

Merit-based Incentive Payment System (MIPS)

2025 Improvement Activities
Performance Category Quick
Start Guide



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Purpose: This resource focuses on the improvement activities performance category, providing high-level requirements about data collection and submission for the **2025** performance year for individual, group, virtual group, subgroups, and Alternative Payment Model (APM) Entity participation. This resource does not address improvement activity requirements under the APM Performance Pathway (APP).

Already know what MIPS is? Skip ahead by clicking the links in the Table of Contents.

How to Use This Guide

How to Use this Guide

Table of Contents

Click this icon (on the bottom left of each page) to return to the table of contents. 

Hyperlinks

Hyperlinks to the [Quality Payment Program website](#) and downloadable resources are included throughout the guide to direct the reader to more information and resources.

Please Note: This guide was prepared for informational purposes only and isn't intended to grant rights or impose obligations. The information provided is only intended to be a general summary. It isn't intended to take the place of the written law, including the regulations. We encourage readers to review the specific statutes, regulations, and other interpretive materials for a full and accurate statement of their contents.



Overview

What is the Merit-based Incentive Payment System?

The Merit-based Payment System (MIPS) is one way to participate in the Quality Payment Program (QPP). Under MIPS, we evaluate your performance across multiple categories that drive improved quality and value in our healthcare system.

If you're eligible for MIPS in 2025:

- You have to report measure and activity data for the [quality](#), [improvement activities](#), and [Promoting Interoperability](#) performance categories.
 - Exceptions to these reporting requirements include your [MIPS reporting option](#), [special status](#), clinician type, [extreme and uncontrollable circumstances](#) or [hardship exception](#). Detailed information will be available in the forthcoming 2025 Traditional MIPS Scoring Guide, 2025 APP Scoring Guide, and 2025 MIPS Value Pathways Implementation Guide. These will be posted to the [QPP Resource Library](#).
- We collect and calculate data for the [cost](#) performance category for you, if applicable.
 - Exceptions include your [MIPS reporting option](#), [participation option](#), [extreme and uncontrollable circumstances](#) and whether or not you meet case minimum for any cost measures.
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points.
- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment.
 - Positive payment adjustment for clinicians with a 2025 final score above 75.
 - Neutral payment adjustment for clinicians with a 2025 final score equal to 75.
 - Negative payment adjustment for clinicians with a 2025 final score below 75.
- Your MIPS payment adjustment is based on your performance during the 2025 performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1, 2027.

To Learn More About MIPS Eligibility And Participation Options:

- Visit the [How MIPS Eligibility is Determined](#) and [Participation Options Overview](#) webpages on the [Quality Payment Program website](#).
- View the 2025 MIPS Eligibility and Participation Quick Start Guide.
- Check your current participation status using the [QPP Participation Status Tool](#).



What is the Merit-based Incentive Payment System (Continued)

There are **3 reporting options** available to MIPS eligible clinicians to meet MIPS reporting requirements:

Traditional MIPS

- The original reporting option for MIPS.
- Visit the [Traditional MIPS Overview webpage to learn more.](#)

- You select the quality measures and improvement activities that you'll collect and report from all of the quality measures and improvement activities finalized for MIPS.

- You'll report the complete Promoting Interoperability measure set.

- We collect and calculate data for the cost performance category for you.

MIPS Value Pathways (MVPs)

- The newest reporting option, offering clinicians a more meaningful and reduced grouping of measures and activities relevant to a specialty or medical condition.
- Visit the [MIPS Value Pathways \(MVPs\) webpage to learn more.](#)

- You select an MVP that's applicable to your practice.
- Then you choose from the quality measures and improvement activities available in your selected MVP.
- You'll report a reduced number of quality measures and improvement activities as compared to traditional MIPS.

- You'll report the complete Promoting Interoperability measure set (the same as reported in traditional MIPS).

- We collect and calculate data for the cost performance category and population health measures for you.

APM Performance Pathway (APP)

- A streamlined reporting option for **clinicians who participate in a MIPS Alternative Payment Model (APM).**
- Visit the [APM Performance Pathway webpage to learn more.](#)

- You'll report a predetermined set of quality measures.
- MIPS APM participants currently receive full credit in the improvement activities performance category, though this is evaluated on an annual basis.

