

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_AHE_1	Engagement of New Medicaid Patients and Follow-up	High	Seeing new and follow-up Medicaid patients in a timely manner, including individuals dually eligible for Medicaid and Medicare. A timely manner is defined as within 10 business days for this activity.	1) Timely Appointments for Medicaid and Dually Eligible Medicaid/Medicare Patients - Statistics from EHR or scheduling system (may be manual) on time from request for appointment to first appointment offered or appointment made by type of visit for Medicaid and dual eligible patients; and 2) Improvement Activities - Assessment of new and follow-up visit appointment statistics and other patient-level data to identify and implement improvement activities. Documentation should include planned and in-progress improvement activities and intended aims.
IA_AHE_3	Promote Use of Patient-Reported Outcome Tools	High	Demonstrate performance of activities for employing patient-reported outcome (PRO) tools and corresponding collection of PRO data such as the use of PHQ-2 or PHQ-9, PROMIS instruments, patient reported Wound-Quality of Life (QoL), patient reported Wound Outcome, and patient reported Nutritional Screening.	Use of patient-reported outcome tools (e.g., feedback reports demonstrating use of patient-reported outcome tools and corresponding collection of PRO data (e.g., use of PHQ-2 or PHQ-9 and PROMIS instruments)).

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

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IA_AHE_5	MIPS Eligible Clinician Leadership in Clinical Trials or CBPR	Medium	MIPS eligible clinician leadership in clinical trials, research alliances or community-based participatory research (CBPR) that identify tools, research or processes that can focus on minimizing disparities in healthcare access, care quality, affordability, or outcomes.	1) Documentation of participation by clinician leadership in clinical trials, research alliances, or community-based participatory research (CBPR) to identify tools, research or processes focused on minimizing disparities in healthcare access, care quality, affordability, or outcomes; and 2) Documentation of intended or actual aims and outcomes.
IA_AHE_6	Provide Education Opportunities for New Clinicians	High	MIPS eligible clinicians acting as a preceptor for clinicians-in-training (such as medical residents/fellows, medical students, physician assistants, nurse practitioners, or clinical nurse specialists) and accepting such clinicians for clinical rotations in community practices in small, underserved, or rural areas.	Documentation of participation as a preceptor for clinicians-in-training that encourages clinical rotations in community practices in small underserved, or rural areas. Examples of eligible clinicians anticipated to serve as a preceptor would include; medical residents/fellows, medical students, physician assistants, nurse practitioners, or clinical nurse specialists.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

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IA_AHE_7	Comprehensive Eye Exams	Medium	<p>In order to receive credit for this activity, MIPS eligible clinicians must promote the importance of a comprehensive eye exam, which may be accomplished by providing literature and/or facilitating a conversation about this topic using resources such as the "Think About Your Eyes" campaign and/or referring patients to resources providing no-cost eye exams, such as the American Academy of Ophthalmology's EyeCare America and the American Optometric Association's VISION USA. This activity is intended for: (1) non- ophthalmologists / optometrist who refer patients to an ophthalmologist/optometrist; (2) ophthalmologists/optometrists caring for underserved patients at no cost; or (3) any clinician providing literature and/or resources on this topic. This activity must be targeted at underserved and/or high- risk populations that would benefit from engagement regarding their eye health with the aim of improving their access to comprehensive eye exams.</p>	<p>1) Documentation providing evidence that targeted, underserved, and/or high-risk populations are engaged in their ocular health with the aim of improving their access to comprehensive eye exams; and/or 2) Documentation that a discussion with the patient regarding the significance of annual comprehensive eye exams (when indicated) with evidence that ophthalmic resources were distributed to promote ocular health; and/or 3) Demonstrated promotion of the significance of comprehensive eye exams (referring patients to resources and providing no-cost eye exams) via ophthalmic resources with evidence that a conversation about this topic was conducted using resources such as the "Think About Your Eyes" Campaign, American Academy of Ophthalmology's EyeCare America, and the American Optometric Association's VISION USA. Evidence of use of these resources in support of this Improvement Activity may include screenshots of a notation in the medical chart, or copies of the ocular literature provided to the patient; and/or 4) Documentation of providing a free eye exam to the patient.</p>

**CMS QPP: MIPS 2020 Improvement Activities supported by the
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IA_BE_3	Engagement with QIN-QIO to implement self-management training programs	Medium	Engagement with a Quality Innovation Network-Quality Improvement Organization, which may include participation in self-management training programs such as diabetes.	Documentation from QIN-QIO of eligible clinician or group's engagement and use of services to assist with, e.g., self-management training program(s) such as diabetes.
IA_BE_4	Engagement of patients through implementation of improvements in patient portal	Medium	Access to an enhanced patient portal that provides up to date information related to relevant chronic disease health or blood pressure control, and includes interactive features allowing patients to enter health information and/or enables bidirectional communication about medication changes and adherence.	Documentation through screenshots or reports of an enhanced patient portal, e.g., portal functions that provide up to date information related to chronic disease health or blood pressure control, interactive features allowing patients to enter health and demographic information (e.g., race/ethnicity, sexual orientation, sex, gender identity, disability), and/or bidirectional communication about medication changes and adherence.
IA_BE_6	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement	High	Collection and follow-up on patient experience and satisfaction data on beneficiary engagement, including development of improvement plan.	1) Follow-Up on Patient Experience and Satisfaction - Documentation of collection and follow-up on patient experience and satisfaction (e.g. survey results) which must be administered by a third party survey administrator/vendor; and 2) Patient Experience and Satisfaction Improvement Plan - Documented patient experience and satisfaction improvement plan.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

