Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS) Improvement Activities Performance Category Fact Sheet

Purpose

To provide MIPS eligible clinicians and their representatives with an introduction to the MIPS improvement activities performance category.

In this fact sheet, you will find:

Improvement Activities Overview

Why Are Improvement Activities Important?

When healthcare clinicians engage in improvement activities, their actions can lead to improved population health, enhanced patient experiences and outcomes, reduced cost of care, and improved clinician experience.

What Is the Improvement Activities Performance Category?

The MIPS improvement activities performance category assesses your participation in clinical activities that support the improvement of clinical practice, care delivery, and outcomes. You choose from clinical activities that best fit your practice and support the needs of your patients by improving patient engagement, care coordination, patient safety, and other areas of patient care.

The MIPS improvement activities are divided into the following subcategories:

- Expanded practice access
- Population management
- Care coordination
- Beneficiary engagement
- Patient safety and practice assessment
- Advancing health and wellness
- Emergency response and preparedness
- Behavioral and mental health

Key Terms

Performance Period

Improvement activities must be implemented for a minimum of any continuous 90-day performance period during the calendar year (e.g., March 1, 2026 – May 29, 2026) unless otherwise stated in the activity description.

Submission Type

Submission type refers to the way you can submit data on MIPS improvement activities based on your submitter type. There are 3 submission types you can use for your improvement activities data, depending on your submitter type:

- Sign in and attest. (You sign in to your account on the Quality Payment Program website and manually report your improvement activities.)
- Sign in and upload. (You or a third party intermediary sign in to your account on the Quality Payment Program website and upload a file in a CMS-approved format.)
- Direct submission via Application Programming Interface (API). (Authorized third party intermediaries [such as Qualified Clinical Data Registries (QCDRs) and Qualified Registries] perform a direct submission, transmitting data through a computer-to-computer interaction, such as an API.)

Submitter Type

Submitter type refers to the type of person or entity that submits improvement activities data. This includes clinicians, groups, subgroups, virtual groups, and APM Entities submitting improvement activities data for themselves, or someone authorized to submit data on their behalf, including third party intermediaries.

Reporting Requirements

The improvement activities performance category is 1 of 4 performance categories that comprise your MIPS final score. To earn the maximum number of points in the improvement activities performance category, you'll need to report 1 or 2 activities, depending on your status and reporting options.

Each of the 3 MIPS reporting options below has a different set of requirements for the improvement activities performance category. Note that these reporting requirements are subject to change each year through rulemaking.

Traditional MIPS The original MIPS reporting option.	**Alternative Payment Model (APM) Performance Pathway (APP)** A streamlined reporting option for MIPS APM participants that focuses on primary care	**MIPS Value Pathways (MVPs)** Each MVP includes a limited number of connected measures and activities that are relevant to a specialty or medical condition
• For the 2026 performance year, select improvement activities from the inventory of almost 100 activities. • 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. • MIPS eligible clinicians in a certified or recognized patient-centered medical home (PCMH) or comparable specialty practice must attest to this participation to receive a score of 100% (full credit) for the improvement activities performance category. • 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%. Clinicians in any APM that report traditional MIPS can receive 100% in the improvement activities category by attesting to one improvement activity.	• No reporting is required. – MIPS APM participants who report the APP (at the individual, group, or APM Entity level) for the 2026 performance year will receive 100% for the improvement activities performance category.	• Select improvement activities based on your MVP. – Each MVP offers a certain set of improvement activities to choose from. – An MVP participant, regardless of special status, must attest to 1 improvement activity. • An MVP participant in any APM reporting an MVP will automatically receive a baseline score of 50% for having completed an improvement activity or submit data for the quality and Promoting Interoperability performance categories. To receive the maximum score, the MVP participant must attest to an additional activity.

When reporting improvement activities as a group, 50% of the group must participate to meet group TIN (taxpayer identification number) reporting requirements. This means that 50% of clinicians would be required to attest to the same improvement activity for a minimum of 90 continuous days at some point during the performance year.

The last continuous 90-day period to implement an improvement activity begins on October 3rd of the performance year.

Need Assistance?

Contact the Quality Payment Program (QPP) Service Center by emailing QPP@cms.hhs.gov, creating a QPP Service Center ticket, or calling 1-866-288-8292 (Monday through Friday 8 a.m. – 8 p.m. ET). 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.