

Quality Payment Program (QPP) CME Improvement Activity Worksheet

Date: _____

Activity Title: _____

Prepared By: _____

CME/CE Provider: _____

Questions	Description	Yes	No
Activity Addresses a Quality or Safety Gap (<i>list as many as applicable</i>)			
Is the Gap(s) above supported by a Needs Assessment or problem analysis or must support the completion of such a needs assessment as part of the activity			
Activity has specific, measurable aim(s) for improvement (<i>list as many as possible</i>)			
Activity includes interventions intended to result in improvement (<i>specify how</i>)			
Activity include data collection and analysis of performance data to assess the impact of the interventions			
CME/CE Provider defined meaningful clinician participation in their activity (<i>explain how</i>)			
CME/CE Provider described the mechanism for identifying clinicians who meet the requirements (<i>define how</i>)			
CME/CE Provider provided participant completion information (<i>describe how</i>)			
Meet the QPP Criteria	(Yes or No) Answer		

QPP CME Improvement Activity Credit Worksheet cont.

Date: _____

Activity Title: _____

Prepared By: _____

CME/CE Provider: _____

Credits	Description	Yes	No
Type of CME/CE Credit (ACCME, AAFP, AOA, AANP, AAPA, etc.)			
Does this program address QPP Quality Measures? https://qpp.cms.gov/mips/quality-measures			
Do participants in this program utilize Electronic Medical Records or Clinical Data Registry Reporting? https://qpp.cms.gov/mips/advancing-care-information			
Does participation in this program potentially qualify for other improvement activities? https://qpp.cms.gov/mips/improvement-activities			
Does participation in the program qualify for MOC Part II Credit (include the board name in description) http://www.abms.org/member-boards/specialty-subspecialty-certificates/			
Does participation in this activity meet the criteria for MOC Part IV (include board name in description) http://www.abms.org/member-boards/specialty-subspecialty-certificates/			