

Quality Payment PROGRAM

2018 MIPS Data Validation - Year 2 Improvement Activities Performance Category Changes

ID	Activity Name	V2_06152018 Changes	V2_08142018 Changes	V3_10292018 Changes
General	N/A	1) Added column indicating Promoting Interoperability (formerly ACI) bonus-eligible; Changed reference from "ACI" to "Promoting Interoperability (formerly ACI)" 2) Added column indicating first calendar year in program; 3) Added column citing examples that are eligible for IA attestation		
IA_EPA_1	Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record	Revised Activity Description slightly; Clarified Validation; Clarified Suggested Documentation		
IA_EPA_2	Use of telehealth services that expand practice access	Clarified telehealth for purposes of this IA		
IA_EPA_3	Collection and use of patient experience and satisfaction data on access	No changes		Updated Validation language. Added a Note to Examples of Activities.
IA_EPA_4	Additional improvements in access as a result of QIN/QIO TA	No changes		



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IA_EPA_5	Participation in User Testing of the Quality Payment Program Website (https://qpp.cms.gov/)	New IA		
IA_PM_1	Participation in systematic anticoagulation program	Revised Activity Description to extend 75 percent performance target for future program years; Provided guidance regarding anticoagulation program requirements		
IA_PM_2	Anticoagulant management improvements	Revised Activity Description to extend 75 percent performance target for future program years; Clarified Validation; Clarified certified EHR requirement for Promoting Interoperability (formerly ACI) bonus		Enhanced Suggested Documentation
IA_PM_3	RHC, IHS or FQHC quality improvement activities	No changes		
IA_PM_4	Glycemic management services	Clarified certified EHR requirement for Promoting Interoperability (formerly ACI) bonus		Updated Suggested Documentation. Added a Note to Examples of Activities.
IA_PM_5	Engagement of community for health status improvement	No changes		Updated Validation language
IA_PM_6	Use of toolsets or other resources to close healthcare disparities across communities	No changes		Enhanced Suggested Documentation

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IA_PM_7	Use of QCDR for feedback reports that incorporate population health	No changes		
IA_PM_8	Participation in CMMI models such as Million Hearts Campaign	Removed from Program		
IA_PM_9	Participation in population health research	Clarified Validation: Attestation for IA_PM_9 and IA_PM_17 utilizing the same research project is prohibited; Clarified Suggested Documentation		Updated Validation language
IA_PM_10	Use of QCDR data for quality improvement such as comparative analysis reports across patient populations	No changes		
IA_PM_11	Regular review practices in place on targeted patient population needs	Revised Activity Description to include examples		Enhanced Suggested Documentation
IA_PM_12	Population empanelment	No changes		
IA_PM_13	Chronic care and preventative care management for empaneled patients	Revised Activity Description to add examples and remove advanced care planning as it is a separate activity for 2018		
IA_PM_14	Implementation of methodologies for improvements in longitudinal care management for high risk patients	Clarified certified EHR requirement for Promoting Interoperability (formerly ACI) bonus		

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IA_PM_15	Implementation of episodic care management practice improvements	Clarified certified EHR requirement for Promoting Interoperability (formerly ACI) bonus		
IA_PM_16	Implementation of medication management practice improvements	Clarified certified EHR requirement for Promoting Interoperability (formerly ACI) bonus		
IA_PM_17	Participation in Population Health Research	New IA		Enhanced Suggested Documentation
IA_PM_18	Provide Clinical-Community Linkages	New IA		
IA_PM_19	Glycemic Screening Services	New IA		Updated Suggested Documentation. Added a Note to Examples of Activities.
IA_PM_20	Glycemic Referring Services	New IA		Updated Suggested Documentation. Added a Note to Examples of Activities.
IA_PM_21	Advance Care Planning	New IA		Updated Validation language
IA_CC_1	Implementation of use of specialist reports back to referring clinician or group to close referral loop	Removed requirement that EHR be certified from activity description; Clarified certified EHR requirement for Promoting		

