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MIPS 2017: Clinical Practice Improvement Activities (CPIA) How Does it Work?

Clinical Practice Improvement Activities (CPIA) is a new category developed for the MIPS program and is intended to assess how much you/your group participate(s) in activities that improve clinical practice.

How do I report my CPIA category?

The CPIA category allows clinicians to choose those activities most relevant to their practices. CPIA does not require the submission of any additional data. Instead, it simply requires clinicians to attest to the activities they have participated in for at least 90 consecutive days in 2017 by indicating *Yes* or *No* to each activity of the 93 that are available this year.

The attestations can be reported through the same qualified registry that APS has contracted with this year to submit data for the Quality category. Please note that APS will assist our clients in completing their attestations and will upload them to the registry on their behalf once completed.

What do I have to document to support the validity of the activities to which I've attested?

Because there is no accompanying data submitted with the attestations, CMS has indicated its intent to validate those to which you have attested by conducting audits of the documentation you have in place for the reported activities. As such, it is imperative that the practice maintain that documentation, to include the appropriate content describing the activity, indicating the duration of time it has been in place, and supporting that the activity was in place for the 90 day time period reported on.

Please note: for each CPIA, CMS has provided the recommended verbiage that should be included in the documentation of each of your reported activities, as well as what it will look for in validating the activities to which you've attested. This can be found at:

<https://qpp.cms.gov/about/resource-library> (select the *MIPS Validation Data* link under Documents & Downloads).

Additional supporting documentation needs will be directed by the specific activity, but would include as applicable:

- Meeting notes and attendance
- Applicable training certificates
- Applicable certifications
- Applicable program participation status
- Scheduling logs (shift and on-call)
- Policies & Procedures/documented processes
- Medical Records/claims data

Which activities could apply to my practice?

This category is determined by the improvement activities you/your practice are currently involved in, or planning to implement for the last quarter of 2017. While there are over 90 activities from which to choose this year, they will not all be applicable to all specialties or all practices.



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The complete list of activities is available at: <https://qpp.cms.gov/mips/improvement-activities>

APS has actively worked with the Quality Payment Program (QPP) for guidance on some of the activities that do appear to be more appropriate for our pathology and radiology clients and that information follows.

Please review closely as each activity summary reflects the activity's description, the documentation verbiage required by CMS and any questions APS posed to the QPP along with its subsequent responses.

Activity Name Provide 24/7 Access to Eligible Clinicians or Groups	
Activity ID IA_EPA_1	Activity Weight High
Subcategory Expanded Practice Access	
<p>Activity Description Provide 24/7 access to MIPS 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) that <i>could include one or more of the following</i>:</p> <ul style="list-style-type: none"> 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); Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits, group visits, home visits and alternate locations (e.g., senior centers and assisted living centers); and/or 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 management <p>CMS's Suggested Documentation (inclusive of dates during the selected continuous 90-day or year-long reporting period)</p> <ol style="list-style-type: none"> 1) Patient Record from EHR - A patient record from a certified 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 claims indicating patient was seen same-day or next-day to a consistent clinician for urgent or transitional care <p>APS Question: A group is providing 24/7 coverage, has 24/7 access to patient records via EHRs and can provide the physician coverage schedule - is this enough to support attesting to this activity?</p> <p>QPP Response: The group will also need to provide some type of documentation showing provider action took place outside of normal hours (ie, evening and/or weekend) during the 90 day reported activity period. Examples could include a medical record with the date and/or time, or the time stamp of when a patient record was accessed in the EHR. [INC0087231]</p>	



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Activity Name Participation in MOC Part IV	
Activity ID IA_PSPA_2	Activity Weight Medium
Subcategory Patient Safety and Practice Assessment	
<p>Activity Description Participation in Maintenance of Certification (MOC) Part IV for improving professional practice including participation in a local, regional or national outcomes registry or quality assessment program. Performance of monthly activities across practice to regularly assess performance in practice, by reviewing outcomes addressing identified areas for improvement and evaluating the results.</p> <p>CMS's Suggested Documentation (inclusive of dates during the selected continuous 90-day or year-long reporting period) 1) Participation in Maintenance of Certification from ABMS Member Board - Documentation of participation in Maintenance of Certification (MOC) Part IV from an ABMS member board including participation in a local, regional or national outcomes registry or quality assessment program; and 2) Monthly Activities to Assess Performance - Documented performance of monthly activities across practice to assess performance in practice by reviewing outcomes, addressing areas of improvement, and evaluating the results</p> <p>APS Question: Are we prevented from reporting on this activity as a group if all members are not in Part IV of MOC?</p> <p>OPP Response: There are no performance thresholds for the Improvement Activities and if one of the eligible physicians can meet the requirements of the IA then the rest of the group will receive credit for it also [INC0087231]</p>	

Activity Name Participation in Bridges to Excellence or Other Similar Program	
Activity ID IA_PSPA_14	Activity Weight Medium
Subcategory Patient Safety and Practice Assessment	
<p>Activity Description Participation in other quality improvement programs such as Bridges to Excellence</p> <p>CMS's Suggested Documentation (inclusive of dates during the selected continuous 90-day or year-long reporting period) Documentation from Bridges to Excellence or other similar program confirming participation in its improvement program(s)</p> <p>APS Question: What are the requirements to claim credit for this activity by utilizing 'other similar programs' and what constitutes 'other similar programs?'</p>	



