

CMS MIPS 2024 Part II: Improvement Activities and Promoting Interoperability

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The January article covered the aspects of the Quality and Cost for the MIPS 2024. This month, we will cover the Improvement Activities (IA) and Promoting Interoperability (PI). Providers who are not exempt from MIPS need to earn a minimum of 75 out of 100 points to avoid a possible penalty in 2026 on all your Medicare Part B reimbursement. The AOA MIPS 2024 recorded webinar has been posted to the [AOA EyeLearn](#) and the AOA MIPS 2024 Guidebook and AOA Summary Sheet for claims based Quality Measures have also been posted on the AOA website [here](#).

The MIPS 2024 Improvement Activities (IA) component requires the provider to earn at least 40 points by completing each chosen activity for a continuous 90-day reporting period. October 3, 2024 is the last day to begin a continuous 90-day period. Each activity has an assigned weight of 20 points for High weight activities or 10 points for activities designated as medium weight. For those in small practices (defined as 15 or fewer providers), practice in a designated Health Shortage area, or practice in a designated Rural Area will receive double points for each activity completed. You can find the complete [Improvement Activities list here](#) and a summary of those appropriate for Optometry is at the end of this document.

While providers can choose to perform more activities, 40 points is the maximum number of points that will be counted. For those in small practices of 15 or fewer providers, this IA portion of MIPS 2024 will count as 50% of your total MIPS score with Quality Measures accounting for the other 50% of the total MIPS score. The AI portion of MIPS 2024 count 15% of the total MIPS score for providers in large practices (16 or more provider). Providers and/or groups can attest to same improvement activities performed in 2023 unless the measure specifically prohibits repeating the measure in the activity description. When reporting as a group, at least 50% of providers in the group must perform the same activity for the same continuous 90-day period.

2024 Improvement Activities are reported in early 2025 (1/2/2025 – 3/31/2025) by signing in and attesting or signing in an uploading the attestation while Third Party Intermediaries can directly submit attestation for the IA activities completed. No documentation has to be submitted at the time of attestation; however, providers and practices must compile and maintain documentation for all activities to which you attest for a minimum of 6 years in case of an audit.

For 2024, CMS added 5 new improvement activities, modified 1 existing improvement activity and removed 3 existing improvement activities with a total of 106 possible activities. Many of the approved IA are appropriate for the typical optometry practice (see list). All Optometrists should read all the guidance provided for each of the IA. Among the top IA applicable to Optometry are:

- Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (IA_EPA_1) High Weight
- Comprehensive Eye Exams (IA_AHE_7) Medium Weight
- Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop (IA_C C_1) Medium Weight

The Promoting Interoperability (PI) portion of MIPS 2024 will count 30% of the total for large practices (16 or more providers) but small practices (15 or fewer providers) are exempted from the PI portion of MIPS. The PI measures are reported either with yes/no or with a numerator/denominator and this varies with the specific PI element requirement. PI Measures must be performed of a minimum of continuous 180 days (up from 90 days previously). Reporting for PI is by the same methods that are used for IA attestation. You can find the complete [Promoting Interoperability information here](#).

There are several items that must be performed as a base but do not provide any points under PI. Provider must answer yes to the SAFER Guides Measure because answering no will not count for 2024. To earn a score greater than zero for the Promoting Interoperability performance category, MIPS eligible clinicians must:

1. Complete the Security Risk Analysis measure
2. Complete the High Priority Practices SAFER Guide measure
3. Complete the ONC Direct Review attestation (optional)

4. Attest to the “Actions to limit or restrict compatibility or interoperability of CEHRT” statement
5. Submit their complete numerator and denominator or Yes/No data for all required measures
6. Submit their CMS certification identification number
7. Submit their level of active engagement for Public Health & Clinical Data Exchange measures

There are 5 categories with specific measures under each category. These are nicely summarized in the MIPS Guidebook.