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IA_BE_7	Participation in a QCDR, that promotes use of patient engagement tools.	Medium	Participation in a Qualified Clinical Data Registry (QCDR), that promotes patient engagement, including:- Use of processes and tools that engage patients for adherence to treatment plans;- Implementation of patient self-action plans;- Implementation of shared clinical decision making capabilities; or- Use of QCDR patient experience data to inform and advance improvements in beneficiary engagement.	Participation in QCDR that promotes use of patient engagement tools (e.g., regular feedback reports provided by the QCDR detailing activities promoting the use of patient engagement tools). These feedback reports provide evidence that the MIPS eligible clinician or group has met the intent of the IA by providing evidence that a QCDR was utilized to engage providers in the use of patient engagement tools to improve processes of care.
IA_BE_8	Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive.	Medium	Participation in a QCDR, that promotes collaborative learning network opportunities that are interactive.	Participation in QCDR that promotes interactive collaborative learning network opportunities, e.g., regular feedback reports provided by the QCDR that promote interactive collaborative learning networks.
IA_BE_12	Use evidence-based decision aids to support shared decision-making.	Medium	Use evidence-based decision aids to support shared decision-making.	Documentation (e.g. checklist, algorithms, tools, screenshots) showing the use of evidence-based decision aids to support shared decision-making with beneficiary.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
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IA_BE_13	Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.	Medium	Regularly assess the patient experience of care through surveys, advisory councils and/or other mechanisms.	Documentation (e.g. survey results, advisory council notes and/or other methods) showing regular assessments of the patient care experience to improve the experience, taking into account specific populations served and including them in this assessment, such as identified vulnerable populations. Surveys should be administered independently to the best extent possible.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
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IA_BE_14	Engage Patients and Families to Guide Improvement in the System of Care	High	Engage patients and families to guide improvement in the system of care by leveraging digital tools for ongoing guidance and assessments outside the encounter, including the collection and use of patient data for return-to-work and patient quality of life improvement. Platforms and devices that collect patient-generated health data (PGHD) must do so with an active feedback loop, either providing PGHD in real or near-real time to the care team, or generating clinically endorsed real or near-real time automated feedback to the patient, including patient reported outcomes (PROs). Examples include patient engagement and outcomes tracking platforms, cellular or web-enabled bi-directional systems, and other devices that transmit clinically valid objective and subjective data back to care teams. Because many consumer-grade devices capture PGHD (for example, wellness devices), platforms or devices eligible for this improvement activity must be, at a minimum, endorsed and offered clinically by care teams to patients to automatically send ongoing guidance (one way). Platforms and devices that additionally collect PGHD must do so with an active feedback loop, either providing PGHD in real or near-real time	1) Documentation showing patient and family engagement using digital collection and use of patient data, which may include patients and families that need additional support due to disability, for return-to-work and patient quality of life improvement; and 2) Documentation of PGHD in real or near-real time to the care team, or generating clinically endorsed real or near-real time automated feedback to the patient, including patient reported outcomes (PROs), (e.g., meeting agendas and summaries where patients families have been engaged, survey results from patients and/or families; and improvements made in the system of care; surveys should be administered by a third party survey administrator/vendor to the best extent possible).
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**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

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			<p>to the care team, or generating clinically endorsed real or near-real time automated feedback to the patient (e.g. automated patient-facing instructions based on glucometer readings). Therefore, unlike passive platforms or devices that may collect but do not transmit PGHD in real or near-real time to clinical care teams, active devices and platforms can inform the patient or the clinical care team in a timely manner of important parameters regarding a patient's status, adherence, comprehension, and indicators of clinical concern.</p>	
IA_BE_15	Engagement of Patients, Family, and Caregivers in Developing a Plan of Care	Medium	Engage patients, family, and caregivers in developing a plan of care and prioritizing their goals for action, documented in the electronic health record (EHR) technology.	Report from the certified EHR, showing the plan of care and prioritized goals for action with engagement of the patient, family and caregivers, if applicable.

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IA_BE_16	Evidenced-based techniques to promote self-management into usual care	Medium	Incorporate evidence-based techniques to promote self-management into usual care, using techniques such as goal setting with structured follow-up, Teach Back, action planning or motivational interviewing.	Documented evidence-based techniques to promote self-management into usual care; and evidence of the use of the techniques (e.g. clinicians' completed office visit checklist, EHR report of completed checklist, copies of goal setting tools or techniques, motivational interviewing script/questions, action planning tool with patient feedback).
IA_BE_17	Use of tools to assist patient self-management	Medium	Use tools to assist patients in assessing their need for support for self-management (e.g., the Patient Activation Measure or How's My Health).	Documentation in medical record or EHR showing use of Patient Activation Measure, How's My Health, or similar tools to assess patients need for support for self-management. Patient Activation Measures (PAM) assesses an individual's knowledge, skill, and confidence for managing one's health and healthcare. You can learn more about the development of the original Patient Activation Measure (PAM) on the Wiley Online Library site: http://onlinelibrary.wiley.com/doi/10.1111/j.1475-6773.2004.00269.x/full
IA_BE_18	Provide peer-led support for self-management.	Medium	Provide peer-led support for self-management.	Documentation in medical record or EHR of peer-led self-management program. Peer-led self-management requires peer groups that include beneficiaries with the same condition or disease.

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IA_BE_19	Use group visits for common chronic conditions (e.g., diabetes).	Medium	Use group visits for common chronic conditions (e.g., diabetes).	Medical claims or referrals showing group visit and chronic condition codes in conjunction with care provided.
IA_BE_20	Implementation of condition-specific chronic disease self-management support programs	Medium	Provide condition-specific chronic disease self-management support programs or coaching or link patients to those programs in the community.	1) Chronic Disease Self-Management Support Program - Documentation from medical record or EHR showing condition specific chronic disease self-management support program or coaching; or 2) Community Chronic Disease Self-Management Support Program - Documentation of referral/link of patients to condition specific chronic disease self-management support programs in the community.
IA_BE_21	Improved Practices that Disseminate Appropriate Self-Management Materials	Medium	Provide self-management materials at an appropriate literacy level and in an appropriate language.	Documented provision in EHR or medical record of self-management materials, e.g., pamphlet, discharge summary language, or other materials that include self management materials appropriate for the patient's literacy and language.

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American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

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IA_BE_22	Improved Practices that Engage Patients Pre-Visit	Medium	Implementation of workflow changes that engage patients prior to the visit, such as a pre-visit development of a shared visit agenda with the patient, or targeted pre-visit laboratory testing that will be resulted and available to the MIPS eligible clinician to review and discuss during the patient's appointment.	1) Documentation of a letter, email, portal screenshot, etc. that shows a pre-visit agenda was shared with patient; and 2) Documentation of the practice's patient engagement workflow.
IA_CC_1	Implementation of Use of Specialist Reports Back to Referring Clinician or Group to Close Referral Loop	Medium	Performance of regular practices that include providing specialist reports back to the referring individual MIPS eligible clinician or group to close the referral loop or where the referring individual MIPS eligible clinician or group initiates regular inquiries to specialist for specialist reports which could be documented or noted in the EHR technology.	1) Specialist Reports to Referring Clinician - Sample of specialist reports reported to referring clinician or group (e.g. within EHR or medical record); or 2) Specialist Reports from Inquiries in Certified EHR - Specialist reports documented in inquiring clinicians certified EHR or medical records.
IA_CC_2	Implementation of improvements that contribute to more timely communication of test results	Medium	Timely communication of test results defined as timely identification of abnormal test results with timely follow-up.	EHR reports or medical records demonstrating timely communication of abnormal test results to patient (capturing the communication rate and working toward improvement of that rate.)

