



MIPS: Advancing Care Information Deep Dive

April 4, 2017



Feedback Information

- A Q&A session will take place after the presentation.
 - Use the phone number provided later in the webinar to ask questions over the phone.
- The slides, recording, and transcript from the webinar will be posted on the Quality Payment Program website in the next week or so.
- The speakers will answer as many questions as time allows. Any questions not answered on the phone should be directed to the QPP Service Center at: gpp@cms.hhs.gov or 1-866-288-8292.



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Major Topics Covered



The Merit-based Incentive Payment System at-a-glance



Overview of Advancing Care Information

What is the Merit-based Incentive Payment System?

Performance Categories



Quality



Cost



**Improvement
Activities**



**Advancing Care
Information**

- Moves Medicare Part B clinicians to a performance-based payment system
- Provides clinicians with flexibility to choose the activities and measures that are most meaningful to their practice
- Reporting standards align with Advanced APMs wherever possible

What are the Performance Category Weights?

Weights assigned to each category based on a 1 to 100 point scale

Transition Year Weights



Quality

60%



Cost

0%



**Improvement
Activities**

15%



**Advancing Care
Information**

25%

Note: These are default weights; the weights can be adjusted in certain circumstances

Clinicians who Participate in MIPS include:

- Clinicians billing more than \$30,000 to Medicare Part B a year
AND providing care for more than 100 Medicare patients a year.

These clinicians include:

Physicians

Physician
Assistants

Nurse
Practitioners

Clinical Nurse
Specialists

Certified
Registered
Nurse
Anesthetists

Who is excluded from MIPS?

Clinicians who are:



Newly-enrolled in Medicare

- Enrolled in Medicare for the first time during the performance period (exempt until following performance year)



Below the low-volume threshold

- Medicare Part B allowed charges less than or equal to \$30,000 a year OR
- See 100 or fewer Medicare Part B patients a year

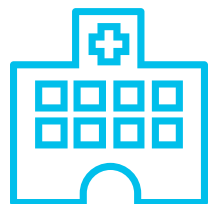


Significantly participating in Advanced APMs

- Receive 25% of your Medicare payments OR
- See 20% of your Medicare patients through an Advanced APM

Pick Your Pace for Participation for the Transition Year

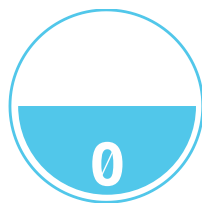
Participate in an Advanced Alternative Payment Model



Some practices may choose to participate in an Advanced Alternative Payment Model in 2017

MIPS

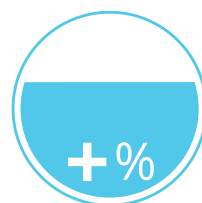
Test



Submit Something

- Submit **some** data after January 1, 2017
- Neutral or small payment adjustment

Partial Year



Submit a Partial Year

- Report for 90-day period after January 1, 2017
- Small positive payment adjustment

Full Year

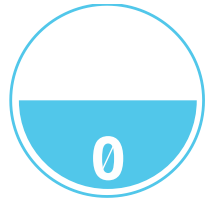


Submit a Full Year

- Fully participate starting January 1, 2017
- Modest positive payment adjustment

Not participating in the Quality Payment Program for the Transition Year will result in a negative 4% payment adjustment.

MIPS: Choosing to Test for 2017



Submit Something

- Submit minimum amount of 2017 data to Medicare
- Avoid a downward adjustment

You Have Asked: *“What is a minimum amount of data?”*



1
Quality
Measure

OR



1
Improvement
Activity

OR



4 or 5
Required
Advancing
Care
Information
Measures

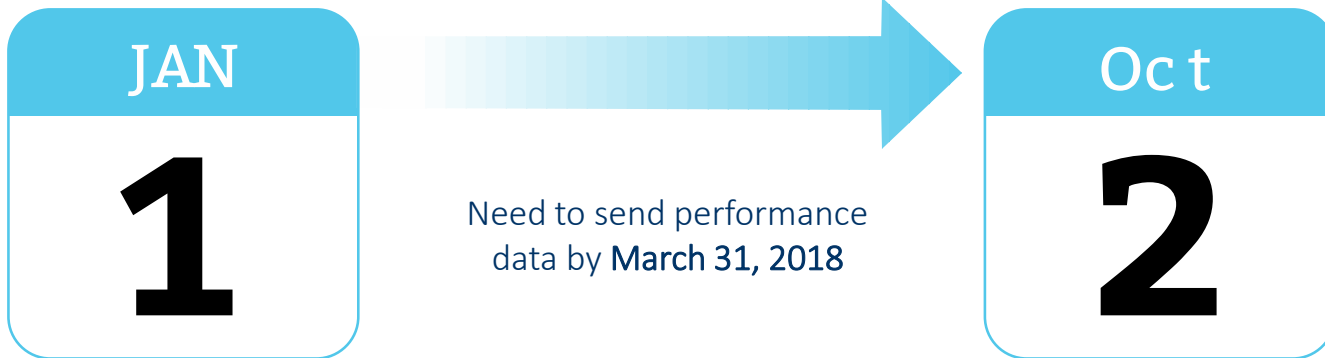
MIPS: Partial Participation for 2017



Submit a Partial Year

- Submit 90 days of 2017 data to Medicare
- May earn a positive payment adjustment

