

MIPS Improvement Activities Performance Category



The Improvement Activities component is one of the four Merit-Based Incentive Payment System (MIPS) performance categories under which participating MIPS eligible clinicians, including psychiatrists, will be assessed for potential adjustments to their Medicare Part B payments. The MIPS is part of the Quality Payment Program (QPP), along with incentives for “advanced” alternative payment models.

How Do Improvement Activities Fit Into MIPS?

For the 2017 and 2018 performance years, and continuing in subsequent performance years, Improvement Activities will account for 15% of your total MIPS Composite Score. If reporting as part of a group practice or virtual group, the group will receive one MIPS Improvement Activity score that applies to all of its eligible clinicians.

How Does the Improvement Activities Category Compare to Previous Medicare Requirements?

Unlike the other MIPS performance categories, CMS had not previously asked psychiatrists to report on Improvement Activities. When Congress passed the Medicare Access and CHIP Reauthorization Act (MACRA), it included this new reporting category to recognize and reward physicians for activities that improve the quality and efficiency of their patient care.

IMPROVEMENT ACTIVITIES REPORTING

What Are the MIPS Improvement Activities?

For performance year 2017, CMS recognized a total of 92 Improvement Activities. These include 78 medium-weighted and 14 high-weighted activities. High-weighted activities are those which (a) align with CMS national priorities and programs; (b) require the performance of multiple activities; (c) involve treating Medicaid patients; or (d) relate to a public health priority.

For performance year 2018, CMS made some changes and expanded the list to a total of 112 activities. These include 89 medium-weighted and 14 high-weighted activities. Psychiatrists can download the complete list for 2018 by going to <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Improvement-Activities.zip>.

Psychiatrists have full discretion to select activities that are most applicable to their practice. Activities are provided in several categories: Integrated Behavioral and Mental Health (BMH), Expanded Practice Access (EPA), Population Management (PM), Care Coordination (CC), Beneficiary Engagement (BE), Patient Safety and Practice Assessment (PSPA), Achieving Health Equity (AHE), and Emergency Response and Preparedness (ERP).

The Appendix below includes some suggestions for MIPS Improvement Activities that may be particularly relevant to psychiatrists. In fact, there may be activities which you (or your practice) are already doing, on an ongoing basis, as a regular part of your practice.

What Do I Need to Report?

The general rule is that to receive full credit (100%, or 40 points), most psychiatrists will need to engage in at least two high-weighted activities (worth 20 points each) or four medium-weighted activities (worth 10 points each), or some combination of those. Ongoing activities must be done for at least 90 continuous days during the performance year.

However, a psychiatrist only needs to report on one high-weighted or two medium-weighted activities for full credit (100% score), or one medium-weighted activity for half credit (50% score), if he or she is:

- Part of a small group practice with 15 or fewer clinicians;
- Located in a rural area;
- Located in a geographic health professional shortage area (HPSA), or
- Is a “non-patient-facing” clinician who bills for 100 or fewer “patient-facing” encounters during a 12-month period. For a group, more than 75% of the clinicians with individual National Provider Identifications (NPIs) billing under the group’s tax identification number (TIN) must meet the definition of being “non-patient facing.” Telepsychiatry (and other telehealth) services are considered “patient-facing.”

Psychiatrists who are part of a practice that is a certified patient-centered medical home (PCMH), or comparable specialty practice, will automatically receive full credit for this category. At least 50% of the practice sites (physical locations) within the TIN must be recognized as a patient-centered medical home or comparable specialty practice. Psychiatrists in other types of “MIPS alternative payment models,” such as accountable care organizations, may also receive credit in the Improvement Activities category.

How Do I Report? When Do I Report?

Under the Improvement Activities category, you or your group must attest to CMS with a Yes or No response on whether you performed the selected activities. This is the only MIPS category that involves a simple attestation. This can be submitted directly to CMS. Or, it can be submitted on your behalf by your health IT vendor, qualified clinical data registry (QCDR), or qualified registry. Groups of 25 or more eligible clinicians have the additional option to report via the CMS Web Interface. The deadline for 2017 data submission to CMS was April 3, 2018.

