

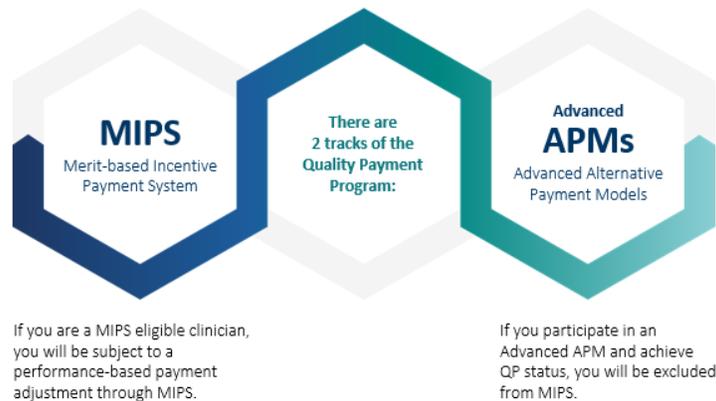
Quality Payment PROGRAM



2024 Call for Improvement Activities

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 made major cuts to payment rates for clinicians participating in Medicare. The law requires us to implement the Quality Payment Program (QPP) and gives you 2 ways to participate:



MIPS Reporting Options

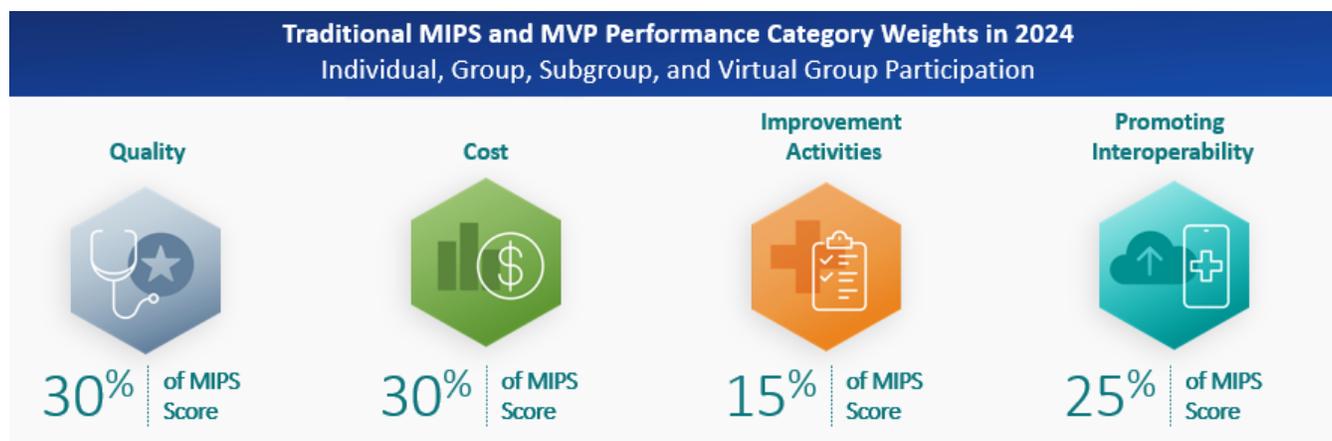
There are 3 reporting options available to MIPS eligible clinicians to meet MIPS reporting requirements:

- [Traditional MIPS](#) is the original reporting option for MIPS. 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'll also report the complete Promoting Interoperability measure set. We collect and calculate data for the cost performance category for you.
- [MIPS Value Pathways \(MVPs\)](#) are the newest reporting option offering clinicians a more meaningful and reduced grouping of measures and activities relevant to a specialty or medical condition. You'll select, collect, and report on a reduced number of quality measures and improvement activities (as compared to traditional MIPS). You'll also report the complete Promoting Interoperability measure set (the same as reported in traditional MIPS). We collect and calculate data for the cost performance category and population health measures for you.
- The [Alternative Payment Model \(APM\) Performance Pathway \(APP\)](#) is a streamlined reporting option for clinicians who participate in a MIPS APM. You'll report a predetermined measure set made up of quality measures in addition to the complete Promoting Interoperability measure set (the same as reported in

traditional MIPS). MIPS APM participants currently receive full credit in the improvement activities performance category, though this is evaluated on an annual basis.

MIPS Performance Categories for 2024

Under MIPS, there are 4 performance categories that affect your future Medicare payments. Each performance category is scored by itself and has a specific weight that is part of the Merit-based Incentive Payment System (MIPS) Final Score. The MIPS payment adjustment assessed for MIPS eligible clinicians is based on the Final Score. These are the performance category weights for the Calendar Year (CY) 2023 performance period/2025 MIPS payment year:



What is the MIPS Annual Call for Improvement Activities?

