

Activity Name	Activity Description	Activity ID	Subcategory Name	Objective & Validation Documentation
Use of telehealth services that expand practice access	Create and implement a standardized process for providing telehealth services to expand access to care.	IA_EPA_2	Expanded Practice Access	<p>Objective: Improve health outcomes by expanding patient access to telehealth services that are delivered through standardized processes.</p> <p>Validation Documentation: Evidence of the creation and implementation of standardized processes for providing telehealth services. Telehealth services may include care provided over the phone, online, etc., and are not limited to the Medicare-reimbursed telehealth service criteria. Include both of the following elements:</p> <ol style="list-style-type: none"> 1) Standardized processes – Creation of standardized processes for the provision of telehealth services. Examples of documentation include a) description of standardized telehealth processes in an eligible clinician or practice procedures manual; b) workflow diagrams depicting standardized telehealth processes used regularly by an eligible clinician or practice; AND 2) Implementation documentation – Implementation of standardized processes for providing telehealth services. Examples of documentation include a) claims adjudication (may use G-codes to validate); b) electronic health record (EHR); or c) other medical record document showing specific telehealth services, consults, or referrals performed for a patient in accordance with standardized processes. <p>Information: How to get or provide remote health care website provides best practices for clinicians looking to improve their telehealth services: https://telehealth.hhs.gov/</p>
Collection and use of patient experience and satisfaction data on access	Collection of patient experience and satisfaction data on access to care and development of an improvement plan, such as outlining steps for improving communications with patients to help understanding of urgent access needs.	IA_EPA_3	Expanded Practice Access	<p>Objective: Develop an improvement plan informed by patient experience and satisfaction data, including any differences across demographic groups, so that eligible clinicians can use data-driven approaches to improve patient access and quality of care.</p> <p>Validation Documentation: Evidence of documented improvement plan for access to care and quality based on collected and stratified patient experience and satisfaction data. The goals for improvement can be defined broadly or within certain population strata. CMS examples of stratification may include patient demographics such as race/ethnicity, disability status, sexual orientation, sex, gender identity, or geography. (It is acknowledged that some stratification data may not be available). Include both of the following elements:</p> <ol style="list-style-type: none"> 1) Patient experience and satisfaction data on access to care – Data collected through a patient experience survey for a population defined by the eligible clinician. For example, eligible clinicians could give the survey to all patients seen within a defined study period. Data can be prepared in any useful format, or as they were collected; AND 2) Improvement plan – Documentation of an improvement plan, which should include specific activities, goals, and outcomes for addressing access to care. For example, an eligible clinician may observe that non-English-speaking patients were not confident in their interactions with eligible clinicians because of language barriers. A possible plan could include using translators, remote translation services, or language training. The improvement plan would include details regarding who would be trained with timelines for completion.
Participation in User Testing of the Quality Payment Program Website (https://qpp.cms.gov/)	User participation in the Quality Payment Program website testing is an activity for eligible clinicians who have worked with CMS to provide substantive, timely, and responsive input to improve the CMS Quality Payment Program website through product user-testing that enhances system and program accessibility, readability and responsiveness as well as providing feedback for developing tools and guidance thereby allowing for a more user-friendly and accessible clinician and practice Quality Payment Program website experience.	IA_EPA_5	Expanded Practice Access	<p>Objective: Help CMS improve the content provided on the Quality Payment Program (QPP) website.