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		Interoperability (formerly ACI) bonus		
IA_CC_2	Implementation of improvements that contribute to more timely communication of test results	Clarified Validation and Suggested Documentation		
IA_CC_3	Implementation of additional activity as a result of TA for improving care coordination	No changes		
IA_CC_4	TCPI participation	Changed weight from high to medium; Added link to TCPI information in Suggested Documentation		
IA_CC_5	CMS partner in Patients Hospital Engagement Network	Added link to Partnership for Patients information in Suggested Documentation		
IA_CC_6	Use of QCDR to promote standard practices, tools and processes in practice for improvement in care coordination	No changes		
IA_CC_7	Regular training in care coordination	Clarified Validation and Suggested Documentation		
IA_CC_8	Implementation of documentation improvements for practice/process improvements	Clarified certified EHR requirement for Promoting Interoperability (formerly ACI) bonus		

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IA_CC_9	Implementation of practices/processes for developing regular individual care plans	Revised Activity Description to add having an open discussion of care; Clarified Validation and Suggested Documentation to address discussion of care; Clarified certified EHR requirement for Promoting Interoperability (formerly ACI) bonus		Enhanced Suggested Documentation
IA_CC_10	Care transition documentation practice improvements	No changes		Updated Validation language. Enhanced Suggested Documentation.
IA_CC_11	Care transition standard operational improvements	No changes		
IA_CC_12	Care coordination agreements that promote improvements in patient tracking across settings	No changes		
IA_CC_13	Practice improvements for bilateral exchange of patient information	Revised Activity Description to add examples; Clarified certified EHR requirement for Promoting Interoperability (formerly ACI) bonus		
IA_CC_14	Practice improvements that engage community resources to support patient health goals	Revised Activity Description to add screening patients for health-harming legal needs; Clarified certified EHR requirement for Promoting Interoperability (formerly ACI) bonus		Updated Validation language

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IA_CC_15	PSH Care Coordination	New IA		Enhanced Suggested Documentation
IA_CC_16	"Primary Care Physician and Behavioral Health Bilateral Electronic Exchange of Information for Shared Patients"	New IA		
IA_CC_17	Patient Navigator Program	New IA		Updated Validation language
IA_BE_1	Use of certified EHR to capture patient reported outcomes	Provided additional detail and link for information on Patient Activation Measure to Suggested Documentation		
IA_BE_2	Use of QCDR to support clinical decision making	No changes		
IA_BE_3	Engagement with QIN-QIO to implement self-management training programs	No changes		
IA_BE_4	Engagement of patients through implementation of improvements in patient portal	Clarified certified EHR requirement for Promoting Interoperability (formerly ACI) bonus		Enhanced Suggested Documentation
IA_BE_5	Enhancements/regular updates to practice websites/tools that also include considerations for patients with cognitive disabilities	Added a link to 508 Compliance information to Suggested Documentation		

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IA_BE_6	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement	No changes		
IA_BE_7	Participation in a QCDR, that promotes use of patient engagement tools.	No changes		
IA_BE_8	Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive.	No changes		
IA_BE_9	Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement.	No changes		Updated Validation language
IA_BE_10	Participation in a QCDR, that promotes implementation of patient self-action plans.	No changes		
IA_BE_11	Participation in a QCDR, that promotes use of processes and tools that engage patients for adherence to treatment plan.	No changes		
IA_BE_12	Use evidence-based decision aids to support shared decision-making.	No changes		
IA_BE_13	Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.	No changes		Updated Validation language