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

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IA_CC_5	CMS partner in Patients Hospital Engagement Network	Medium	Membership and participation in a CMS Partnership for Patients Hospital Engagement Network.	Confirmation of participation in the Partnership for Patients Hospital Engagement Network (HEN) initiative for that year (e.g. CMS confirmation email) https://innovation.cms.gov/initiatives/Partnership-for-Patients/ .
IA_CC_7	Regular training in care coordination	Medium	Implementation of regular care coordination training.	Documentation of implemented regular care coordination training (within the attestation period) within practice, e.g., availability of care coordination training curriculum/training materials and attendance or training certification registers/documents NOTE: The main goal of care coordination is to meet patients' needs and preferences in the delivery of high-quality, high-value health care. This means that the patient's needs and preferences are known and communicated, and that this information is used to guide the delivery of safe, appropriate, and effective care.
IA_CC_8	Implementation of documentation improvements for practice/process improvements	Medium	Implementation of practices/processes that document care coordination activities (e.g., a documented care coordination encounter that tracks all clinical staff involved and communications from date patient is scheduled for outpatient procedure through day of procedure).	Documentation of the implementation of practices/processes that document care coordination activities, e.g., documented care coordination encounter that tracks clinical staff involved and communications from date patient is scheduled through day of procedure.

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IA_CC_9	Implementation of practices/processes for developing regular individual care plans	Medium	Implementation of practices/processes, including a discussion on care, to develop regularly updated individual care plans for at-risk patients that are shared with the beneficiary or caregiver(s). Individual care plans should include consideration of a patient's goals and priorities, as well as desired outcomes of care.	1) Individual Care Plans for At-Risk Patients - Documented practices/processes for developing regularly individual care plans for at-risk patients, e.g., template care plan; and 2) Use of Care Plan with Beneficiary - Patient medical records demonstrating care plan being shared with beneficiary or caregiver, including consideration of a patient's goals and priorities, social risk factors, language and communication preferences, physical or cognitive limitations, as well as desired outcomes of care.

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IA_CC_10	Care transition documentation practice improvements	Medium	<p>In order to receive credit for this activity, a MIPS eligible clinician must document practices/processes for care transition with documentation of how a MIPS eligible clinician or group carried out an action plan for the patient with the patient's preferences in mind (that is, a "patient-centered" plan) during the first 30 days following a discharge. Examples of these practices/processes for care transition include: staff involved in the care transition; phone calls conducted in support of transition; accompaniments of patients to appointments or other navigation actions; home visits; patient information access to their medical records; real time communication between PCP and consulting clinicians; PCP included on specialist follow-up or transition communications.</p>	<p>Documentation of improved care practices such as staff involved care transition; phone calls conducted in support of transition; accompaniments of patients to appointments or other navigation actions; home visits; patient information access to their medical records; real time communication between PCP and consulting clinicians; PCP included on specialist follow-up or transition communications with a patient-centered plan must be demonstrated during the first 30 days following a discharge.</p>

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IA_CC_11	Care transition standard operational improvements	Medium	Establish standard operations to manage transitions of care that could include one or more of the following: Establish formalized lines of communication with local settings in which empaneled patients receive care to ensure documented flow of information and seamless transitions in care; and/or Partner with community or hospital-based transitional care services.	1) Communication Lines with Local Settings - Documentation of formal lines of communication to manage transitions of care with local settings (e.g. community or hospital-based transitional care services) in which empaneled patients receive care to ensure documented flow of information and seamless transitions; or 2) Partnership with Community or Hospital-Based Transitional Care Services - Documentation showing partnership with community or hospital-based transitional care services.
IA_CC_13	Practice Improvements for Bilateral Exchange of Patient Information	Medium	Ensure that there is bilateral exchange of necessary patient information to guide patient care, such as Open Notes, that could include one or more of the following: - Participate in a Health Information Exchange if available; and/or - Use structured referral notes.	1) Participation in an HIE - Confirmation of participation in a health information exchange (e.g. email confirmation, screen shots demonstrating active engagement with Health Information Exchange; or 2) Structured Referral Notes - Sample of patient medical records including structured referral notes.

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IA_CC_15	PSH Care Coordination	Medium	<p>Participation in a Perioperative Surgical Home (PSH) that provides a patient-centered, physician-led, interdisciplinary, and team-based system of coordinated patient care, which coordinates care from pre-procedure assessment through the acute care episode, recovery, and post-acute care. This activity allows for reporting of strategies and processes related to care coordination of patients receiving surgical or procedural care within a PSH. The clinician must perform one or more of the following care coordination activities:- Coordinate with care managers/navigators in preoperative clinic to plan and implementation comprehensive post discharge plan of care;- Deploy perioperative clinic and care processes to reduce post-operative visits to emergency rooms;- Implement evidence-informed practices and standardize care across the entire spectrum of surgical patients; or- Implement processes to ensure effective communications and education of patients' post-discharge instructions.</p>	<p>1) Coordinate with care managers/navigators in preoperative clinic to plan and implement comprehensive post discharge plan of care that could take into account patients' post discharge environment and support system out of the hospital; and 2) Deploy perioperative clinic and care processes to reduce post-operative visits to emergency rooms; and 3) Implement evidence-informed practices and standardize care across the entire spectrum of surgical patients; and 4) Implement processes to ensure effective communications and education of patients' post-discharge instructions, taking into account patients' literacy level, language and communication preferences, and cognitive or functional impairments.</p>

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American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

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IA_EPA_1	Provide 24/7 Access to MIPS Eligible Clinicians or Groups Who Have Real-Time Access to Patient's Medical Record	High	<p>- Provide 24/7 access to MIPS eligible clinicians, groups, or care teams for advice about urgent and emergent care (e.g., MIPS eligible clinician and care team access to medical record, cross-coverage with access to medical record, or protocol-driven nurse line with access to medical record) that could include one or more of the following:- Expanded hours in evenings and weekends with access to the patient medical record (e.g., coordinate with small practices to provide alternate hour office visits and urgent care);- Use of alternatives to increase access to care team by MIPS eligible clinicians and groups, such as e-visits, phone visits, group visits, home visits and alternate locations (e.g., senior centers and assisted living centers); and/or Provision of same-day or next-day access to a consistent MIPS eligible clinician, group or care team when needed for urgent care or transition management.</p>	<p>1) Patient Record from EHR - A patient record from an EHR with date and timestamp indicating services provided outside of normal business hours for that clinician (a certified EHR may be used for documentation purposes, but is not required unless attesting for the Promoting Interoperability [formerly ACI] bonus); or 2) Patient Encounter/Medical Record/Claim - Patient encounter/medical record claims indicating patient was seen or services provided outside of normal business hours for that clinician including use of alternative visits; or 3) Same or Next Day Patient Encounter/Medical Record/Claim - Patient encounter/medical record claims indicating patient was seen same-day or next-day to a consistent clinician for urgent or transitional care.</p>

