

American Academy of Ophthalmology

How to Read a 2022 MIPS Improvement Activities (IA) Category Activity

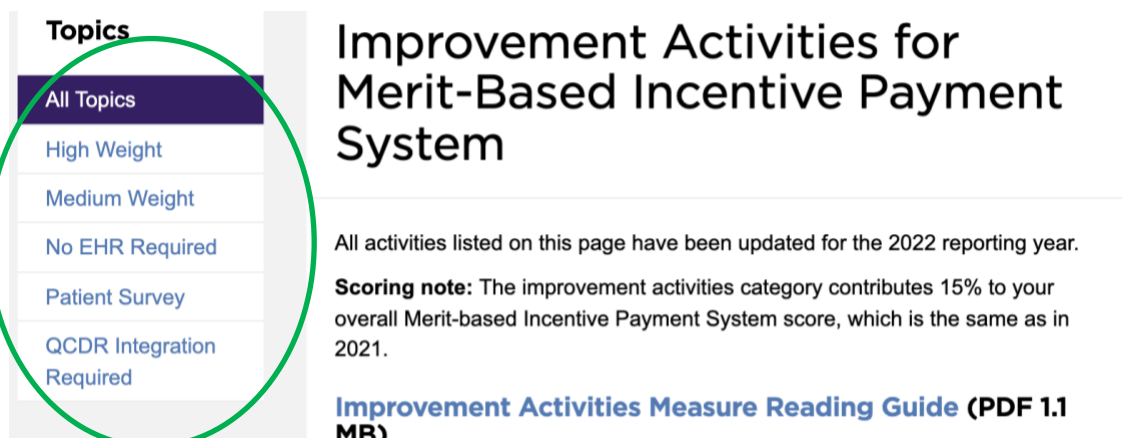
Background: Under the Quality Payment Program, the IA category is a new method that Congress mandated to drive practice improvement. The purpose of this guide is to educate ophthalmologists on how to read a measure of the IA category of MIPS. IA constitutes 15 percent of your MIPS Final Score.

Note: Each MIPS category can be reported on the same or on different performance periods as the other MIPS categories. Within each MIPS category, all measures or activities must be reported for the same period.

- This category must be performed for 90+ consecutive days
 - *Solo Practitioners and Small Practices:*
 - Each high-weighted IA will count for 100% of the IA category score;
 - Each medium-weighted IA will count for 50% of the IA category score
 - To fulfill the entire IA category score: complete 1 high-weighted or 2 medium-weighted IAs for 90+ consecutive days.
 - *Practices of >15 Clinicians:*
 - Each high-weighted IA will count for 50% the IA category score;
 - Each medium-weighted IA will count for 25% of the IA category score.
 - To fulfill the entire IA category score: complete 2 high-weighted, 4 medium-weighted, or 1 high-weighted + 2 medium-weighted IAs for 90+ consecutive days.
 - *Group Reporting:* at least 50% of the group's clinicians need to perform the same IA for the whole group to get credit.
- Please do not report on more IAs than required. There is no benefit to reporting on additional activities, and each activity that you report on can be audited.

II. How to Find IA Activities

- Visit the [MIPS Improvement Activities page](#) on the Academy website.
- Measures can be filtered by measure weight, category, and EHR or EHR-Registry (QCDR) Integration requirement.



Topics

- All Topics
- High Weight
- Medium Weight
- No EHR Required
- Patient Survey
- QCDR Integration Required

Improvement Activities for Merit-Based Incentive Payment System

All activities listed on this page have been updated for the 2022 reporting year.

Scoring note: The improvement activities category contributes 15% to your overall Merit-based Incentive Payment System score, which is the same as in 2021.

Improvement Activities Measure Reading Guide (PDF 1.1 MB)

III. How to Read an Activity Once You Find It

Measure IA_EPA_1: Provide 24/7 Access

Activity Title

+ Add to My Bookmarks ▾

Views 2189

Updated January 2022. *Changes to this measure for 2022 are in red.*

This is the date of the last update to this page. We update these pages annually and if changes are published by CMS.

Reporting Option:

- IRIS Registry individual or group attestation
- CMS Quality Payment Program website

Acceptable reporting mechanisms for the activity

Measure Weight: High

Activity Description

Provide 24/7 access to Merit-Based Incentive Payment System-eligible clinicians, groups or care teams for advice about urgent and emergent care (e.g., eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record). This access could include one or more of the following:

1. Expanded hours in evenings and weekends with access to the patient medical record (e.g., coordinate with small practices to provide alternate hour office visits and urgent care); **and/or**
2. Use of alternatives to increase access to care team by MIPS-eligible clinicians and groups, such as **e-visits telehealth**, phone visits, group visits, home visits and alternate locations (e.g., senior centers and assisted living centers); **and/or**
3. Provision of same-day or next-day access to a consistent MIPS-eligible clinician, group or care team when needed for urgent care or transition

Description of activity and examples of how to complete the activity.

Requirements

Functionality of 24/7 or expanded practice hours with access to medical records or ability to increase access through alternative access methods or same-day or next-day visits. This measure does not require the use of CEHRT.

Any additional specific requirements for the activity.

Suggested Documentation

Documentation that you completed an activity must include evidence of one or more the following, for multiple dates during the selected continuous 90-day to year-long performance period:

1. Patient record from EHR - A patient record from an EHR with date and timestamp indicating services provided outside of normal business hours for that clinician; **or**
2. Patient encounter/medical record/claim - Patient encounter/medical record claims indicating patient was seen or services provided outside of normal business hours for that clinician, including use of alternative visits; **or**
3. Same- or next-day patient encounter/medical record/claim - Patient encounter/medical record/claim indicating patient was seen same-day or next-day to a consistent clinician for urgent or **transition management transitional-care**.

Advice for documenting successful completion of the activity. In this case, the activity has 3 options in the description and 3 corresponding documentation requirements in this section. If you get audited, appropriate documentation will be especially important for the IA category.

How CMS Scores Your Performance

- CMS assigns up to 40 points for the improvement activities category, which accounts for 15 percent of your overall MIPS score.
- Small practices (15 or fewer clinicians) are scored differently than larger practices
- This is a *high-weighted* activity which is worth:
 - 20 points for practices of >15 clinicians
 - 40 points for small practices (15 or fewer clinicians)
- If you report as a group, at *least* 50% of the clinicians in the TIN need to perform this activity for the group to get credit.
- If your TIN reports as individuals, each clinician must perform an activity to receive credit.

This section describes how activities of different weights impact the IA score for small practices and larger practices.