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IA_BE_14	Engage patients and families to guide improvement in the system of care.	Significant addition to Activity Description; Changed to high weight; Added certified EHR requirement for Promoting Interoperability (formerly ACI) bonus		Updated Validation language. Enhanced Suggested Documentation.
IA_BE_15	Engagement of patients, family and caregivers in developing a plan of care	Removed requirement that EHR be certified from description, Validation, and Suggested Documentation; Clarified certified EHR requirement for Promoting Interoperability (formerly ACI) bonus		
IA_BE_16	Evidenced-based techniques to promote self-management into usual care	Clarified Suggested Documentation		
IA_BE_17	Use of tools to assist patient self-management	Provided additional detail and link for information on Patient Activation Measure to Suggested Documentation;		
IA_BE_18	Provide peer-led support for self-management.	Clarified Suggested Documentation		
IA_BE_19	Use group visits for common chronic conditions (e.g., diabetes).	No changes		
IA_BE_20	Implementation of condition-specific chronic disease self-management support programs	No changes		

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IA_BE_21	Improved practices that disseminate appropriate self-management materials	Corrected Promoting Interoperability (formerly ACI) bonus language - bonus NOT available for this activity		
IA_BE_22	Improved practices that engage patients pre-visit	Added to Activity Description Clarified Suggested Documentation		
IA_BE_23	Integration of patient coaching practices between visits	Clarified Suggested Documentation		
IA_PSPA_1	Participation in an AHRQ-listed patient safety organization.	No changes		
IA_PSPA_2	Participation in MOC Part IV	Revised Activity Description to add examples; Provided examples in Suggested Documentation		
IA_PSPA_3	Participate in IHI Training/Forum Event; National Academy of Medicine, AHRQ Team STEPPS® or other similar activity.	Revised Activity Description to add other MOC programs; Added examples in Suggested Documentation		
IA_PSPA_4	Administration of the AHRQ Survey of Patient Safety Culture	Revised Activity Description and Suggested Documentation to specify that it may be selected once every 4 years		
IA_PSPA_5	Annual registration in the Prescription Drug Monitoring Program	Clarified Suggested Documentation		

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IA_PSPA_6	Consultation of the Prescription Drug Monitoring program	Revised Activity Description to extend 75 percent performance target for future program years		
IA_PSPA_7	Use of QCDR data for ongoing practice assessment and improvements	Clarified Suggested Documentation		Amended Activity Description
IA_PSPA_8	Use of patient safety tools	Revised Activity Description and Suggested Documentation to add examples		
IA_PSPA_9	Completion of the AMA STEPS Forward program	Clarified Suggested Documentation		
IA_PSPA_10	Completion of training and receipt of approved waiver for provision of opioid medication-assisted treatments	No changes		
IA_PSPA_11	Participation in CAHPS or other supplemental questionnaire	No changes		
IA_PSPA_12	Participation in private payer CPIA	Clarified Suggested Documentation to add examples		
IA_PSPA_13	Participation in Joint Commission Evaluation Initiative	Clarified Suggested Documentation		
IA_PSPA_14	Participation in Quality Improvement Initiatives	Revised Activity Title Revised Activity Description and		

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		Suggested Documentation to add examples		
IA_PSPA_15	Implementation of Antimicrobial Stewardship Program (ASP)	Revised Activity Description and Suggested Documentation to add examples; Changed "Functionality" to "Leadership" in Validation		
IA_PSPA_16	Use of decision support and standardized treatment protocols	Clarified certified EHR requirement for Promoting Interoperability (formerly ACI) bonus		
IA_PSPA_17	Implementation of analytic capabilities to manage total cost of care for practice population	No changes		
IA_PSPA_18	Measurement and improvement at the practice and panel level	Revised Activity Description to add examples		Updated Validation language
IA_PSPA_19	Implementation of formal quality improvement methods, practice changes or other practice improvement processes	Revised Activity Description to add examples		
IA_PSPA_20	Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes	No changes		
IA_PSPA_21	Implementation of fall screening and assessment programs	No changes		