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OPP Response: Please keep in mind that the purpose of Improvement Activities is to allow as much flexibility as possible so that clinicians can do what is relevant to their own practice to improve processes of care. With this in mind, consider improvement activities where your participation can be documented and reported as required. The link below provides several options related to Bridges to Excellence recognition programs, but other improvement programs appropriately documenting participation are feasible. http://www.hci3.org/programs-efforts/bridges-to-excellence/recognition_programs [INC0085059]

Activity Name Participation in Joint Commission Evaluation Initiative

Activity ID IA_PSPA_13 | **Activity Weight** Medium

Subcategory Patient Safety and Practice Assessment

Activity Description

Participation in Joint Commission Ongoing Professional Practice Evaluation Initiative (OPPE)

CMS's Suggested Documentation (inclusive of dates during the selected continuous 90-day or year-long reporting period)

Practice documents that show participation in Joint Commission's Ongoing Professional Practice Evaluation Initiative

APS Question: If a physician participates in OPPE through an established reappointment process at a hospital where he/she is on staff, is that adequate to meet the requirement for this measure?

OPP Response: Yes

APS Question: Is the letter confirming reappointment acceptable as documentation to support this activity requirement?

OPP Response: Yes, given the CMS documentation requirements outlined in the MIPS Validation Criteria document, and the fact that Improvement Activities/Ongoing Professional Practice Evaluations are designed to improve processes of care, a letter confirming reappointment through an established OPPE process is acceptable as documentation to fulfill this IA. [INC0087231]



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Activity Name Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop

Activity ID IA_CC_1

Activity Weight Medium

Subcategory Care Coordination

Activity Description

Performance of regular practices that include providing specialist reports back to the referring MIPS eligible clinician or group to close the referral loop or where the referring MIPS eligible clinician or group initiates regular inquiries to specialist for specialist reports which could be documented or noted in the certified EHR technology.

CMS's Suggested Documentation (inclusive of dates during the selected continuous 90-day or year-long reporting period)

- 1) Specialist Reports to Referring Clinician - Sample of specialist reports reported to referring clinician or group (e.g. within EHR or medical record); or
- 2) Specialist Reports from Inquiries in Certified EHR - Specialist reports documented in inquiring clinicians certified EHR or medical records

APS Question: What needs to be documented in the dictated reports to show they are reported back to the referring clinician or group?

OPP Response: In order for this IA to apply to a broad range of specialists, CMS does not limit the eligible clinician regarding the content of the specialist reports for [this activity] IA_CC_1. The requirement for that IA is meant to support the functionality of providing information by the specialist to the referring clinician. [INC0087333]

Activity Name Participation in Private Payer Clinical Practice Improvement Activities

Activity ID IA_PSPA_12

Activity Weight Medium

Subcategory Patient Safety & Practice Assessment

Activity Description

Participation in designated private payer clinical practice improvement activities.

CMS's Suggested Documentation (inclusive of dates during the selected continuous 90-day or year-long reporting period)

Documents showing participation in private payer clinical practice improvement activities



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Activity Name Rural Health Clinic (RHC), Indian Health Service Medium Management (IHS), or Federally Qualified Health Center (FQHC) Quality Improvement Activities

Activity ID IA_PM_3

Activity Weight High

Subcategory Population Management

Activity Description

Participating in a Rural Health Clinic (RHC), Indian Health Service Medium Management (IHS), or Federally Qualified Health Center in ongoing engagement activities that contribute to more formal quality reporting, and that include receiving quality data back for broader quality improvement and benchmarking improvement which will ultimately benefit patients.

Participation in Indian Health Service, as an improvement activity, requires MIPS eligible clinicians and groups to deliver care to federally recognized American Indian and Alaska Native populations in the U.S. and in the course of that care implement continuous clinical practice improvement including reporting data on quality of services being provided and receiving feedback to make improvements over time.

CMS's Suggested Documentation (inclusive of dates during the selected continuous 90-day or year-long reporting period)

- 1) Name of RHC, IHS or FQHC - Identified name of RHC, IHS, or FQHC in which the practice participates in ongoing engagement activities; and
- 2) Continuous Quality Improvement Activities - Documented continuous quality improvement activities that contribute to more formal quality reporting, and that include receiving quality data back for broader quality and benchmarking improvement that ultimately benefits patients

Each Improvement Activity is weighted as either Medium or High. The goal is to be able to attest to enough activities to reach the maximum of 40 points.

- ❖ For groups of 15 or more, and groups that are not in a rural or health professional shortage area
 - The Medium weighted activities are 10 points each and the High weighted activities are worth 20 points each
 - Depending on the combination of activities/weights, groups in these designations would attest to completing up to 4 improvement activities
- ❖ For groups of fewer than 15 providers (AKA Small Practice), and groups that are in a rural or health professional shortage area
 - The Medium weighted activities are 20 points each and the High weighted activities are worth 40 points each
 - Depending on the combination of activities/weights, these groups would attest to completing up to 2 improvement activities



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Let's get started:

- 1) Review the available activities to determine those that apply to your practice's existing or planned improvement efforts in 2017
- 2) Keep in mind that the activity has to be in place for a minimum of 90 consecutive days during the performance year
- 3) Review the documentation that CMS requires for each of the activities to which you will be attesting
- 4) Update your documentation as necessary to incorporate the CMS-required verbiage and to certify that your reported activities have been in place for 90 consecutive days
- 5) Work with your APS representative to coordinate the completion of your "Yes/No" attestation at the end of the performance year

Questions regarding this information can be directed to your APS Practice Manager or to our dedicated email account at MIPSInfo@apsmedbill.com.