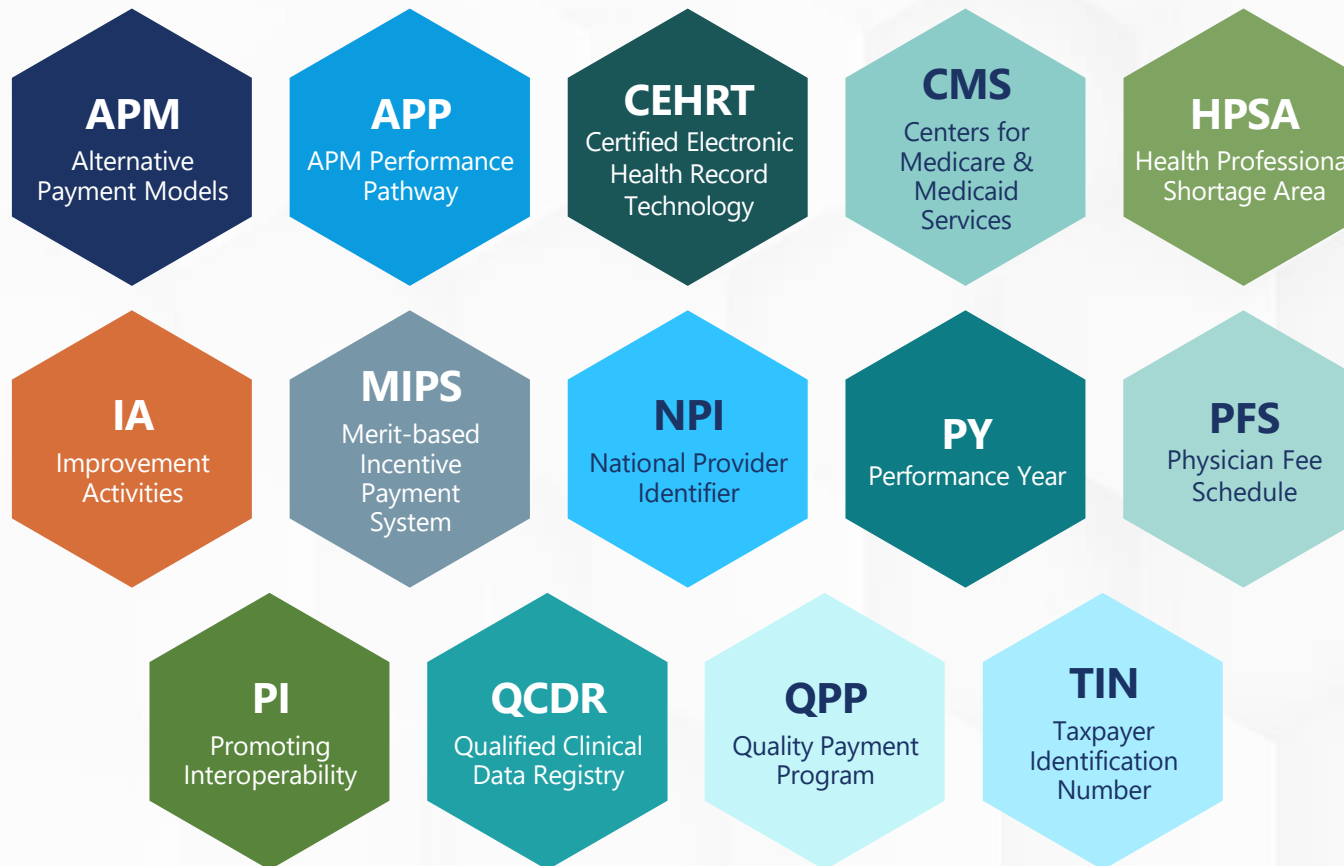
Visit the Quality Payment Program [website](#) for other [help and support](#) information, to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).

## Additional Resources

The following resources are available on the [QPP Resource Library](#) and other QPP and CMS webpages:

- [2021 MIPS Quick Start Guide \(PDF\)](#)
- [2021 MIPS Eligibility and Participation Quick Start Guide: Traditional MIPS \(PDF\)](#)
- [2021 Improvement Activities Quick Start Guide: Traditional MIPS \(PDF\)](#)
- [2021 Improvement Activities Inventory \(ZIP\)](#)
- [Improvement Activities: Traditional MIPS Requirements Webpage](#)
- [2021 Call for Measures and Activities Toolkit \(ZIP\)](#)
- [2021 MIPS Data Validation Criteria \(ZIP\)](#)
- [QPP COVID-19 Response Fact Sheet \(PDF\)](#)
- [2021 Quality Payment Final Rule Resources \(ZIP\)](#)

## Glossary



## Version History

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

Date	Description
08/06/2021	PY 2021 performance category weights for APM Entities reporting traditional MIPS were updated due to clarification released in the CY 2022 Physician Fee Schedule Proposed Rule.
04/13/2021	Original Version