</p> <p>Validation Documentation: Evidence of user participation and implementation of website testing for the QPP. Eligible clinicians must be verified on CMS User/Tester list and be able to share at least one of the following elements:</p> <ol style="list-style-type: none"> 1) Improvement input – Documentation of specific input to improve the CMS QPP website through product user-testing aimed at enhancing system and program accessibility, readability, and responsiveness (e.g., saved emails, Word document with notes); OR 2) Tool/guidance development feedback – Documentation of specific feedback for developing tools and guidance for a more efficient and accessible clinician and practice QPP website experience (e.g., saved emails, Word document with notes). <p>Information: Office staff, either clinical or non-clinical, can participate/attest on behalf of a MIPS eligible clinician in order to receive improvement activity credit as long as they are working with the permission and oversight of the eligible clinician. This means the credit may only be applied to a single eligible clinician responsible for granting permission and overseeing the authorized staff member. If the staff member participates in an activity that meets the criteria for the credit, it cannot be applied to all eligible clinicians within a Taxpayer Identification Number (TIN). If the clinician is in a group, the approved representative should only provide input for 1 clinician per User Testing session. In addition, at least 50% of a group's National Provider Identifiers (NPIs) must perform the same activity for a performance period beginning with the 2020 performance year. This means that 50% of the clinicians (NPIs) must complete an improvement activity in order for the entire group (TIN) to receive credit in the improvement activities category. However, it is important to note that clinicians in the group do not have to perform the same improvement activity in the same 90 days.</p>
Use of certified EHR to capture patient reported outcomes	To improve patient access, perform activities beyond routine care that enable capture of patient reported outcomes (for example, related to functional status, symptoms and symptom burden, health behaviors, or patient experience) or patient activation measures (that is, measures of patient involvement in their care) through use of certified electronic health record technology, and record these outcomes data for clinician review.	IA_BE_1	Beneficiary Engagement	<p>Objective: Improve patient engagement through patient/clinician review of patient collected information or through assessment of a patient's understanding, confidence, and ability to perform self-care.</p> <p>Validation Documentation: Evidence of patient reported data and/or outcomes in the certified electronic health record technology (CEHRT). Include the following element:</p> <ol style="list-style-type: none"> 1) Patient reported outcomes/self-management – Documentation demonstrating use of one or more measures that assess patients' involvement in their care or their understanding, confidence, and ability to care for oneself. The eligible clinician should incorporate the results of the assessment into the patient's overall plan of care, as deemed most appropriate for their population. As necessary or helpful, also include patient's data in the CEHRT. <p>Example(s)/Information:</p> <ul style="list-style-type: none"> • Examples of online questionnaires for collecting patient-reported data: <ul style="list-style-type: none"> o Quick and full online health check-up: www.HealthConfidence.org o www.MedicareHealthAssess.org • Inventory of patient-reported outcome measures: www.healthmeasures.net/explore-measurement-systems/promis • The Patient Activation Measure: https://cmic.cms.gov/cmif/#!/FamilyView?familyid=1212
Regularly Assess Patient Experience of Care and Follow Up on Findings	Collect and follow up on patient experience and satisfaction data. This activity also requires follow-up on findings of assessments, including the development and implementation of improvement plans. To fulfill the requirements of this activity, MIPS eligible clinicians can use surveys (e.g., Consumer Assessment of Healthcare Providers and Systems Survey), advisory councils, or other mechanisms. MIPS eligible clinicians may consider implementing patient surveys in multiple languages, based on the needs of their patient population.	IA_BE_6	Beneficiary Engagement	<p>Objective: Improve patients' experience and satisfaction with care by gathering and applying learnings from relevant data to make care more patient-centered.</p> <p>Validation Documentation: Evidence that patient experience and satisfaction data are collected, and that follow-up occurs through an improvement plan. Include at least two of the following elements:</p> <ol style="list-style-type: none"> 1) Report of patient experience and satisfaction – Report including collected data on patient experience and satisfaction (e.g., survey results). Report may include description of effort to implement patient surveys in multiple languages based on the needs of the patient population. The eligible clinician or practice may use a third-party administrator; AND/OR 2) Follow-up on patient experience and satisfaction – Documentation that the eligible clinician's practice has implemented changes based on the results of the patient experience and satisfaction data gathered and analyzed (e.g., specific improvements made to practices/processes in response to survey results); AND/OR 3) Patient experience and satisfaction improvement plan – Documentation of a patient experience and satisfaction improvement plan. <p>Example(s): A practice offers patients the option to fill out a questionnaire after their visit. A) The practice finds that a consistent complaint is the long wait times and that the practice is losing patients as a result. The practice develops a plan to address wait times. B) The practice finds that there are multiple complaints about a single eligible clinician that include poor listening skills and a tendency to rush in and out of the room so fast that questions are not answered. The practice creates an education plan for the eligible clinician and also identifies and addresses environmental issues, or provides support to address personal issues, that lead the eligible clinician to feel pressure to rush through patient visits.