**Improvement Activities for the Merit-Based Incentive Payment System (MIPS)**

### General Requirements and Scoring

In 2019, there are 118 activities to choose from on the list of **MIPS improvement activities**.

The maximum score for this category is 40 points, which comprises 15 percent of your overall MIPS final score (0-100 point scale).

One high-weighted activity is worth 20 points, and one medium-weighted activity is worth 10 points.

To earn full credit for the MIPS improvement activities category, participants must submit one of the following combination of activities from any subcategory:

- Two high-weighted activities, OR
- One high-weighted activity and two medium-weighted activities, OR
- At least 4 medium-weighted activities.

Each activity must be performed for a minimum of a continuous 90-day period, up to and including the full calendar year (Jan. 1-Dec. 31, 2019).

Prepare for potential Medicare audits by reviewing the **MIPS Data Validation Criteria**. Keep all records and/or documentation for each activity for six years.

### Special Scoring Policies

Points for this category double for individual clinicians, groups, or virtual groups who hold at least one of the following special statuses:

- Small practice (15 or fewer eligible clinicians),
- Nonpatient facing,
- Rural, or
- Health professional shortage area.

To earn full credit for the MIPS improvement activities category, participants who hold a special status must submit one the following combination of activities from any subcategory:

- One high-weighted activity, OR
- Two medium-weighted activities.

To find out if you have one of these designations in 2019, check your **QPP participation status**.

If you are a participant in a certified patient-centered medical home or comparable specialty practice, you will earn the maximum score of 40 points. However, credit is not granted automatically. MIPS-eligible clinicians and groups must attest to having this status for at least a continuous 90-day period in 2019 to receive the maximum score for this category.

### Data Submission Process

Data for this category may be reported to CMS by submitting a “yes” response for each improvement activity performed for at least a continuous 90-day period in 2019 via:

- Attestation in the **QPP portal**, or
- Third party intermediary:
  - Electronic health record,
  - Health information technology vendor,
  - Qualified registry, or
  - Qualified clinical data registry.

For the 2019 performance year, CMS has revised the terminology used to describe the data submission process for MIPS. CMS now states that improvement activities may be submitted via the methods above by using the following “submission types”:

- Direct,
- Log in and upload, or
- Log in and attest.

For definitions of new terms and examples of methods by submission type, refer to this **TMA resource**.

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*Per CMS, an improvement activity means “an activity that relevant MIPS-eligible clinicians, organizations, and other relevant stakeholders identify as improving clinical practice or care delivery and that the Secretary [of the U. S. Department of Health and Human Services] determines, when effectively executed, that is likely to result in improved outcomes.”*


Note: The MIPS data submission deadline for the 2019 performance period is March 31, 2020. To review the list of 2019 MIPS improvement activities, visit the **QPP website**. For additional resources, visit the resource library on the QPP website. For questions, contact the QPP Service Center at (866) 288-8292 or QPP@cms.hhs.gov. You also may contact the TMA Knowledge Center at (800) 880-7955 or knowledge@texmed.org. For more information, visit the **TMA MACRA Resource Center**.