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IA_EPA_2	Use of telehealth services that expand practice access	Medium	Use of telehealth services and analysis of data for quality improvement, such as participation in remote specialty care consults or teleaudiology pilots that assess ability to still deliver quality care to patients.	1) Use of Telehealth Services - Documented use of telehealth services through: a) claims adjudication (may use G codes to validate); b) EHR or c) other medical record document showing specific telehealth services, consults, or referrals performed for a patient; and 2) Analysis of Assessing Ability to Deliver Quality of Care - Participation in or performance of quality improvement analysis showing delivery of quality care to patients through the telehealth medium (e.g. Excel spreadsheet, Word document or others). NOTE: For the purposes of this IA, telehealth services include a “real time” interaction and may be obtained over the phone, online, etc. and are not limited to the Medicare reimbursed telehealth service criteria.
IA_EPA_3	Collection and use of patient experience and satisfaction data on access	Medium	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.	1) Access to Care Patient Experience and Satisfaction Data - Patient experience and satisfaction data on access to care; and 2) Improvement plan - Access to care improvement plan.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
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IA_EPA_4	Additional improvements in access as a result of QIN/QIO TA	Medium	As a result of Quality Innovation Network-Quality Improvement Organization technical assistance, performance of additional activities that improve access to services or improve care coordination (for example, investment of on-site diabetes educator).	1) Relationship with QIN/QIO Technical Assistance - Confirmation of technical assistance and documentation of relationship with QIN/QIO; and 2) Improvement Activities - Documentation of activities that improve access or improve care coordination, including support on additional services offered.
IA_EPA_5	Participation in User Testing of the Quality Payment Program Website (https://qpp.cms.gov/)	Medium	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.	1) Documentation of input to improve the CMS Quality Payment Program website through product user-testing aimed at enhancing system and program accessibility, readability and responsiveness and 2) Provide feedback for developing tools and guidance for a more efficient and accessible clinician and practice QPP website experience.

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IA_ERP_1	Participation on Disaster Medical Assistance Team, registered for 6 months.	Medium	Participation in Disaster Medical Assistance Teams, or Community Emergency Responder Teams. Activities that simply involve registration are not sufficient. MIPS eligible clinicians and MIPS eligible clinician groups must be registered for a minimum of 6 months as a volunteer for disaster or emergency response.	Documentation of participation in Disaster Medical Assistance or Community Emergency Responder Teams for at least 6 months including registration and active participation, e.g., attendance at training, on-site participation, etc.
IA_ERP_2	Participation in a 60-day or greater effort to support domestic or international humanitarian needs.	High	Participation in domestic or international humanitarian volunteer work. Activities that simply involve registration are not sufficient. MIPS eligible clinicians and groups attest to domestic or international humanitarian volunteer work for a period of a continuous 60 days or greater.	Documentation of participation in domestic or international humanitarian volunteer work of at least a continuous 60 days duration including registration and active participation, e.g., identification of location of volunteer work, timeframe, and confirmation from humanitarian organization.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

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IA_ERP_3	COVID-19 Clinical Trials	High	<p>In order to receive credit for this activity, a MIPS eligible clinician must participate in a COVID-19 clinical trial utilizing a drug or biological product to treat a patient with a COVID-19 infection and report their findings through a clinical data repository or clinical data registry for the duration of their study. For more information on COVID-19 clinical trials, we refer readers to the U.S. National Library of Medicine website [https://clinicaltrials.gov/ct2/results?cond=COVID-19].</p>	<p>Evidence of submission of clinical data to the clinical data repository or registry supporting the COVID-19 clinical trial (i.e. screenshot from the participating clinical data repository or clinical data registry).</p>

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IA_PM_2	Anticoagulant Management Improvements	High	<p>Individual MIPS eligible clinicians and groups who prescribe anti-coagulation medications (including, but not limited to oral Vitamin K antagonist therapy, including warfarin or other coagulation cascade inhibitors) must attest that for 75 percent of their ambulatory care patients receiving these medications are being managed with support from one or more of the following improvement activities:- Participation in a systematic anticoagulation program (coagulation clinic, patient self-reporting program, or patient self-management program);- Patients are being managed by an anticoagulant management service, that involves systematic and coordinated care, incorporating comprehensive patient education, systematic prothrombin time (PT-INR) testing, tracking, follow-up, and patient communication of results and dosing decisions;- Patients are being managed according to validated electronic decision support and clinical management tools that involve systematic and coordinated care, incorporating comprehensive patient education, systematic PT-INR testing, tracking, follow-up, and patient communication of results and dosing decisions;- For rural or remote patients, patients are managed using remote</p>	<p>1) Patients Receiving Anti-Coagulation Medications - Total number of outpatients prescribed oral Vitamin K antagonist therapy; and 2) Percentage of that Total Being Managed By a Clinical Practice Improvement Activity - Number of outpatients prescribed oral Vitamin K antagonist therapy and who are being managed by one or more of the four activities in the described in the activity description; and 3) Documentation plan to address patients' language and communication needs, literacy level, and cognitive and functional limitations.</p>
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**CMS QPP: MIPS 2020 Improvement Activities supported by the
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			<p>monitoring or telehealth options that involve systematic and coordinated care, incorporating comprehensive patient education, systematic PT-INR testing, tracking, follow-up, and patient communication of results and dosing decisions; or- For patients who demonstrate motivation, competency, and adherence, patients are managed using either a patient self-testing (PST) or patient-self-management (PSM) program.</p>	

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American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

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IA_PM_3	RHC, IHS or FQHC quality improvement activities	High	<p>Participating in a Rural Health Clinic (RHC), Indian Health Service Medium Management (IHS), or Federally Qualified Health Center in ongoing engagement activities that contribute to more formal quality reporting , and that include receiving quality data back for broader quality improvement and benchmarking improvement which will ultimately benefit patients.</p> <p>Participation in Indian Health Service, as an improvement activity, requires MIPS eligible clinicians and groups to deliver care to federally recognized American Indian and Alaska Native populations in the U.S. and in the course of that care implement continuous clinical practice improvement including reporting data on quality of services being provided and receiving feedback to make improvements over time.</p>	<p>1) Name of RHC, IHS or FQHC - Identified name of RHC, IHS, or FQHC in which the practice participates in ongoing engagement activities; and 2) Continuous Quality Improvement Activities - Documented continuous quality improvement activities that contribute to more formal quality reporting, and that include receiving quality data back for broader quality and benchmarking improvement that ultimately benefits patients.</p>

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American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