Can I Earn MIPS ACI Credit for Some Improvement Activities?

If you are capturing particular Improvement Activities using Certified Electronic Health Record Technology (CEHRT), you may also qualify for a bonus towards your score in the MIPS Advancing Care Information (ACI) performance category. These particular activities are indicated in the CMS resources that list MIPS Improvement Activities.

RESOURCES

Where can I find other APA resources?

- The APA Payment Reform Toolkit is available at [psychiatry.org/PaymentReform](https://www.psychiatry.org/PaymentReform).
- Information about the APA mental health registry, PsychPRO, is available at <https://www.psychiatry.org/psychiatrists/registry>.

What CMS resources are available? CMS has many resources on the Quality Payment Program website (<https://qpp.cms.gov>) including:

- **QPP Resource Library:** <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Resource-library.html>
 - **2018 QPP Final Rule Overview Fact Sheet:** <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/QPP-Year-2-Final-Rule-Fact-Sheet.pdf>
 - **2018 QPP Final Rule Executive Summary:** <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/QPP-Year-2-Executive-Summary.pdf>
 - **MIPS Improvement Activity List (1/24/2018):** <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Improvement-Activities.zip>.
 - **MIPS Data Validation Criteria (11/21/2017):** The file for Improvement Activities lists the documentation required for each activity. <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2017-MIPS-Data-Validation-Criteria-Quality-11-21-17.zip>

What if I still have questions?

- APA members may consult APA staff experts by sending an email to qualityandpayment@psych.org, or by calling the Practice Management Helpline, at 1-800-343-4671.
- The CMS QPP Service Center accepts questions from the public at QPP@cms.hhs.gov or 1-866-288-8292.

APPENDIX: SUGGESTED IMPROVEMENT ACTIVITIES FOR PSYCHIATRISTS

Multiple Activities	Activities for QCDR participation: Most are Medium. Includes participation in PsychPRO. Learn more at https://www.psychiatry.org/psychiatrists/registry .
IA-EPA-1	Provide 24/7 access to MIPS eligible clinicians or groups who have real-time access to patient’s medical record: High
IA-EPA-2	Use of telehealth services that expand practice access: Medium. Must include analysis of data for quality improvement.
IA-PM-16	Implementation of medication management practice improvements: Medium
IA-CC-9	Participation in the CMS Transforming Clinical Practice Initiative: Medium
IA-PSPA-5	Annual registration in the Prescription Drug Monitoring Program: Medium
IA-PSPA-6	Consultation of the Prescription Drug Monitoring Program: High
IA-PSPA-9	Completion of AMA Steps Forward program: Medium. Available at https://www.stepsforward.org/ . APA is not responsible for content or process.
IA-PSPA-10	Completion of training and receipt of approved waiver for provision of opioid medication-assisted treatments: Medium. Must receive prescribing number. APA course available through APA Learning Center on www.psychiatry.org .
IA-AHE-1	Engagement of new Medicaid patients and follow-up: High
IA-BMH-1	Diabetes screening for people with schizophrenia or bipolar disorder who are using antipsychotic medications: Medium
IA-BMH-4	Depression screening: Medium. Includes follow-up plan for patients with co-occurring conditions of behavioral or mental health conditions.
IA-BMH-5	Major Depressive Disorder (MDD) prevention and treatment interventions: Medium. Includes suicide risk assessment for mental health patients with co-occurring conditions of behavioral or mental health conditions.
IA-BMH-7	Implementation of Integrated Patient Centered Behavioral Health Model: High. Integrated behavioral health services for patients with behavioral health needs and poorly controlled chronic conditions.

IA-BMH-9	Unhealthy alcohol use for patients with co-occurring conditions of mental health and substance abuse and ambulatory care patients: High
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