“So what?” - If you're not ready on January 1,
you can start anytime between January 1 and
October 2



MIPS: Full Participation for 2017



Submit a Full Year

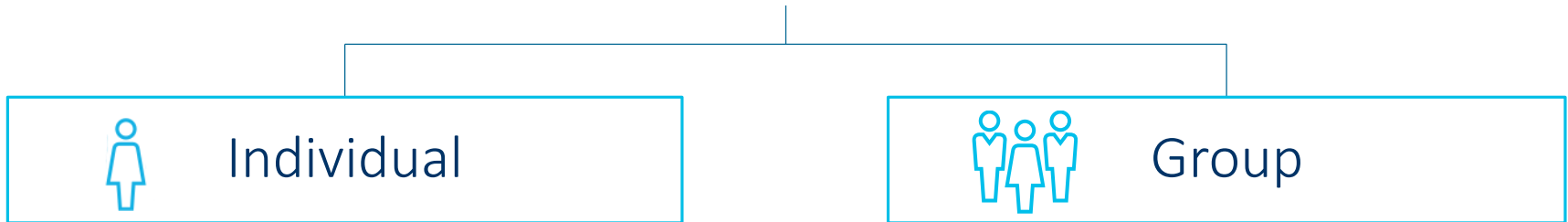
- Submit a full year of 2017 data to Medicare
- May earn a positive payment adjustment
- Best way to earn largest payment adjustment is to submit data on all MIPS performance categories

Key Takeaway:

Positive adjustments are based on the performance data on the performance information submitted, not the **amount** of information or **length of time** submitted.

Individual vs. Group Reporting

OPTIONS



1. Individual—under an NPI number and TIN where they reassign benefits



2. As a Group

- a) 2 or more clinicians (NPIs) who have reassigned their billing rights to a single TIN*
- b) As an APM Entity

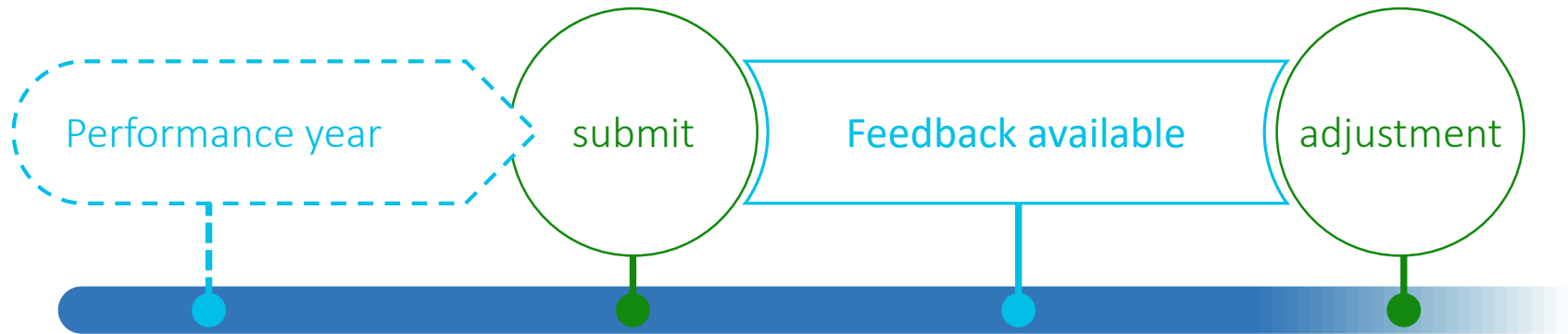


* If clinicians participate as a group, they are assessed as group across all 4 MIPS performance categories

Get your Data to CMS

	 Individual	 Group
Quality	<ul style="list-style-type: none"> ✓ QCDR (<i>Qualified Clinical Data Registry</i>) ✓ Qualified Registry ✓ EHR ✓ Claims 	<ul style="list-style-type: none"> ✓ QCDR (<i>Qualified Clinical Data Registry</i>) ✓ Qualified Registry ✓ EHR ✓ Administrative Claims ✓ CMS Web Interface (groups of 25 or more) ✓ CAHPS for MIPS Survey
Advancing Care Information	<ul style="list-style-type: none"> ✓ Attestation ✓ QCDR ✓ Qualified Registry ✓ EHR 	<ul style="list-style-type: none"> ✓ Attestation ✓ QCDR ✓ Qualified Registry ✓ EHR ✓ CMS Web Interface (groups of 25 or more)
Improvement Activities	<ul style="list-style-type: none"> ✓ Attestation ✓ QCDR ✓ Qualified Registry ✓ EHR 	<ul style="list-style-type: none"> ✓ Attestation ✓ QCDR ✓ Qualified Registry ✓ EHR

When Does the Merit-based Incentive Payment System Officially Begin?



