Improvement Activities Performance Category

Call for Activities Submission Form

Activities recommended for inclusion should be sent using the Improvement Activities template (below) to CMSCallforActivitiesIA@ketchum.com. Stakeholders will receive an email confirmation for their submission. Recommendations submitted by February 28, 2017 will be considered for inclusion in 2018. Recommendations submitted after February 28, 2017 will be considered for inclusion in future years.

Improvement Activities Recommended for Inclusion

| Activity Sponsor: | |
|---|--|
| Provide entity name, url, and individual contact information: name, address, phone, email—in case we need to contact submitter. | |
| CMS NPI # or Sponsor Type: | |
| Include NPI number, or indicate other entity type, e.g. EHR vendor, specialty group, or other—25 words or less. | |
| Activity Title: | |
| Provide the activity title only—10 words or less. | |
| | |

Quality Payment Program

| Activity Description: | |
|--|--|
| Provide a brief description of the proposed activity —300 words or less. | |
| Supporting Website or Media Platform: Provide supporting evidence that the activity leads to improvement in patient health, experience, etc. (URL only) | |
| Activity Subcategory: | |
| Designate as: | |
| Expanded Practice Access; Population Management; Care Coordination; Beneficiary Engagement; Patient Safety and Practice Assessment; Participation in an APM; Achieving Health Equity; Emergency Response and Preparedness; or Integrated Behavioral and Mental Health. | |

Quality Payment Program

| Documentation Suggestion for Validation: |
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| Include data or primary sources that could be used |
| to substantiate performance (e.g. medical charts, |
| office schedules, data reports, meeting minutes)— |
| 50 words or less. |
| 50 Words or less. |
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| Contribute to ACI Bonus: |
| Yes or no. Yes responses require a |
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| justification/rationale—100 words or less. |
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