- You'll report the complete Promoting Interoperability measure set (the same as reported in traditional MIPS).

- Cost isn't evaluated under the APP.

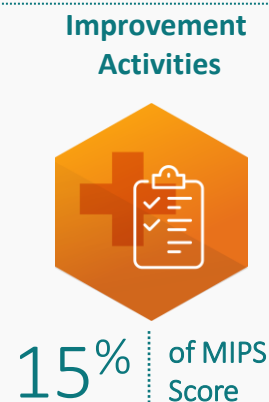
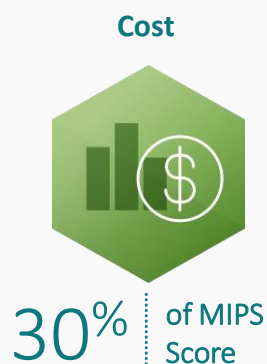
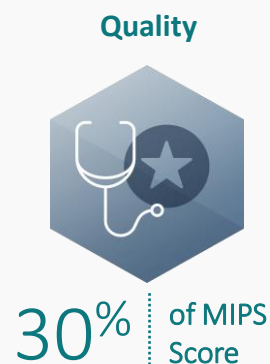


What is the MIPS Improvement Activities Performance Category?

The improvement activities performance category assesses your participation in clinical activities that support the improvement of clinical practice, care delivery, and outcomes. With over 100 activities to choose from, you can select from the [2025 Improvement Activities Inventory \(ZIP, 831KB\)](#) to find those that best fit your practice and support the needs of your patients by improving patient engagement, care coordination, patient safety, and other areas in patient care.

Individual, Group, Subgroup*, and Virtual Group** Participation

Traditional MIPS and MVP Performance Category Weights in 2025:



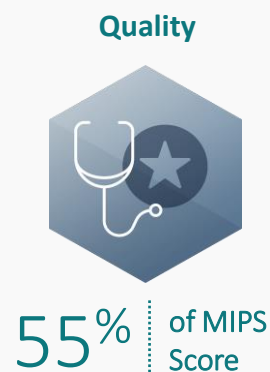
*Available for MVP reporting only.

**Available for traditional MIPS reporting only.

What is the MIPS Improvement Activities Performance Category? (Continued)

MIPS APM Entity Participation

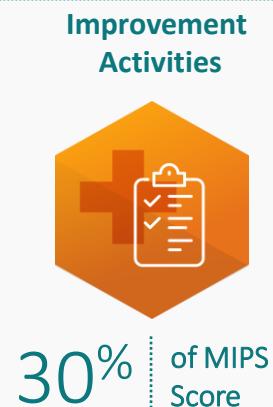
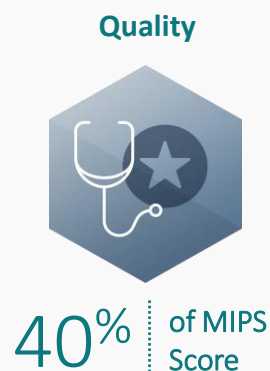
Traditional MIPS and MVP Performance Category Weights in 2025:



What is the MIPS Improvement Activities Performance Category? (Continued)

Standard Weighting for Small Practices
(Promoting Interoperability Automatically Reweighted)

Traditional MIPS and MVP Performance Category Weights in 2025:



This resource examines the improvement activities performance category under traditional MIPS and MVPs. For information about the improvement activities performance category under the APP, please refer to the [Improvement Activities: APP Requirements webpage](#) and the 2025 APP Toolkit (ZIP), which will be available in the [Quality Payment Program Resource Library](#) later in 2025.

What's New with Improvement Activities in 2025?

We updated activity weighting and number of activities required to attest

Improvement activities **won't** be weighted, and we've changed the number of activities clinicians are required to attest to completing.

- MVP Reporting: Clinicians, groups, and subgroups (regardless of special status) must attest to 1 activity
- Traditional MIPS Reporting:
 - Clinicians, groups, and virtual groups with the small practice, rural, non-patient facing, or health professional shortage area special status must attest to 1 activity.
 - All other clinicians, groups, and virtual groups must attest to 2 activities.

