



## MIPS Program: 2022 Improvement Activities Category

### Improvement Activities Category Weight – 15%

For 2022, the sixth performance year of MIPS, CMS will weight a clinician's or group's Improvement Activities score at 15% of the overall MIPS final score (no change from 2021).

### Improvement Activities Reporting Requirements

**Physicians must achieve a total of 40 points from improvement activities during a 90-day reporting period.** CMS will score individual improvement activities as either high- or medium-weighted. High-weighted activities are worth 20 points, while medium-weighted activities are worth 10 points. Providers are required to perform four medium-weighted or two high-weighted activities, or 1 high-weighted activity and 2 medium-weighted activities.

**Physicians in groups of 15 or fewer are only required to complete one high-weighted or two medium-weighted activities for full credit—40 points—for the category.** For small practices, CMS will weigh the improvement activities at double the value. Therefore, high-weighted activities are worth 40 points, while medium-weighted activities are worth 20 points. **Providers in groups of 15 or fewer can achieve half of the total category score by completing one medium-weighted improvement activity.**

Providers participating in a patient-centered certified medical home will automatically receive full credit for the Improvement Activities category of MIPS. For organizations with multiple practice sites, at least 50% of these locations must be recognized or certified patient-centered medical homes or comparable specialty practices to attest to this.

If you're a clinician in any Alternative Payment Model (APM) who is participating in traditional MIPS, you'll earn half credit (50%) automatically for the improvement activities performance category.

All MIPS APM participants who report through the APP automatically receive 100% for the Improvement Activities performance category score.

### Group Reporting Participation Threshold

For group and APM Entity reporting, a group, virtual group, or APM Entity can attest to an activity when at least 50% of the clinicians in the group, virtual group, or APM Entity perform the same activity during any continuous 90-day period (or as specified in the activity description) in the same performance year.

## Improvement Activities Score

To determine a provider's Improvement Activities category score, CMS will divide the sum of the points earned by the provider by 40, the total available points for the category. The Improvement Activities category score would then be counted as 15% of the MIPS final score.

For 2022, CMS modified the performance category weight redistribution policies for small practices to more heavily weight the improvement activities performance category when the Promoting Interoperability, or Promoting Interoperability and cost, performance categories are reweighted to 0%.

When the Promoting Interoperability performance category is reweighted, the quality performance category will be weighted at 40% and both the cost and the improvement activities performance categories will be weighted at 30%. When both the cost and the Promoting Interoperability performance categories are reweighted, both the quality and the improvement activities performance categories will be weighted at 50%.

## Ophthalmology Improvement Activity

In 2019, CMS added an ophthalmology specific improvement activity: Comprehensive Eye Exam, which is still available for 2022. For this medium-weighted activity, participants must promote the importance of a comprehensive eye exam, which may be accomplished by providing literature or facilitating conversation about the topic using materials created by the American Academy of Ophthalmology or the American Optometric Association.

To receive credit for this activity, MIPS eligible clinicians must promote the importance of a comprehensive eye exam, which may be accomplished by any one or more of the following:

- providing literature,
- facilitating a conversation about this topic using resources such as the "Think About Your Eyes" campaign,
- referring patients to resources providing no-cost eye exams, such as the American Academy of Ophthalmology's EyeCare America and the American Optometric Association's VISION USA, or
- promoting access to vision rehabilitation services as appropriate for individuals with chronic vision impairment.

This activity is intended for:

- Non-ophthalmologists / optometrists who refer patients to an ophthalmologist/optometrist;
- Ophthalmologists/optometrists caring for underserved patients at no cost; or
- Any clinician providing literature and/or resources on this topic.

This activity must be targeted at underserved and/or high-risk populations that would benefit from engagement regarding their eye health with the aim of improving their access to comprehensive eye exams or vision rehabilitation services.

## Improvement Activities

The final rule includes a list of all individual improvement activities. The activities are grouped in eight sub-categories corresponding to CMS' stated goals. Providers may choose any combination of improvement activities, regardless of category.

The categories and examples of activities included are listed below:

- **Expanded Practice Access:** Improvement activities include expanded practice hours, telehealth services, and participation in models designed to improve access to services.
- **Population Management:** Improvement activities include participation in chronic care management programs, participation in rural and Indian Health Services programs, participation in community programs with other stakeholders to address population health, and use of a Qualified Clinical Data Registry (QCDR) to track population outcomes.
- **Care Coordination:** Improvement activities include use of a QCDR to share information, timely communication and follow up, participation in various CMS models designed to improve care coordination, implementation of care coordination training, implementation of plansto handle transitions of care, and active referral management.
- **Beneficiary Engagement:** Improvement activities include use of EHR to document patient-reported outcomes, providing enhanced patient portals, participation in a QCDR that promotes the use of patient engagement tools, and use of QCDR patient experience data to inform efforts to improve beneficiary engagement.
- **Patient Safety and Practice Assessment:** Improvement activities include use of QCDR data for ongoing practice assessments and patient safety improvements, as well as use of tools, such as the Surgical Risk Calculator.
- **Achieving Health Equity:** Improvement activities include seeing new and follow-up Medicaid patients in a timely manner and use of QCDR for demonstrating performance of processes for screening for social determinants.
- **Emergency Response and Preparedness:** Improvement activities include participation in disaster medical teams or participation in domestic or international humanitarian volunteer work.
- **Behavioral and Mental Health:** Improvement activities include tobacco intervention and smoking cessation efforts, and integration with mental healthservices.

For the full list of improvement activities, please refer to the CMS website:

<https://qpp.cms.gov/mips/improvement-activities?py=2022>

## Additional Resources

For additional information, ASCRS ASOA members may contact Jennifer Gallihugh, ASOA Sr. Manager of Strategic Initiatives, at [jgallihugh@asoa.org](mailto:jgallihugh@asoa.org)

