

## Quality Payment Program MIPS: Improvement Activities Category

**Improvement Activities (IA)** is a new CMS category that includes Patient-Centered Medical Home (PCMH) activities with 90+ activities under 9 subcategories to choose from that are focused on care coordination, beneficiary engagement and patient safety.

# This category is weighted at 15%. REPORTING

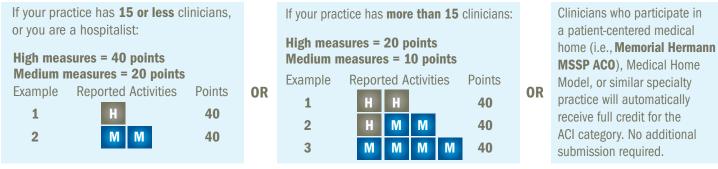


### SCORING

#### **Base Score = 40 points**

No clinician or group has to attest to more than 4 activities. Activities are weighted as either high or medium. Clinicians may choose any combination of these activities to meet the **40 point total requirement** in this category.

Activity Weights: Clinicians must reach a total of 40 points to receive full credit in this category. However, depending on your practice size, the weighting of high and medium activities will vary.



### Pick Your Pace: Improvement Activities (IA) category

'Pace' Option:	How Long You Need to Report:	Minimum Reporting Requirements:	Estimated Scoring:
"Run"	Minimum of 90 consecutive days. While not mandatory, the reporting goal is a full year for a potentially higher percentage payment adjustment.	Complete activities required for the full 40 points.	15 points (Full credit) (40 <i>potential points</i> ÷ 40 <i>max points</i> ) x 15 (% <i>category weight</i> ) = 15 points
"Walk"	Minimum of 90 consecutive days starting on or before October 1, 2017.	Complete activities required for half the points (20 points vs 40 points).	7.5 points (Half credit) (20 <i>potential points</i> ÷ 40 <i>max points</i> ) x 15 (% <i>category weight</i> ) = 7.5 points
"Crawl"	Report nothing	Report nothing	0 points* (0 <i>potential points</i> ÷ 40 <i>max points</i> ) x 15 (% <i>category weight</i> ) = 0 points

\*If not reporting in this category, then do not forget to report, at the minimum, 1 measure, one time in the Quality category to earn at least 3 total points and avoid negative MIPS payment adjustments.