We added 2 new improvement activities:

- Implementation of Protocols and Provision of Resources to Increase Lung Cancer Screening Uptake (IA_PM_24)
- Save a Million Hearts: Standardization of Approach to Screening and Treatment for Cardiovascular Disease Risk (IA_PM_25)

We removed 4 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)
- Implementation of a Personal Protective Equipment (PPE) Plan (IA_ERP_4)
- Implementation of a Laboratory Preparedness Plan (IA_ERP_5)
- Invasive Procedure or Surgery Anticoagulation Medication Management (IA_PSPA_27)



What's New with Improvement Activities in 2025? (Continued)

We suspended 8 Improvement Activities.

Activity ID	Activity Name
IA_AHE_5	MIPS Eligible Clinician Leadership in Clinical Trials or CBPR
IA_AHE_8	Create and Implement an Anti-Racism Plan
IA_AHE_9	Implement Food Insecurity and Nutrition Risk Identification and Treatment Protocols
IA_AHE_11	Create and Implement a Plan to Improve Care for Lesbian, Gay, Bisexual, Transgender, and Queer Patients
IA_AHE_12	Practice Improvements that Engage Community Resources to Address Drivers of Health
IA_ERP_3	COVID-19 Clinical Data Reporting with or without Clinical Trial
IA_PM_6	Use of Toolsets or Other Resources to Close Health and Health Care Inequities Across Communities (Use of toolset or other resources to close healthcare disparities across communities)
IA_PM_26	Vaccine Achievement for Practice Staff: COVID-19, Influenza, and Hepatitis B

Note: The following activities have been suspended for the 2025 performance period: IA_AHE_5, IA_AHE_8, IA_AHE_9, IA_AHE_11, IA_AHE_12, IA_PM_6, IA_ERP_3, and IA_PM_26. However, if any of the suspended improvement activities have already been completed or were in the process of being completed, clinicians will still be able to attest to completing them and receive credit. Please review the [2025 Improvement Activities Inventory](#) for available improvement activities.



Get Started with Improvement Activities in 4 Steps

Overview

Step 1

Understand Your Reporting Requirements

Any Time

Step 2

Select and Plan to Implement Your Improvement Activities

Early 2025

Step 3

Implement Your Activities and Compile Documentation Supporting Your Work

Until
December
31, 2025

Step 4

Submit Your Data

January 2 to
March 31,
2025



Step 1. Understand Your Reporting Requirements

Most clinicians must implement and **submit 1 or 2 improvement activities** to receive the **maximum score of 40 points** in this performance category.

Traditional MIPS	MVPs
Clinicians, groups, virtual groups, and APM Entities with certain special statuses (small practice, rural, health professional shortage area (HPSA), non-patient facing) select (from over 100 activities) and perform: • 1 improvement activity (40 points)	N/A – there are no reduced reporting requirements for special status designations
All other MIPS eligible clinicians select (from over 100 activities) and perform: • 2 improvement activities (20 points each)	All MVP participants select (from the activities available within the MVP): • 1 improvement activity (40 points)

Helpful Reminder: If you're reporting measures for the quality performance category in traditional MIPS or an MVP as an APM Entity, you'll also report improvement activities at the APM Entity level.

You can't combine performance data submitted between different reporting options (e.g., traditional MIPS and MVPs) into a single final score or submit performance data for one performance category and count it for both reporting options.



Step 1. Understand Your Reporting Requirements (Continued)

You can also receive credit in this performance category from your participation in certain improvement activities or payment models:

Other Ways to Earn Improvement Activity Points under both traditional MIPS and the MVP reporting option	Points Received	Action Required?
Participate in a certified or recognized patient-centered medical home or comparable specialty society.	40 points	Yes – You must attest to this participation (IA_PCMH) during the 2025 submission period.
Participate in an APM. ¹	At least 20 points (out of 40 possible)	Yes – You must submit data for another MIPS performance category to receive the points awarded (half credit / 50%) for APM participation for the improvement activities performance category. You must attest to an additional activity to achieve the maximum 40 points.

¹ For a list of 2024 and 2025 APMs, refer to the [2024 and 2025 Comprehensive List of APMs \(PDF, 360KB\)](#).



