

## 2020 MIPS Data Validation – Improvement Activities Performance Category Changes

ID	Activity Name	V1 2020 (12/15/19)	V2 2020 (4/17/20)	V3 2020 (4/27/20)
General	N/A			
IA_EPA_1	Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record			
IA_EPA_2	Use of telehealth services that expand practice access			
IA_EPA_3	Collection and use of patient experience and satisfaction data on access			
IA_EPA_4	Additional improvements in access as a result of QIN/QIO TA	Updated Activity Description, Data Validation, and Suggested Documentation.		
IA_EPA_5	Participation in User Testing of the Quality Payment Program Website ( <a href="https://qpp.cms.gov/">https://qpp.cms.gov/</a> )			
IA_PM_2	Anticoagulant management improvements	Updated Activity Description.		
IA_PM_3	RHC, IHS or FQHC quality improvement activities			
IA_PM_4	Glycemic management services			
IA_PM_5	Engagement of community for health status improvement			
IA_PM_6	Use of toolsets or other resources to close healthcare disparities across communities			
IA_PM_7	Use of QCDR for feedback reports that incorporate population health			
IA_PM_11	Regular review practices in place on targeted patient population needs			
IA_PM_12	Population empanelment			
IA_PM_13	Chronic care and preventative care management for empaneled patients			
IA_PM_14	Implementation of methodologies for improvements in longitudinal care management for high risk patients			



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IA_PM_15	Implementation of episodic care management practice improvements			
IA_PM_16	Implementation of medication management practice improvements			
IA_PM_17	Participation in Population Health Research			
IA_PM_18	Provide Clinical-Community Linkages			
IA_PM_19	Glycemic Screening Services			
IA_PM_20	Glycemic Referring Services			
IA_PM_21	Advance Care Planning			
IA_CC_1	Implementation of use of specialist reports back to referring clinician or group to close referral loop			
IA_CC_2	Implementation of improvements that contribute to more timely communication of test results			
IA_CC_5	CMS partner in Patients Hospital Engagement Network			
IA_CC_7	Regular training in care coordination			
IA_CC_8	Implementation of documentation improvements for practice/process improvements			
IA_CC_9	Implementation of practices/processes for developing regular individual care plans			
IA_CC_10	Care transition documentation practice improvements			
IA_CC_11	Care transition standard operational improvements			
IA_CC_12	Care coordination agreements that promote improvements in patient tracking across settings			
IA_CC_13	Practice improvements for bilateral exchange of patient information			
IA_CC_14	Practice improvements that engage community resources to support patient health goals			
IA_CC_15	PSH Care Coordination			

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IA_CC_16	Primary Care Physician and Behavioral Health Bilateral Electronic Exchange of Information for Shared Patients			
IA_CC_17	Patient Navigator Program			
IA_CC_18	Relationship-Centered Communication			
IA_CC_19	To receive credit for this improvement activity, a MIPS eligible clinician must attest that they reported MACRA patient relationship codes (PRC) using the applicable HCPCS modifiers on 50 percent or more of their Medicare claims for a minimum of a continuous 90-day period within the performance period. Reporting the PRC modifiers enables the identification of a clinician's relationship with, and responsibility for, a patient at the time of furnishing an item or service. See the CY 2018 PFS final rule (82 FR 53232 through 53234) for more details on these codes.	New IA for 2020.		
IA_BE_1	Use of certified EHR to capture patient reported outcomes			
IA_BE_3	Engagement with QIN-QIO to implement self-management training programs			
IA_BE_4	Engagement of patients through implementation of improvements in patient portal			
IA_BE_5	Enhancements/regular updates to practice websites/tools that also include considerations for patients with cognitive disabilities			
IA_BE_6	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement			
IA_BE_7	Participation in a QCDR, that promotes use of patient engagement tools.	Updated Activity Description, Validation, and Suggested Documentation.		
IA_BE_8	Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive.			
IA_BE_12	Use evidence-based decision aids to support shared decision-making.			
IA_BE_13	Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.			

