

## Improvement Activities Performance Category

### Call for Activities Submission Form

Activities recommended for inclusion should be sent using the Improvement Activities Submission Template (below) to the email: [CMSCallforActivities@abtassoc.com](mailto:CMSCallforActivities@abtassoc.com). Stakeholders will receive an email confirmation for their submission. Improvement activities submitted by March 1, 2018 will be considered for inclusion for the Quality Payment Program Year 3 (2019). Improvement activities submitted after March 1, 2018 will be considered for inclusion for the Quality Payment Program Year 4 (2020). All fields of this form must be completed in order for your submission to be considered.

We also refer submitters to the [2018 MIPS Improvement Activities list](#) on the [CMS Quality Payment Program resource library](#), which lists the complete inventory of current improvement activities for the Quality Payment Program Year 2 (2018). Submitters should ensure that new proposed activities do not duplicate existing ones.

MIPS improvement activities considered for selection should meet one or more of the criteria below. We intend to use these criteria in selecting improvement activities for inclusion in the program.

- Relevance to an existing improvement activities subcategory (or a proposed new subcategory);
- Importance of an activity toward achieving improved beneficiary health outcome;
- Importance of an activity that could lead to improvement in practice to reduce health care disparities;
- Aligned with patient-centered medical homes;
- Focus on meaningful actions from the person and family's point of view;\*
- Supports the patient's family or personal caregiver;\*
- May be considered for an advancing care information bonus;
- Representative of activities that multiple individual MIPS eligible clinicians or groups could perform (for example, primary care, specialty care);
- Feasible to implement, recognizing importance in minimizing burden, especially for small practices, practices in rural areas, or in areas designated as geographic HPSAs by HRSA;
- Evidence supports that an activity has a high probability of contributing to improved beneficiary health outcomes;

*\*New submission criteria for 2019*



## Proposed Improvement Activities Recommended for Inclusion in the Quality Payment Program: Submission Template

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| <p><b>Activity Sponsor:</b><br/>Provide entity name, URL, and individual contact information: name, address, phone, email—in case we need to contact submitter.</p>  |  |
| <p><b>CMS NPI # or Sponsor Type:</b><br/>Include NPI number, or indicate other entity type, e.g. EHR vendor, specialty group, or other—25 words or less.</p>   |  |
| <p><b>Activity Title:</b><br/>Provide the activity title only—10 words or less.</p>  |  |
| <p><b>Activity Description:</b><br/>Provide a brief description of the proposed activity—300 words or less. Please be as specific as possible about what the activity entails. E.g., “Eligible clinician must perform/do XXXX.”</p>  |  |
| <p><b>Validation of Activity: Supporting Website(s):</b><br/>Provide any supporting validation documentation that describes why the activity being proposed leads to quality improvement in the practice, improvement in patient health, experience, etc. AND/OR provide links to validated tools, processes referenced in the activity. (Please include URLs only).</p> |  |
| <p><b>Documentation to Use as Proof of Activity Completion:</b><br/>Include data or primary sources that could be used to substantiate performance of the improvement activity (e.g. medical charts, office schedules, data reports, quality improvement reports or submissions to funders/payers, meeting minutes).</p>   |  |

**Level of Effort:**

*Include data, primary sources or personal experience to substantiate the level of effort the submitter anticipates are required to complete the proposed improvement activity on an annual basis. (This estimate could be in hours/days, dollars, staffing needs/FTE, external resources/supports or any combination thereof).*

**Contribute to Advancing Care Information Bonus:**

*Yes or no. Yes responses require a justification/rationale—100 words or less.*

*Improvement activities may be considered for the Advancing Care Information bonus if the improvement activity can be accomplished using Certified Electronic Health Record Technology (CEHRT).*