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IA_PM_6	Use of toolsets or other resources to close healthcare disparities across communities	Medium	Take steps to improve healthcare disparities, such as Population Health Toolkit or other resources identified by CMS, the Learning and Action Network, Quality Innovation Network, or National Coordinating Center. Refer to the local Quality Improvement Organization (QIO) for additional steps to take for improving health status of communities as there are many steps to select from for satisfying this activity. QIOs work under the direction of CMS to assist eligible clinicians and groups with quality improvement, and review quality concerns for the protection of beneficiaries and the Medicare Trust Fund.	1) Resources Used to Improve Disparities - Resources used, e.g., Population Health Toolkit; and 2) Documentation of Steps - Report detailing activity as outlined by the local QIO with a statement outlining a plan of action to address specific identified disparities including evidence of disparity targeted and how this disparity is changing over time.
IA_PM_7	Use of QCDR for feedback reports that incorporate population health	High	Use of a QCDR to generate regular feedback reports that summarize local practice patterns and treatment outcomes, including for vulnerable populations.	Participation in QCDR for population health, e.g., regular feedback reports provided by QCDR that summarize local practice patterns and treatment outcomes, including vulnerable populations.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PM_15	Implementation of episodic care management practice improvements	Medium	Provide episodic care management, including management across transitions and referrals that could include one or more of the following: Routine and timely follow-up to hospitalizations, ED visits and stays in other institutional settings, including symptom and disease management, and medication reconciliation and management; and/or Managing care intensively through new diagnoses, injuries and exacerbations of illness.	1) Follow-Up on Hospitalizations, ED or Other Visits and Medication Management - Routine and timely follow-up to hospitalizations, ED or other institutional visits, and medication reconciliation and management (e.g. documented in medical record or EHR); or 2) New diagnoses, Injuries and Exacerbations - Care management through new diagnoses, injuries and exacerbations of illness (medical record).
IA_PM_16	Implementation of medication management practice improvements	Medium	Manage medications to maximize efficiency, effectiveness and safety that could include one or more of the following: Reconcile and coordinate medications and provide medication management across transitions of care settings and eligible clinicians or groups; Integrate a pharmacist into the care team; and/or Conduct periodic, structured medication reviews.	1) Documented Medication Reviews or Reconciliation - Patient medical records demonstrating periodic structured medication reviews or reconciliation; or 2) Integrated Pharmacist - Evidence of pharmacist integrated into care team; or 3) Reconciliation Across Transitions - Reconciliation and coordination of medications across transitions of care; or 4) Medication Management Improvement Plan - Report detailing medication management practice improvement plan and outcomes, if available.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PM_17	Participation in Population Health Research	Medium	Participation in federally and/or privately funded research that identifies interventions, tools, or processes that can improve a targeted patient population.	1) Documentation of participation in a federally and/or privately funded research initiative; and 2) Documentation of the interventions, tools, or processes used in the research; and 3) Documentation of the identified target population, and health outcomes targeted.
IA_PM_18	Provide Clinical-Community Linkages	Medium	Engaging community health workers to provide a comprehensive link to community resources through family-based services focusing on success in health, education, and self-sufficiency. This activity supports individual MIPS eligible clinicians or groups that coordinate with primary care and other clinicians, engage and support patients, use of health information technology, and employ quality measurement and improvement processes. An example of this community based program is the NCQA Patient-Centered Connected Care (PCCC) Recognition Program or other such programs that meet these criteria.	1) Documentation of engagement with community health workers; and 2) A demonstrated link to community resources that promote family-based services i.e. paper work, notes, etc.; and 3) Documentation of coordination with primary care and other clinicians to engage and support patients, use of health information technology, and employ quality measurement and improvement processes, e.g. NCQA Patient-Centered Connected Care (PCCC) Recognition Program or similar programs.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PM_21	Advance Care Planning	Medium	Implementation of practices/processes to develop advance care planning that includes: documenting the advance care plan or living will within the medical record, educating clinicians about advance care planning motivating them to address advance care planning needs of their patients, and how these needs can translate into quality improvement, educating clinicians on approaches and barriers to talking to patients about end-of-life and palliative care needs and ways to manage its documentation, as well as informing clinicians of the healthcare policy side of advance care planning.	1) Documentation of process implementation for advance care planning/policy or living will development within the medical record; and 2) Documentation of clinician education about advance care planning to address advance care planning needs; and 3) Documentation illustrating how care plan needs were translated into quality improvement; and 4) Documentation of how clinicians are educated regarding strategies for addressing end-of-life and palliative care needs.
IA_PSPA_1	Participation in an AHRQ-listed patient safety organization.	Medium	Participation in an AHRQ-listed patient safety organization.	Documentation from an AHRQ-listed patient safety organization (PSO) confirming the eligible clinician or group's participation with the PSO. PSOs listed by AHRQ are here: http://www.pso.ahrq.gov/listed .

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

IA_PSPA_2	Participation in MOC Part IV	Medium	<p>In order to receive credit for this activity, a MIPS eligible clinician must participate in Maintenance of Certification (MOC) Part IV. Maintenance of Certification (MOC) Part IV requires clinicians to perform monthly activities across practice to regularly assess performance by reviewing outcomes addressing identified areas for improvement and evaluating the results. Some examples of activities that can be completed to receive MOC Part IV credit are: the American Board of Internal Medicine (ABIM) Approved Quality Improvement (AQI) Program, National Cardiovascular Data Registry (NCDR) Clinical Quality Coach, Quality Practice Initiative Certification Program, American Board of Medical Specialties Practice Performance Improvement Module or American Society of Anesthesiologists (ASA) Simulation Education Network, for improving professional practice including participation in a local, regional or national outcomes registry or quality assessment program; specialty- specific activities including Safety Certification in Outpatient Practice Excellence (SCOPE); American Psychiatric Association (APA) Performance in Practice modules.</p>	<p>1) Documentation of participation in Maintenance of Certification (MOC) Part IV from an American Board of Medical Specialties (ABMS) member board such as the American Board of Internal Medicine (ABIM) Approved Quality improvement (AQI) Program, National Cardiovascular Data Registry (NCDR) Clinical Quality Coach, Quality Practice Initiative Certification Program, American Board of Medical Specialties Practice Improvement Module or American Society of Anesthesiologists (ASA) Simulation Education Network, including participation in a local, regional or national outcomes registry or quality assessment program; and specialty-specific activities including Safety Certification in Outpatient Practice Excellence (SCOPE); American Psychiatric Association (APA) Performance in Practice modules; and 2) Monthly Activities to Assess Performance - Documented performance of monthly activities across practice to assess performance in practice by reviewing outcomes, addressing areas of improvement, and evaluating the results.</p>
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**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PSPA_3	Participate in IHI Training/Forum Event; National Academy of Medicine, AHRQ Team STEPPS® or Other Similar Activity	Medium	For MIPS eligible clinicians not participating in Maintenance of Certification (MOC) Part IV, new engagement for MOC Part IV, such as the Institute for Healthcare Improvement (IHI) Training/Forum Event; National Academy of Medicine, Agency for Healthcare Research and Quality (AHRQ) Team STEPPS®®, or the American Board of Family Medicine (ABFM) Performance in Practice Modules.	Certificate or letter of participation from an IHI Training/Forum Event; National Academy of Medicine, AHRQ Team STEPPS®, or the American Board of Family Medicine (ABFM) Performance in Practice Modules, or other similar activity, for eligible clinicians or groups not participating in MOC Part IV.
IA_PSPA_4	Administration of the AHRQ Survey of Patient Safety Culture	Medium	Administration of the AHRQ Survey of Patient Safety Culture and submission of data to the comparative database (refer to AHRQ Survey of Patient Safety Culture website http://www.ahrq.gov/professionals/quality-patient-safety/patientsafetyculture/index.html) .Note: This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.	Survey results from the AHRQ Survey of Patient Safety Culture, including proof of administration and submission. Note: This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a yearly basis but over 4 years there would be reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance score.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PSPA_6	Consultation of the Prescription Drug Monitoring Program	High	Clinicians would attest to reviewing the patients' history of controlled substance prescription using state prescription drug monitoring program (PDMP) data prior to the issuance of a Controlled Substance Schedule II (CSII) opioid prescription lasting longer than 3 days. For the transition year, clinicians would attest to 60 percent review of applicable patient's history. For the Quality Payment Program Year 2 and future years, clinicians would attest to 75 percent review of applicable patient's history performance.	1) Number of Issuances of CSII Prescription - Total number of issuances of a CSII prescription that lasts longer than 3 days over the same time period as those consulted; and 2) Documentation of Consulting the PDMP - Total number of patients for which there is evidence of consulting the PDMP prior to issuing an CSII prescription (e.g. copies of patient reports created, with the PHI masked).