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IA_BE_14	Engage patients and families to guide improvement in the system of care.			
IA_BE_15	Engagement of patients, family and caregivers in developing a plan of care			
IA_BE_16	Evidenced-based techniques to promote self-management into usual care			
IA_BE_17	Use of tools to assist patient self-management			
IA_BE_18	Provide peer-led support for self-management.			
IA_BE_19	Use group visits for common chronic conditions (e.g., diabetes).			
IA_BE_20	Implementation of condition-specific chronic disease self-management support programs			
IA_BE_21	Improved practices that disseminate appropriate self-management materials			
IA_BE_22	Improved practices that engage patients pre-visit			
IA_BE_23	Integration of patient coaching practices between visits			
IA_BE_24	Financial Navigation Program			
IA_BE_25	Drug Cost Transparency	New IA for 2020.		
IA_PSPA_1	Participation in an AHRQ-listed patient safety organization.			
IA_PSPA_2	Participation in MOC Part IV			
IA_PSPA_3	Participate in IHI Training/Forum Event; National Academy of Medicine, AHRQ Team STEPPS® or other similar activity.			
IA_PSPA_4	Administration of the AHRQ Survey of Patient Safety Culture			
IA_PSPA_6	Consultation of the Prescription Drug Monitoring program			
IA_PSPA_7	Use of QCDR data for ongoing practice assessment and improvements	Updated Activity Description, Validation, and Suggested Documentation.		
IA_PSPA_8	Use of patient safety tools			

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IA_PSPA_9	Completion of the AMA STEPS Forward program			
IA_PSPA_10	Completion of training and receipt of approved waiver for provision of opioid medication-assisted treatments			
IA_PSPA_11	Participation in CAHPS or other supplemental questionnaire			
IA_PSPA_12	Participation in private payer CPIA			
IA_PSPA_13	Participation in Joint Commission Evaluation Initiative			
IA_PSPA_15	Implementation of Antimicrobial Stewardship Program (ASP)			
IA_PSPA_16	Use of decision support and standardized treatment protocols			
IA_PSPA_17	Implementation of analytic capabilities to manage total cost of care for practice population			
IA_PSPA_18	Measurement and improvement at the practice and panel level			
IA_PSPA_19	Implementation of formal quality improvement methods, practice changes or other practice improvement processes	Updated Activity Description and Validation.		
IA_PSPA_20	Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes			
IA_PSPA_21	Implementation of fall screening and assessment programs			
IA_PSPA_22	CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain			
IA_PSPA_23	Completion of CDC Training on Antibiotic Stewardship			
IA_PSPA_25	Cost Display for Laboratory and Radiographic Orders			
IA_PSPA_26	Communication of Unscheduled Visit for Adverse Drug Event and Nature of Event			
IA_PSPA_27	Invasive Procedure or Surgery Anticoagulation Medication Management			
IA_PSPA_28	Completion of an Accredited Safety or Quality Improvement Program	Updated Activity Description and Validation.		

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IA_PSPA_29	Consulting Appropriate Use Criteria (AUC) Using Clinical Decision Support when Ordering Advanced			
IA_PSPA_30	PCI Bleeding Campaign			
IA_PSPA_31	Patient Medication Risk Education			
IA_PSPA_32	Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support			
IA_AHE_1	Engagement of new Medicaid patients and follow-up			
IA_AHE_3	Promote use of Patient-Reported Outcome Tools	Updated Validation and Suggestion Documentation to remove QCDR reference.		
IA_AHE_5	MIPS Eligible Clinician Leadership in Clinical Trials or CBPR			
IA_AHE_6	Provide Education Opportunities for New Clinicians			
IA_AHE_7	Comprehensive Eye Exams			
IA_ERP_1	Participation on Disaster Medical Assistance Team, registered for 6 months.			
IA_ERP_2	Participation in a 60-day or greater effort to support domestic or international humanitarian needs.			
IA_ERP_3	COVID-19 Clinical Trials		IA Added for 2020 MIPS performance year	Added data registry examples
IA_BMH_1	Diabetes screening			
IA_BMH_2	Tobacco use			
IA_BMH_4	Depression screening			
IA_BMH_5	MDD prevention and treatment interventions			
IA_BMH_6	Implementation of co-location PCP and MH services			
IA_BMH_7	Implementation of integrated PCBH model			
IA_BMH_8	Electronic Health Record Enhancements for BH data capture			

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IA_BMH_9	Unhealthy Alcohol Use for Patients with Co-occurring Conditions of Mental Health and Substance Abuse and Ambulatory Care Patients			
IA_BMH_10	Completion of Collaborative Care Management Training Program	Updated IA Description, Data Validation, and Suggested Documentation.		
IA_PCMH	Implementation of Patient-Centered Medical Home model	Updated Examples of Additional Activities.		