Protect Patient Health Information (REQUIRED BUT NO POINTS)

High Priority Practices Guide of the Safety Assurance Factors for EHR Resilience (SAFER) Guides
Security Risk Analysis

Electronic Prescribing

e-Prescribing - 10 points
Query of Prescription Drug Monitoring Program (PDMP) – 10 points

Health Information Exchange (Choose one option)

1. Enabling Exchange Under Trusted Exchange Framework Common Agreement (TEFCA) – 30 points
2. Health Information Exchange (HIE) Bi-Directional Exchange – 30 points
- 3a. Support Electronic Referral Loops by Sending Health Information – 15 points
- 3b. Electronic Referral Loops by Receiving and Reconciling Health Information – 15 points

Provider to Patient Exchange

Provide Patients Electronic Access to Their Health Information - 25 points

Public Health and Clinical Data Exchange (Optional)

Electronic Case Reporting - 25 points
Immunization Registry Reporting – 25 points
Clinical Data Registry Reporting – Optional Bonus 5 points
Public Health Registry Reporting - Optional Bonus 5 points
Syndromic Surveillance Reporting – Optional Bonus 5 points

If any data is submitted as an individual, all performance categories will be evaluated as an individual. If your practice submits any data as a group, the performance categories will be evaluated as a group. However, if data are submitted both as an individual and a group, that data be evaluated as an individual and as a group for all performance categories, with any payment adjustment based on the higher score of the two scores.

In summary, MIPS 2024 requires provider attention in order to avoid the possible penalty of up to 9% on all of your Medicare Part B payments in 2026. Please use the Guidebook, Summary Sheet, the recorded webinar and resources to ensure you and/or your practice are successfully and properly reporting all required sections of MIPS 2024.

Happy Coding...

HIGH WEIGHT IMPROVEMENT ACTIVITIES

- **Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record (IA_EPA_1) HIGH**
- **Create and Implement a Language Access Plan (IA_EPA_6) HIGH**
- **Regularly Assess Patient Experience of Care and Follow Up on Findings (IA_BE_6) High**
- **CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain (IA_PSPA_22) High**
- **Completion of CDC Training on Antibiotic Stewardship (IA_PSPA_23) High**
- **Enhance Engagement of Medicaid and Other Underserved Populations (IA_AHE_1) High**
- **Provide Education Opportunities for New Clinicians (IA_AHE_6) High**
- **Create and Implement an Anti-Racism Plan (IA_AHE_8) High**
- **Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients (IA_AHE_11) High**
- **Practice Improvements that Engage Community Resources to Address Drivers of Health (IA_AHE_12) High**
- **Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse and Ambulatory Care Patients (IA_BMH_9) High**
- **Promoting Clinician WellBeing (IA_BMH_12) High**
- **Behavioral/Mental Health and Substance Use Screening & Referral for Pregnant and Postpartum Women (IA_BMH_14) High**
- **Behavioral/Mental Health and Substance Use Screening & Referral for Older Adults (IA_BMH_15) High**

MEDIUM WEIGHT MEASURES

- **Comprehensive Eye Exams (IA_AHE_7) Medium**
- **Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop (IA_C C_1) Medium**
- **Use of Telehealth Services that Expand Practice Access (IA_EPA_2) medium**
- **Collection and use of patient experience and satisfaction data on access (IA_EPA_3) Medium**
- **Implementation of improvements that contribute to more timely communication of test results (IA_CC_2) Medium**
- **Implementation of documentation improvements for practice/process improvements (IA_CC_8) Medium**
- **Engagement of patients through implementation) of improvements in patient portal (IA_BE_4) Medium**
- **Engagement of community for health status improvement (IA_PM_5) Medium**
- **Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities (IA_PM_6) Medium**
- **Regular Review Practices in Place on Targeted Patient Population Needs (IA_PM_11) medium**
- **Implementation of medication management practice improvements (IA_PM_16) Medium**
- **Use evidence-based decision aids to support shared decision making (IA_BE_12) Medium**
- **Engagement of Patients, Family, and Caregivers in Developing a Plan of Care (IA_BE_15) Medium**
- **Promote Self-management in Usual Care (IA_BE_16) Medium**
- **Use of QCDR data for ongoing practice assessment and improvements (IA_PSPA_7) Medium**
- **Adopt Certified Health Information Technology for Security Tags for Electronic Health Record Data (IA_AHE_10) Medium**
- **Implementation of a Personal Protective Equipment (PPE) Plan (IA_ERP_4) Medium**
- **COVID-19 Vaccine Achievement for Practice Staff (IA_ERP_6) Medium**
- **Tobacco use (IA_BMH_2 (IA_BMH_2) Medium**
- **Use of decision support and standardized treatment protocols (IA_PSPA_16) Medium**
- **Implementation of formal quality improvement methods, practice changes, or other practice improvement processes (IA_PSPA_19) Medium**
- **Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols (IA_AHE_9) Medium**