The “Annual Call for Improvement Activities” process asks these stakeholders and others for their feedback:

- Clinicians
- Professional associations and medical societies that represent eligible clinicians
- Researchers
- Consumer groups
- Other stakeholders
- Specifically, we’re asking them to find and send us activities for the Improvement Activities performance category for consideration.

The way we choose activities for QPP’s improvement activities performance category is similar to how we choose quality measures, with some important differences in submission methods and evaluation processes. Like with quality measures, we ask stakeholders to be involved in the focus and evolution of the activities. We’re committed to working with our stakeholders and listening to their suggestions to improve quality, value of care, and patient outcomes.

How Do We Select New Improvement Activities?

We use stakeholder feedback to select activities that are:

- Applicable
- Feasible
- Reliable
- Valid at the individual clinician level
- Not the same as existing measures and activities for notice and comment rulemaking

The recommended list of new activities is publicly available for comment for a set period of time. We evaluate the comments we get from the rulemaking process before a final choice is made.

We'll post all final improvement activities that are selected on the [QPP Resource Library](#) prior to January 1 of the performance period. Since the measures and activities are different for each MIPS performance category, each category has a slightly different submission process.

Improvement Activities Performance Category

What are the Improvement Activities?

In the improvement activities performance category, MIPS eligible clinicians attest that they have participated in activities that improve clinical practice, such as shared decision making, coordinating care, and increasing access.

The full list of improvement activities that eligible clinicians can pick from can be found on the [QPP Resource Library](#).

Clinicians choose from 100+ activities in these 8 subcategories:

1. Achieving Health Equity
2. Behavioral and Mental Health
3. Beneficiary Engagement
4. Care Coordination
5. Emergency Response and Preparedness
6. Expanded Practice Access
7. Patient Safety and Practice Assessment
8. Population Management

How Do We Select Improvement Activities?

Stakeholders must use the Annual Call for Activities process to submit new activities for us to consider or ask for updates to current activities in the improvement activities inventory. MIPS eligible clinicians, professional organizations and other relevant stakeholders, including beneficiaries, are encouraged to submit improvement activities for us to consider adding to the inventory. Off-cycle submissions from Department of Health and Human Services agencies are reviewed and considered as well.

It is important to distinguish improvement activities from quality measures that are found in the Quality performance category of MIPS. Unlike a quality measure, improvement activities represent activities that do not contain the elements of a quality measure. For example, improvement activities do not have a numerator, a denominator, exceptions or exclusions.

Improvement activities submitted between February 1 and July 1, 2024 will be considered for inclusion for the CY 2026 performance period/2027 MIPS payment year. Improvement activities submitted after July 1, 2024 will be considered for inclusion in future years of QPP. During a public health emergency (PHE), nominations will be accepted outside of the February 1 through July 1 submission period as long as the improvement activity is relevant to the PHE. All fields of this form must be completed in order for your submission to be considered. Stakeholders should submit a modification submission if the improvement activity they submitted or one that refers to a program or policy they manage requires an update.

Improvement activities considered for selection must meet all 8 of the required acceptance criteria below:

1. Relevance to an existing improvement activities subcategory (or a proposed new subcategory);
2. Importance of an activity toward achieving improved beneficiary health outcomes;
3. Feasible to implement, recognizing importance in minimizing burden, including, to the extent possible, for small practices, practices in rural areas, or practices in areas designated as geographic Health Professional Shortage Areas (HPSAs) by the Health Resources and Services Administration (HRSA);
4. Evidence supports that an activity has a high probability of contributing to improved beneficiary health outcomes;
5. Can be linked to existing and related MIPS quality, Promoting Interoperability, and cost measures as applicable and feasible;
6. CMS is able to validate the activity;
7. Does not duplicate other improvement activities in the Inventory;* and
8. Should drive improvements that go beyond purely common clinical practices.*

*Submission criterion was new for CY 2022 Call for Improvement Activities

Improvement activities considered for selection can also meet one or more of the optional acceptance criteria below. Meeting one or more of the optional criteria may increase a submission's chances of being added to the Inventory:

- Alignment with patient-centered medical homes;
- Support for the patient's family or personal caregiver;
- Responds to a PHE as determined by the Secretary;
- Addresses improvements in practice to reduce health care disparities;
- Focus on meaningful actions from the person and family's point of view; and
- Representative of activities that multiple individual MIPS eligible clinicians or groups could perform (for example, primary care, specialty care).

Please note that proposing a new improvement activity for consideration to be included in QPP is completely voluntary and not a requirement for participation.

What is the Process for Submitting Improvement Activities?

Activities recommended for inclusion should be sent using the Call for Improvement Activities Submission Form to CMSCallforActivities@abtassoc.com. All communication about recommended improvement activities, including follow-up questions for submitters, will come from this email address.