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

IA_PSPA_7	Use of QCDR data for ongoing practice assessment and improvements	Medium	<p>Participation in a Qualified Clinical Data Registry (QCDR) and use of QCDR data for ongoing practice assessment and improvements in patient safety, including:- Performance of activities that promote use of standard practices, tools and processes for quality improvement (for example, documented preventative screening and vaccinations that can be shared across MIPS eligible clinician or groups);- Use of standard questionnaires for assessing improvements in health disparities related to functional health status (for example, use of Seattle Angina Questionnaire, MD Anderson Symptom Inventory, and/or SF-12/VR-12 functional health status assessment);- Use of standardized processes for screening for social determinants of health such as food security, employment, and housing;- Use of supporting QCDR modules that can be incorporated into the certified EHR technology; or- Use of QCDR data for quality improvement such as comparative analysis across specific patient populations for adverse outcomes after an outpatient surgical procedure and corrective steps to address adverse outcomes.</p>	<p>Participation in QCDR that promotes ongoing improvements in patient safety (e.g., regular feedback reports provided by the QCDR that demonstrate ongoing practice assessment and improvements in patient safety). The MIPS eligible clinician or group should document how the practice is using QCDR data, and 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 is used for quality improvement, such as population-level analysis to assess for adverse outcomes).</p>
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**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PSPA_8	Use of Patient Safety Tools	Medium	In order to receive credit for this activity, a MIPS eligible clinician must use tools that assist specialty practices in tracking specific measures that are meaningful to their practice. Some examples of tools that could satisfy this activity are: a surgical risk calculator; evidence based protocols, such as Enhanced Recovery After Surgery (ERAS) protocols; the Centers for Disease Control (CDC) Guide for Infection Prevention for Outpatient Settings predictive algorithms; and the opiate risk tool (ORT) or similar tool.	Documentation of the use of patient safety tools, e.g. surgical risk calculator, evidenced based protocols such as Enhanced Recovery After Surgery (ERAS) protocols and ORT or similar tools are permitted. The CDC Guide for Infection Prevention for Outpatient Settings, or predictive algorithms, that assist specialty practices in tracking specific patient safety measures meaningful to their practice to meet the intent of the IA.
IA_PSPA_11	Participation in CAHPS or other supplemental questionnaire	High	Participation in the Consumer Assessment of Healthcare Providers and Systems Survey or other supplemental questionnaire items (e.g., Cultural Competence or Health Information Technology supplemental item sets).	1) CAHPS - CAHPS participation report; or 2) Other Patient Supplemental Questionnaire Items - Other supplemental patient safety questionnaire items, e.g., cultural competence or health information technology item sets must be administered by a third party administrator/vendor.
IA_PSPA_12	Participation in private payer CPIA	Medium	Participation in designated private payer clinical practice improvement activities.	Documents showing participation in private payer clinical practice improvement activities (e.g., quality measure documentation or feedback reports, practice workflow redesign tools developed for or with the payer as part of practice improvement).

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PSPA_13	Participation in Joint Commission Evaluation Initiative	Medium	Participation in Joint Commission Ongoing Professional Practice Evaluation initiative	Documentation from Joint Commission's Ongoing Professional Practice Evaluation initiative confirming participation in its improvement program(s).

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

IA_PSPA_15	Implementation of Antimicrobial Stewardship Program (ASP)	Medium	<p>Leadership of an Antimicrobial Stewardship Program (ASP) that includes implementation of an ASP that measures the appropriate use of antibiotics for several different conditions (such as but not limited to upper respiratory infection treatment in children, diagnosis of pharyngitis, bronchitis treatment in adults) according to clinical guidelines for diagnostics and therapeutics. Specific activities may include: - Develop facility-specific antibiogram and prepare report of findings with specific action plan that aligns with overall facility or practice strategic plan.- Lead the development, implementation, and monitoring of patient care and patient safety protocols for the delivery of ASP including protocols pertaining to the most appropriate setting for such services (i.e., outpatient or inpatient). - Assist in improving ASP service line efficiency and effectiveness by evaluating and recommending improvements in the management structure and workflow of ASP processes.- Manage compliance of the ASP policies and assist with implementation of corrective actions in accordance with facility or clinic compliance policies and hospital medical staff by-laws. - Lead the</p>	<p>Documentation of leadership of an antibiotic stewardship program that measures the appropriate use of antibiotics for several different conditions according to clinical guidelines for diagnostics and therapeutics and identifies improvement actions: 1) Documentation of the report of findings and specific action plan; or 2) Documentation of the development, implementation, and monitoring of patient care and safety protocols; or 3) Documentation of the on-going evaluation and monitoring of the management structure and workflow of ASP processes; or 4) Records of presentation of ASP education and training including curriculum and presentation dates; or 5) Documentation of communications regarding ASP compliance; or 6) Documentation of preparation of and/or participation in payer audits, government inquiries, or professional inquiries pertaining to the ASP; or 7) Documentation of evidence-based policy or practice aimed at improving antibiotic prescribing practices for high-priority conditions; or 8) Documentation of developing and implementing evidence-based protocols and decision-support for diagnosis and treatment of common infections; or 9) Documentation of the alignment of</p>
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**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
			<p>education and training of professional support staff for the purpose of maintaining an efficient and effective ASP.- Coordinate communications between ASP management and facility or practice personnel regarding activities, services, and operational/clinical protocols to achieve overall compliance and understanding of the ASP.- Assist, at the request of the facility or practice, in preparing for and responding to third-party requests, including but not limited to payer audits, governmental inquiries, and professional inquiries that pertain to the ASP service line. - Implementing and tracking an evidence-based policy or practice aimed at improving antibiotic prescribing practices for high-priority conditions. - Developing and implementing evidence-based protocols and decision-support for diagnosis and treatment of common infections.- Implementing evidence-based protocols that align with recommendations in the Centers for Disease Control and Prevention's Core Elements of Outpatient Antibiotic Stewardship guidance</p>	<p>evidence-based protocols with recommendations in the Centers for Disease Control and Prevention's Core Elements of Outpatient Antibiotic Stewardship guidance.</p>