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IA_PSPA_22	CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain	New IA		Updated Validation language
IA_PSPA_23	Completion of CDC Training on Antibiotic Stewardship	New IA		Updated Validation language
IA_PSPA_24	Initiate CDC Training on Antibiotic Stewardship	New IA		
IA_PSPA_25	Cost Display for Laboratory and Radiographic Orders	New IA		
IA_PSPA_26	Communication of Unscheduled Visit for Adverse Drug Event and Nature of Event	New IA		
IA_PSPA_27	Invasive Procedure or Surgery Anticoagulation Medication Management	New IA		
IA_PSPA_28	Completion of an Accredited Safety or Quality Improvement Program	New IA		
IA_PSPA_29	Consulting Appropriate Use Criteria (AUC) Using Clinical Decision Support when Ordering Advanced	New IA		
IA_PSPA_30	PCI Bleeding Campaign	New IA		

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IA_AHE_1	Engagement of new Medicaid patients and follow-up	Added to Activity Description: A timely manner is defined as within 10 business days for this activity; Removed "certified" from EHR criteria in Suggested Documentation		Updated Validation language. Enhanced Suggested Documentation.
IA_AHE_2	Leveraging a QCDR to standardize processes for screening	Removed "suggested" from EHR description on Suggested Documentation		
IA_AHE_3	Promote use of Patient-Reported Outcome Tools	Changed title to remove "Leveraging QCDR to"; Changed description; Changed to high weight; Changed to receive Promoting Interoperability (formerly ACI) bonus when applicable		
IA_AHE_4	Leveraging a QCDR for use of standard questionnaires	No changes		
IA_AHE_5	MIPS Eligible Clinician Leadership in Clinical Trials or CBPR	New IA		Updated Validation language
IA_AHE_6	Provide Education Opportunities for New Clinicians	New IA		
IA_ERP_1	Participation on Disaster Medical Assistance Team, registered for 6 months.	No changes		

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IA_ERP_2	Participation in a 60-day or greater effort to support domestic or international humanitarian needs.	No changes		
IA_BMH_1	Diabetes screening	Removed "certified" from EHR criteria in Suggested Documentation		
IA_BMH_2	Tobacco use	Removed "certified" from EHR criteria in Suggested Documentation		
IA_BMH_3	Unhealthy alcohol use	Removed "certified" from EHR criteria in Suggested Documentation		
IA_BMH_4	Depression screening	Removed "certified" from EHR criteria in Suggested Documentation		
IA_BMH_5	MDD prevention and treatment interventions	Removed "certified" from EHR criteria in Suggested Documentation		
IA_BMH_6	Implementation of co-location PCP and MH services	No changes		
IA_BMH_7	Implementation of integrated PCBH model	Revised Activity Description to clarify the list of chronic illnesses is not limited to the examples provided; Clarified Suggested Documentation; Clarified certified EHR requirement for Promoting		

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IA_BMH_8	Electronic Health Record Enhancements for BH data capture	Clarified certified EHR requirement for Promoting Interoperability (formerly ACI) bonus		
IA_BMH_9				Added this IA into Data Validation Spreadsheet
IA_PCMH	Implementation of Patient-Centered Medical Home model	Clarified Suggested Documentation	"Added the following note to Suggested Documentation: NOTE: The following PCMH accrediting organizations are recognized by CMS for this IA: (A) The Accreditation Association for Ambulatory Health Care (AAAHC); The Joint Commission; The National Committee for Quality Assurance (NCQA); URAC and the Compliance Team (TCT). (B) the practice in in a participating Medicaid Medical Home Model or Medicaid Home Model. (C) The practice is a comparable specialty practice that has received the NCQA Patient-Centered Specialty Recognition. (D) The practice has received certification or accreditation	

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			from other certifying bodies that have certified a large number of medical organizations and meet national guidelines, as determined by the Secretary. The Secretary must determine that these certifying bodies must have 500 or more certified member practices, and require practices to include the following: (1) Have a personal physician/clinician in a team-based practice. (2) Have a whole-person orientation. (3) Provide coordination or integrated care. (4) Focus on quality and safety. (5) Provide enhanced care."	