Step 1. Understand Your Reporting Requirements (Continued)

Applicable to Traditional MIPS ONLY:

To confirm if you have a special status (noted on p. 14) that reduces your Improvement Activities reporting requirements in traditional MIPS, follow the instructions below.

- **Participating as an individual?** Check the [QPP Participation Status Tool](#) or sign in to the [QPP website](#) for any special statuses assigned at the “Clinician Level.”
- **Participating as a group?** Check the [QPP Participation Status Tool](#) or sign in to the [QPP website](#) for any special statuses assigned at the “Practice Level.”
- **Participating as a virtual group?** Sign in to the [QPP website](#) to check for any special statuses assigned to the virtual group.
- **Participating as an APM Entity?** Sign in to the [QPP website](#) to check if the small status was assigned to the APM Entity. Small status designation for APM Entities will be available in mid-2025.



Step 2. Select and Plan to Implement Your Improvement Activities

Traditional MIPS

Resources to help you find improvement activities relevant to your practice:

- [2025 Improvement Activities Inventory \(ZIP, 831KB\)](#) in the [Quality Payment Program Resource Library](#) and [Explore Measures & Activities Tool](#) (available in early 2025), which list the names, sub-categories, and descriptions of all available activities.
- 2025 Specialty Guides (ZIP) (**TIP:** filter by “Resource Type”), which suggest improvement activities that may be relevant to a given specialty practice (available in the [Quality Payment Program Resource Library](#) in the first quarter of 2025).

MVPs

Resources to help you find improvement activities relevant to your practice within your selected MVP:

- [Learn about the MVP reporting option and MVP Registration](#) on the QPP website.
- [Explore MVPs and the 2025 QPP Final Rule MVP Guide](#), which list all finalized MVPs, including the improvement activities in each MVP.
- [2025 Improvement Activities Inventory \(ZIP, 831KB\)](#) in the [Quality Payment Program Resource Library](#), which lists the names, sub-categories, and descriptions of all available activities.



Step 2. Select and Plan to Implement Your Improvement Activities

After you select your improvement activities, make a plan to implement them:

- Plan to implement each improvement activity for a minimum of a **continuous 90-day period, unless otherwise stated in the activity description, in calendar year (CY) 2025** (activities don't have to be performed concurrently).
- If you're reporting **traditional MIPS** as a group, virtual group, or APM Entity, **at least 50% of the clinicians in the group, virtual group, or APM Entity must perform the same activity** for a continuous 90-day period (but don't have to perform the activity concurrently) for the group, virtual group, or APM Entity to attest and receive credit for that activity.
- If you're reporting an **MVP** as a group, subgroup, or APM Entity, **at least 50% of the clinicians in the group, subgroup, or APM Entity must perform the same activity** for a continuous 90-day period (but don't have to perform the activity concurrently) for the group, subgroup, or APM Entity to attest and receive credit for that activity.
- You can attest to improvement activities you performed during the 2024 performance period again unless otherwise indicated in the activity description.
- The last continuous 90-day period to perform an improvement activity begins **October 3, 2025**.

Note: Individual MIPS eligible clinicians within the group, subgroup, virtual group, or APM Entity can perform the same activity during different continuous 90-day periods, or as specified in the activity description, within CY 2025. (Note that each MIPS eligible clinician doesn't have to perform the activity during the same period).

Step 3. Implement Your Activities and Compile Documentation Supporting Your Work

While implementing the activities you select, compile documentation demonstrating your work.

- **Review the 2025 MIPS Data Validation Criteria document, which will be available in early 2025, for examples of individual improvement activity documentation requirements.**
 - Ensure that each activity selected and attested to is completed and documented accurately and in accordance with the guidance provided in the MIPS Data Validation document.
 - Maintain documentation for each activity you attested to for a period of 6 years as evidence of completion in the event of a CMS audit.
- **Common examples of documentation may include, but are not limited to:**
 - Screenshot or digital capture of relevant information supporting the attestation.
 - Improvement plans and/or outlines supporting the interventional strategies/processes implemented to meet the intent of the improvement activity.
 - Electronic Health Record Report: Retain a copy of documentation relevant to the chosen improvement activity as evidence of attestation.