</p> <p>Information:</p> <ul style="list-style-type: none"> • Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for Healthcare Research and Quality: https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html and https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html and https://www.cms.gov/Research-Statistics-Data-and-Systems/Programs-Operations/QualityImprovement/0,10981,475202_507_508_509_510_511_512_513_514_515_516_517_518_519_520_521_522_523_524_525_526_527_528_529_530_531_532_533_534_535_536_537_538_539_540_541_542_543_544_545_546_547_548_549_550_551_552_553_554_555_556_557_558_559_560_561_562_563_564_565_566_567_568_569_570_571_572_573_574_575_576_577_578_579_580_581_582_583_584_585_586_587_588_589_590_591_592_593_594_595_596_597_598_599_600_601_602_603_604_605_606_607_608_609_610_611_612_613_614_615_616_617_618_619_620_621_622_623_624_625_626_627_628_629_630_631_632_633_634_635_636_637_638_639_640_641_642_643_644_645_646_647_648_649_650_651_652_653_654_655_656_657_658_659_660_661_662_663_664_665_666_667_668_669_670_671_672_673_674_675_676_677_678_679_680_681_682_683_684_685_686_687_688_689_690_691_692_693_694_695_696_697_698_699_700_701_702_703_704_705_706_707_708_709_710_711_712_713_714_715_716_717_718_719_720_721_722_723_724_725_726_727_728_729_730_731_732_733_734_735_736_737_738_739_740_741_742_743_744_745_746_747_748_749_750_751_752_753_754_755_756_757_758_759_760_761_762_763_764_765_766_767_768_769_770_771_772_773_774_775_776_777_778_779_780_781_782_783_784_785_786_787_788_789_790_791_792_793_794_795_796_797_798_799_800_801_802_803_804_805_806_807_808_809_810_811_812_813_814_815_816_817_818_819_820_821_822_823_824_825_826_827_828_829_830_831_832_833_834_835_836_837_838_839_840_841_842_843_844_845_846_847_848_849_850_851_852_853_854_855_856_857_858_859_860_861_862_863_864_865_866_867_868_869_870_871_872_873_874_875_876_877_878_879_880_881_882_883_884_885_886_887_888_889_890_891_892_893_894_895_896_897_898_899_900_901_902_903_904_905_906_907_908_909_910_911_912_913_914_915_916_917_918_919_920_921_922_923_924_925_926_927_928_929_930_931_932_933_934_935_936_937_938_939_940_941_942_943_944_945_946_947_948_949_950_951_952_953_954_955_956_957_958_959_960_961_962_963_964_965_966_967_968_969_970_971_972_973_974_975_976_977_978_979_980_981_982_983_984_985_986_987_988_989_990_991_992_993_994_995_996_997_998_999_1000
Use of QCDR data for ongoing practice assessment and improvements	Participation in a Qualified Clinical Data Registry (QCDR) and use of QCDR data for ongoing practice assessment and improvements in patient safety, including:	IA_PSPA_7	Patient Safety and Practice Assessment	<p>Objective: Use qualified clinical data registry (QCDR) data for practice assessment and improvement with primary goal of addressing patient safety for targeted populations.</p> <p>Validation Documentation: Documented use of QCDR data for ongoing practice assessment and improvements in patient safety. Include both of the following elements:</p> <ol style="list-style-type: none"> 1) Use of QCDR for assessment – Feedback reports provided by the QCDR that demonstrate ongoing practice assessments in patient safety; AND 2) Use of QCDR for improvement – Documentation of how the practice is using QCDR data and documentation of intended improvements in patient safety for the specific populations targeted (e.g., documentation of standard tools, processes for screening, use of standard questionnaires, or use of QCDR data that are used for quality improvement, such as population-level analysis to assess for adverse outcomes). <p>Example(s): An anesthesia group is supported by a QCDR for quality improvement and MIPS reporting. The QCDR provides routine data feedback reports to the eligible clinicians as part of the engagement. In one of the areas of review, the anesthesiologists realize, through the provided data, that they are inconsistently providing appropriately timed dosing of neuromuscular block recovery medication. This creates significant potential for complications at the time of extubation following the procedure. As a result, the anesthesiology group develops a plan that includes checklists to prevent this problem moving forward and they successfully eliminate the safety risk.</p> <p>Information:</p> <ul style="list-style-type: none"> • Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey for Healthcare Research and Quality: https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html and https://www.ahrq.gov/cahps/surveys-guidance/hp/index.html and