



## MIPS Program: 2017 Clinical Practice Improvement Activities Category Proposed Rule Guide

**On April 27, 2016, CMS released a proposed rule on the Quality Payment Program, which includes the Merit-Based Incentive Payment System (MIPS).** The proposed rule is CMS' first attempt to develop regulations on the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), signed into law in April 2015, which codifies the new system in which physicians will be paid under Medicare.

MACRA sunsets the penalties associated with the current quality reporting programs at the end of 2018, and requires CMS to streamline and incorporate them into the MIPS program, which will affect physician payments beginning in 2019. CMS is proposing the **first performance year to begin January 1, 2017, which will impact payments in 2019.**

This guide summarizes the proposed Clinical Practice Improvement Activities (CPIA) category of MIPS. CPIA is a new category created under MACRA and does not correspond to any current quality reporting program.

ASCRS also has developed guides on all of the categories of MIPS. **However, it is important to remember these guides explain the proposed rule, and may not reflect the provisions of the final rule.** ASCRS has 60 days to provide feedback to CMS based on these proposals. A final rule is expected in fall 2016.

### Clinical Practice Improvement Activities Category Weight

**For 2017, the first performance year of MIPS, CMS proposes to weight a provider's CPIA score at 15% of the overall MIPS composite score.**

### Clinical Practice Improvement Activities Reporting Requirements

**Physicians must achieve a total of 60 points from proposed CPIAs during a 90-day reporting period.** CMS proposes to score individual CPIAs at either high- or medium-weighted. High-weighted activities are worth 20 points, while medium-weighted activities are worth 10 points. Providers may complete any combination of high- or medium-weighted activities to achieve the total 60 points.

**For providers in groups of 15 or fewer, CMS proposes to require physicians to complete any two CPIAs for full credit for the category. The activities chosen may be of either medium or high weight. To achieve 50% of the category score, providers in groups of 15 or fewer may complete one CPIA of either weight.**

Providers participating in a patient-centered certified medical home will automatically receive full credit for the CPIA category of MIPS. Providers participating in an Advanced Alternative Payment Model (APM) will receive 50% of the full score for the CPIA category of MIPS.

## Proposed Clinical Practice Improvement Activities.

The proposed rule includes a list of 94 individual CPIAs proposed by CMS. The proposed activities are grouped in eight sub-categories corresponding to CMS' stated goals. Providers may choose any combination of CPIAs, regardless of category. The categories and examples of activities included are listed below:

- **Expanded Practice Access:** CPIAs include expanded practice hours, telehealth services, and participation in models designed to improve access to services;
- **Population Management:** CPIAs include participation in chronic care management programs, participation in rural and Indian Health Services programs, participation in community programs with other stakeholders to address population health, and use of a Qualified Clinical Data Registry (QCDR) to track population outcomes;
- **Care coordination:** CPIAs include use of a QCDR to share information, timely communication and follow up, participation in various CMS models designed to improve care coordination, implementation of care coordination training, implementation of plans to handle transitions of care, and active referral management;
- **Beneficiary Engagement:** CPIAs include use of EHR to document patient-reported outcomes, providing enhanced patient portals, participation in a QCDR that promotes the use of patient engagement tools, and use of QCDR patient experience data to inform efforts to improve beneficiary engagement;
- **Patient Safety and Practice Assessment:** CPIAs include use of QCDR data for ongoing practice assessments and patient safety improvements, and use of tools such as the Surgical Risk Calculator;
- **Achieving Health Equity:** CPIAs include seeing new and follow-up Medicaid patients in a timely manner, and use of QCDR for demonstrating performance of processes for screening for social determinants;
- **Emergency Response and Preparedness:** CPIAs include participation in disaster medical teams or participation in domestic or international humanitarian volunteer work;
- **Integrated Behavioral and Mental Health:** CPIAs include tobacco intervention and smoking cessation efforts, and integration with mental health services.

For the full list of proposed CPIAs, please refer to Table H of the proposed rule: <https://www.gpo.gov/fdsys/pkg/FR-2016-05-09/pdf/2016-10032.pdf>

## Data Submission

CMS proposes to allow providers to submit CPIA data using the following mechanisms: qualified registry, EHR, QCDR, CMS Web Interface, and attestation data submission mechanisms. If technically feasible, CMS will use administrative claims data to supplement CPIA submissions.

For the first performance year, all submission mechanisms must designate a “yes/no” response for submitting CPIAs.

## Clinical Practice Improvement Activities Score

To determine a provider's CPIA category score, CMS proposes to divide the sum of the points earned by the provider by 60, the total available points for the category. The CPIA category score would then be counted as 15% of the MIPS composite score.

In future years, CMS proposes to assign scores based on providers' performance or improvement on CPIAs. Since there is no current analogous program to CPIA to develop baseline performance or benchmarks, CMS does not propose to score CPIA on performance for the first year.

## ASCRS Recommended Changes

ASCRS will be submitting comments to CMS on the proposed rule. The comments state our position on various provisions of the proposed rule, and recommended changes. For the CPIA category, ASCRS:

- **Recommends additional activities, such as participating in continuing medical education (CME) or fellowships, be included in the list of CPIAs.** Most of the proposed CPIAs are primary care-focused and not relevant to specialists. ASCRS urges inclusion of CME and fellowships due to the documented improvement in patient outcomes these educational activities produce.
- **Recommends CMS provide a much more detailed description of each CPIA and explain what would constitute successfully achieving an individual activity.** Many of the CPIAs have broad or vague descriptions, which make it difficult for providers to know whether what they are doing achieves the requirement.
- **Opposes CMS' proposal to measure performance on CPIAs.** The MACRA statute does not provide for scoring this category based on performance, and we urge CMS to maintain the yes/no attestation requirement for the first and future years.

## Additional Resources

For additional information, you may contact Allison Madson at [amadson@ascrs.org](mailto:amadson@ascrs.org) or 703-591-2220.