2025 Data Validation Criteria

The 2025 MIPS Data Validation Criteria document, which will help you understand improvement activity documentation requirements:

- Contains examples of ways to demonstrate completion of each improvement activity and clarifies the flexibilities clinicians have in implementing the activities.
- Articulates the objective of each activity.
- Will be available in early 2025 and also includes MIPS Data Validation Criteria for the Promoting Interoperability performance category.

TIP: In the Quality Payment Program Resource Library, find the MIPS Data Validation Criteria easily by searching for “Validation” without filters.

We suggest reviewing this validation document during the performance period to ensure you document your work appropriately.



Step 4. Submit Your Data

You will need to attest to the completion of your improvement activities or patient-centered medical home participation during the 2025 data submission period (1/2/2026 – 3/31/2026). To submit your attestations, you or your third-party representative will need QPP credentials and authorization. See the [Quality Payment Program Access User Guide \(ZIP, 3MB\)](#) for more information.

There are 3 ways to attest to the completion of your improvement activities:

Who	How
You	Sign in to the QPP website and attest to (manually select) the activities you've performed.
You or a third party	Sign in to the QPP website and upload a file with your activity attestations.
Third party	Perform a direct submission on your behalf, using our submissions application programming interface (API).

IMPORTANT: Each MVP submission must include the related MVP ID, signaling your intent to report the activity data for your selected MVP. **Any data submitted without the necessary MVP ID will be attributed to traditional MIPS instead of the MVP.** If participating as a subgroup, you'll also need to include the subgroup identifier given to you by CMS to your MVP submission.

You aren't required to include supporting documentation when you attest to completing an improvement activity, but **you must keep documentation for 6 years** after submission. Please note that submission platforms may allow you to attest to more than 40 points-worth of activities, but you can't earn more than 40 points in this performance category. You're responsible for compiling and maintaining documentation for all activities to which you attest.



Step 4. Submit Your Data (Continued)

Did you know? The level at which you participate (individual, group, subgroup, or virtual group) generally applies to all performance categories. We won't combine data submitted at the individual, group, subgroup, and/or virtual group level into a single final score.

For example:

- If you submit any data as an individual, you'll be evaluated for all performance categories as an individual.
- If your practice submits any data as a group, you'll be evaluated for all performance categories as a group.
- If data are submitted both as an individual and a group, you'll be evaluated as an individual and as a group for all performance categories, but your payment adjustment will be based on the higher score.

Exception: When participating as an APM Entity, the Entity will submit quality measures (and improvement activities if reporting traditional MIPS or an MVP). MIPS eligible clinicians in the Entity may submit Promoting Interoperability data as individuals or as a group and we'll calculate an average score for this performance category. However, APM Entities also have the option to choose to report Promoting Interoperability

Note: You also can't combine performance data submitted between different reporting options (e.g., traditional MIPS and MVPs) into a single final score or submit performance data for one performance category and count it for both reporting options.

For example, if your group is reporting both traditional MIPS and an MVP, the group would need to submit (or attest to) their improvement activities for traditional MIPS and then separately submit (or attest to) their activities for their selected MVP. This is required even if you're submitting the same activities for both traditional MIPS and MVP reporting.

Step 4. Submit Your Data (Continued)

Data submission criteria:

- Improvement activity submissions must include a 'yes' response to be considered complete and scored. Any submissions with only a date and practice ID won't be considered complete and will be assigned a null score. This is intended to mitigate negative scoring due to unintentional submissions.

Note: MIPS eligible clinicians, groups, or APM Entities that participate in an APM must attest to having completed an improvement activity or submit data for the quality and Promoting Interoperability performance categories to receive a baseline score of 50%.



Help and Version History

Where Can You Go for Help?

Contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, by creating a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

Visit the [Quality Payment Program website](#) for other [help and support information](#), to learn more about [MIPS](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).

Visit the [Small Practices](#) page of the Quality Payment Program website where you can **sign up for the monthly QPP Small Practices Newsletter** and find resources and information relevant for small practices.

Version History

If we need to update this document, changes will be identified here.

DATE	DESCRIPTION
05/21/2025	Updated to reflect the Improvement Activities that have been suspended for the 2025 performance period.
01/06/2025	Original Posting.