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PSPA_16	Use of decision support and standardized treatment protocols	Medium	Use decision support and standardized treatment protocols to manage workflow in the team to meet patient needs.	Documentation (e.g. checklist, algorithm, screenshot) showing use of decision support and standardized treatment protocols to manage workflow in the team to meet patient needs.
IA_PSPA_17	Implementation of analytic capabilities to manage total cost of care for practice population	Medium	In order to receive credit for this activity, a MIPS eligible clinician must conduct or build the capacity to conduct analytic activities to manage total cost of care for the practice population. Examples of these activities could include:1.) Train appropriate staff on interpretation of cost and utilization information;2.) Use available data regularly to analyze opportunities to reduce cost through improved care. An example of a platform with the necessary analytic capability to do this is the American Society for Gastrointestinal (GI) Endoscopy's GI Operations Benchmarking Platform.	1) Staff Training - Documentation of staff training on interpretation of cost and utilization information (e.g. training certificate); or 2) Cost/Resource Use Data - Availability of cost/resource use data for the practice population that is used regularly to analyze opportunities to reduce cost.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PSPA_18	Measurement and Improvement at the Practice and Panel Level	Medium	Measure and improve quality at the practice and panel level, such as the American Board of Orthopaedic Surgery (ABOS) Physician Scorecards, that could include one or more of the following:- Regularly review measures of quality, utilization, patient satisfaction and other measures that may be useful at the practice level and at the level of the care team or MIPS eligible clinician or group (panel); and/or - Use relevant data sources to create benchmarks and goals for performance at the practice level and panel level.	1) Quality Improvement Program/Plan at Practice and Panel Level - Copy of a quality improvement program/plan or review of quality, utilization, patient satisfaction (surveys should be administered by a third party survey administrator/vendor) and other measures to improve one or more elements of this activity; or 2) Review of and Progress on Measures - Report showing progress on selected measures, including benchmarks and goals for performance using relevant data sources at the practice and panel level.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PSPA_19	Implementation of formal quality improvement methods, practice changes, or other practice improvement processes	Medium	Adopt a formal model for quality improvement and create a culture in which all staff actively participates in improvement activities that could include one or more of the following, such as:- Participation in multisource feedback; - Train all staff in quality improvement methods;- Integrate practice change/quality improvement into staff duties;- Engage all staff in identifying and testing practices changes;- Designate regular team meetings to review data and plan improvement cycles;- Promote transparency and accelerate improvement by sharing practice level and panel level quality of care, patient experience and utilization data with staff;- Promote transparency and engage patients and families by sharing practice level quality of care, patient experience and utilization data with patients and families, including activities in which clinicians act upon patient experience data;- Participation in Bridges to Excellence;- Participation in American Board of Medical Specialties (ABMS) Multi-Specialty Portfolio Program.	1) Adopt Formal Quality Improvement Model and Create Culture of Improvement - Documentation of adoption of a formal model for quality improvement and creation of a culture in which staff actively participate in improvement activities; and 2) Staff Participation - Documentation of staff participation in one or more of the six identified; including, training, integration into staff duties, identifying and testing practice changes, regular team meetings to review data and plan improvement cycles, share practice and panel level quality of care, patient experience and utilization data with staff, or share practice level quality of care, patient experience and utilization data with patients and families.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PSPA_20	Leadership engagement in regular guidance and demonstrated commitment for implementing practice improvement changes	Medium	Ensure full engagement of clinical and administrative leadership in practice improvement that could include one or more of the following: Make responsibility for guidance of practice change a component of clinical and administrative leadership roles; Allocate time for clinical and administrative leadership for practice improvement efforts, including participation in regular team meetings; and/or Incorporate population health, quality and patient experience metrics in regular reviews of practice performance.	1) Clinical and Administrative Leadership Role Descriptions - Documentation of clinical and administrative leadership role descriptions include responsibility for practice improvement change (e.g. position description); or; 2) Time for Leadership in Improvement Activities - Documentation of allocated time for clinical and administrative leadership participating in improvement efforts, e.g. regular team meeting agendas and post meeting summary; or; 3) Population Health, Quality, and Health Experience Incorporated into Performance Reviews - Documentation of population health, quality and health experience metrics incorporated into regular practice performance reviews, e.g., reports, agendas, analytics, meeting notes.
IA_PSPA_21	Implementation of fall screening and assessment programs	Medium	Implementation of fall screening and assessment programs to identify patients at risk for falls and address modifiable risk factors (e.g., Clinical decision support/prompts in the electronic health record that help manage the use of medications, such as benzodiazepines, that increase fall risk).	1) Implementation of a Falls Screening and Assessment Program - Implementation of a falls screening and assessment program that uses valid and reliable tools to identify patients at risk for falls and address modifiable risk factors, for example, the STEADI program for identification of falls risk; and 2) Implementation Progress- Documentation of progress made on falls screening and assessment after implementation of tool.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PSPA_22	CDC Training on CDC's Guideline for Prescribing Opioids for Chronic Pain	High	Completion of all the modules of the Centers for Disease Control and Prevention (CDC) course "Applying CDC's Guideline for Prescribing Opioids" that reviews the 2016 "Guideline for Prescribing Opioids for Chronic Pain." Note: This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.	Documented participation in and completion of all Centers for Disease Control and Prevention (CDC) course "Applying CDC's Guideline for Prescribing Opioids" that reviews the 2016 "Guideline for Prescribing Opioids for Chronic Pain." NOTE: The CDC continues to develop additional training modules. With this in mind, all modules available at the stated start date of the eligible clinician or group's attestation period must be completed in order to attest to this IA.
IA_PSPA_23	Completion of CDC Training on Antibiotic Stewardship	High	Completion of all modules of the Centers for Disease Control and Prevention antibiotic stewardship course. Note: This activity may be selected once every 4 years, to avoid duplicative information given that some of the modules may change on a year by year basis but over 4 years there would be a reasonable expectation for the set of modules to have undergone substantive change, for the improvement activities performance category score.	Documented participation in and completion of all modules of the Centers for Disease Control and Prevention antibiotic stewardship course. Find course at https://www.train.org/cdctrain/course/1075730/compilation . NOTE: Eligible clinicians and groups cannot attest to both IA_PSPA_23 and IA_PSPA_24 for the same QPP Year.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PSPA_25	Cost Display for Laboratory and Radiographic Orders	Medium	Implementation of a cost display for laboratory and radiographic orders, such as costs that can be obtained through the Medicare clinical laboratory fee schedule.	Documentation (screen shot, report from EHR, written display procedure) of laboratory and radiographic costs at the point-of-order.
IA_PSPA_26	Communication of Unscheduled Visit for Adverse Drug Event and Nature of Event	Medium	A MIPS eligible clinician providing unscheduled care (such as an emergency room, urgent care, or other unplanned encounter) attests that, for greater than 75 percent of case visits that result from a clinically significant adverse drug event, the MIPS eligible clinician provides information, including through the use of health IT to the patient's primary care clinician regarding both the unscheduled visit and the nature of the adverse drug event within 48 hours. A clinically significant adverse event is defined as a medication-related harm or injury such as side-effects, suprathereapeutic effects, allergic reactions, laboratory abnormalities, or medication errors requiring urgent/emergent evaluation, treatment, or hospitalization.	1) Documentation of an unscheduled clinically significant adverse event, defined as a medication-related harm or injury such as side-effects, suprathereapeutic effects, allergic reactions, laboratory abnormalities, or medication errors requiring urgent/emergent evaluation, treatment, or hospitalization. 2) Documentation of communication of the event to the patient's primary care clinician within 48 hours of the unscheduled event.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PSPA_27	Invasive Procedure or Surgery Anticoagulation Medication Management	Medium	For an anticoagulated patient undergoing a planned invasive procedure for which interruption in anticoagulation is anticipated, including patients taking vitamin K antagonists (warfarin), target specific oral anticoagulants (such as apixaban, dabigatran, and rivaroxaban), and heparins/low molecular weight heparins, documentation, including through the use of electronic tools, that the plan for anticoagulation management in the periprocedural period was discussed with the patient and with the clinician responsible for managing the patient's anticoagulation. Elements of the plan should include the following: discontinuation, resumption, and, if applicable, bridging, laboratory monitoring, and management of concomitant antithrombotic medications (such as antiplatelets and nonsteroidal anti-inflammatory drugs (NSAIDs)). An invasive or surgical procedure is defined as a procedure in which skin or mucous membranes and connective tissue are incised, or an instrument is introduced through a natural body orifice.	1) Documentation of a process to target specific oral anticoagulants (such as apixaban, dabigatran, and rivaroxaban), and heparins/low molecular weight heparins, including through the use of electronic tools, that the plan for anticoagulation management in the periprocedural period was discussed with the patient and with the clinician responsible for managing the patient's anticoagulation; and 2) The plan should include the following: discontinuation, resumption, and, if applicable, bridging, laboratory monitoring, and management of concomitant antithrombotic medications (such as antiplatelets and nonsteroidal anti-inflammatory drugs (NSAIDs)). Note: an invasive or surgical procedure is defined as a procedure in which skin or mucous membranes and connective tissue are incised, or an instrument is introduced through a natural body orifice.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PSPA_28	Completion of an Accredited Safety or Quality Improvement Program	Medium	<p>Completion of an accredited performance improvement continuing medical education (CME) program that addresses performance or quality improvement according to the following criteria:- The activity must address a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity;- The activity must have specific, measurable aim(s) for improvement;- The activity must include interventions intended to result in improvement;- The activity must include data collection and analysis of performance data to assess the impact of the interventions; and- The accredited program must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information. An example of an activity that could satisfy this improvement activity is completion of an accredited continuing medical education program related to opioid analgesic risk and evaluation strategy (REMS) to address pain control (that is, acute and chronic pain).</p>	<p>Documentation that the activity addresses a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of a needs assessment as part of the activity; • The activity must have specific, measurable aim(s) for improvement; • The activity must include interventions intended to result in improvement; • The activity must include data collection and analysis of performance data to assess the impact of the interventions; and • The accredited program must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements and provide participant completion information.</p>

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PSPA_29	Consulting AUC Using Clinical Decision Support when Ordering Advanced	High	Clinicians attest that they are consulting specified applicable AUC through a qualified clinical decision support mechanism for all applicable imaging services furnished in an applicable setting, paid for under an applicable payment system, and ordered on or after January 1, 2018. This activity is for clinicians that are early adopters of the Medicare AUC program (2018 performance year) and for clinicians that begin the Medicare AUC program in future years as specified in our regulation at 414.94. The AUC program is required under section 218 of the Protecting Access to Medicare Act of 2014. Qualified mechanisms will be able to provide a report to the ordering clinician that can be used to assess patterns of image-ordering and improve upon those patterns to ensure that patients are receiving the most appropriate imaging for their individual condition.	Documentation of consulting specified applicable appropriate use criteria (AUC) through a qualified clinical decision support mechanism for all applicable imaging services furnished in an applicable setting, paid for under an applicable payment system, and ordered on or after January 1, 2018. • Evidence of early adoption of the Medicare AUC program (PY2018 Performance Year); or • Copies of reports (paper copy, screen shots, etc.) to the ordering clinician that can be used to assess patterns of image-ordering and improve upon those patterns to ensure that patients are receiving the most appropriate imaging for their individual condition.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PSPA_31	Patient Medication Risk Education	High	In order to receive credit for this activity, MIPS eligible clinicians must provide both written and verbal education regarding the risks of concurrent opioid and benzodiazepine use for patients who are prescribed both benzodiazepines and opioids. Education must be completed for at least 75% of qualifying patients and occur: (1) at the time of initial co-prescribing and again following greater than 6 months of co-prescribing of benzodiazepines and opioids, or (2) at least once per MIPS performance period for patients taking concurrent opioid and benzodiazepine therapy.	Education must be completed for at least 75 percent of qualifying patients and occur as follows: 1) at the time of initial co-prescribing and again following greater than 6 months of co-prescribing of benzodiazepines and opioids, or (2) at least once per MIPS performance period for patients taking concurrent opioid and benzodiazepine therapy.

**CMS QPP: MIPS 2020 Improvement Activities supported by the
American College of Surgeons (ACS) Surgeon Specific Registry (SSR™)**

Activity ID	Activity Name	Activity Weighting	Activity Description	Suggested Supporting Documentation
IA_PSPA_32	Use of CDC Guideline for Clinical Decision Support to Prescribe Opioids for Chronic Pain via Clinical Decision Support	High	In order to receive credit for this activity, MIPS eligible clinicians must utilize the Centers for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain via clinical decision support (CDS). For CDS to be most effective, it needs to be built directly into the clinician workflow and support decision making on a specific patient at the point of care. Specific examples of how the guideline could be incorporated into a CDS workflow include, but are not limited to: electronic health record (EHR)-based prescribing prompts, order sets that require review of guidelines before prescriptions can be entered, and prompts requiring review of guidelines before a subsequent action can be taken in the record.	1) Eligible clinicians or groups utilizing CDS must build the capability directly into the clinician workflow and document the support decision making on patients during the 90 day or year-long attestation period at the point of care; and 2) Document specific examples of how the guideline is incorporated into a CDS workflow. This may include, but is not limited to: electronic health record (EHR)-based prescribing prompts, order sets that require review of guidelines before prescriptions can be entered, and prompts requiring review of guidelines before a subsequent action can be taken in the record.