2017
Performance Year

Performance: The first performance period opens January 1, 2017 and closes December 31, 2017. During 2017, you will record quality data and how you used technology to support your practice. If an Advanced APM fits your practice, then you can provide care during the year through that model.

March 31, 2018
Data Submission

Send in performance data: To potentially earn a positive payment adjustment under MIPS, send in data about the care you provided and how your practice used technology in 2017 to MIPS by the deadline, March 31, 2018. In order to earn the 5% incentive payment for participating in an Advanced APM, just send quality data through your Advanced APM.

Feedback

Feedback: Medicare gives you feedback about your performance after you send your data.

January 1, 2019
Payment Adjustment

Payment: You may earn a positive MIPS payment adjustment beginning January 1, 2019 if you submit 2017 data by March 31, 2018. If you participate in an Advanced APM in 2017, then you could earn 5% incentive payment in 2019.

Understanding Advancing Care Information Performance Category



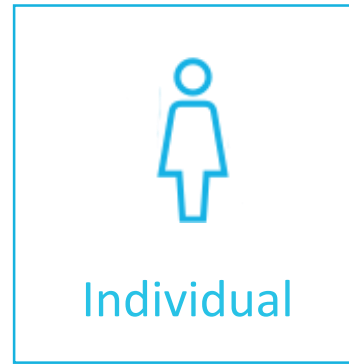


Advancing Care Information

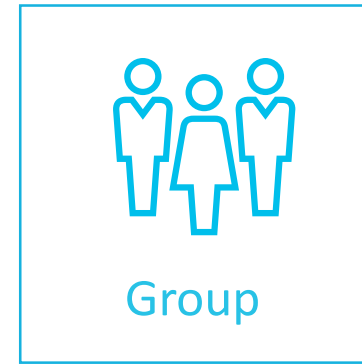
Who can participate?



Participating
as an...



or



Optional for 2017



Hospital-based MIPS clinicians, Nurse Practitioners, Physician Assistants, Clinical Nurse Specialists, Certified Registered Nurse Anesthetists (CRNAs)

Not Eligible



Facilities (i.e. Skilled Nursing facilities)

MIPS Performance Category: Advancing Care Information



- Promotes patient engagement and the electronic exchange of information using certified EHR technology
- Ends and replaces the Medicare EHR Incentive Program for eligible professionals (also known as meaningful use)
- Greater flexibility in choosing measures
- In 2017, there are *2 measure sets for reporting based on EHR* edition:

Advancing Care Information
Objectives and Measures

2017 Advancing Care Information
Transition Objectives and
Measures



MIPS Performance Category: Advancing Care Information



- Clinicians must use certified EHR technology to report

For those using EHR Technology Certified to the 2015 Edition:

Option 1

Advancing
Care
Information
Objectives and
Measures

Option 2

Combination
of the two
measure sets

For those using EHR Technology Certified to the 2014 Edition:

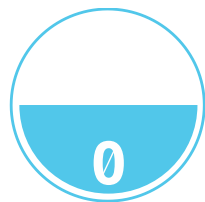
Option 1

2017
Advancing
Care
Information
Transition
Objectives and
Measures

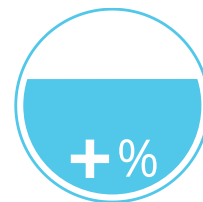
Option 2

Combination
of the two
measure sets

Advancing Care Information Requirements for the Transition Year



Submit Something



Submit a Partial Year



Submit a Full Year

- Test means...

- Submitting 4 or 5 base score measures
 - Depends on use of 2014 or 2015 Edition
- Reporting *all* required measures in the base score to earn any credit in the Advancing Care Information performance category

- Partial and full participation means...

- Submitting more than the base score in year 1

For a full list of measures, please visit qpp.cms.gov

MIPS Scoring for Advancing Care Information (25% of Final Score)



Advancing Care Information Performance
Category Score =



MIPS Performance Category: Advancing Care Information



Advancing Care Information Objectives and Measures:

Base Score Required Measures

<i>Objective</i>	<i>Measure</i>
Protect Patient Health Information	Security Risk Analysis
Electronic Prescribing	e-Prescribing
Patient Electronic Access	Provide Patient Access
Health Information Exchange	Send a Summary of Care
Health Information Exchange	Request/Accept a Summary of Care

2017 Advancing Care Information Transition Objectives and Measures:

Base Score Required Measures

<i>Objective</i>	<i>Measure</i>
Protect Patient Health Information	Security Risk Analysis
Electronic Prescribing	e-Prescribing
Patient Electronic Access	Provide Patient Access
Health Information Exchange	Health Information Exchange

MIPS Performance Category: Advancing Care Information-how to fulfill the base score



Advancing Care Information Objectives and Measures:

Base Score Required Measures

<i>Measure</i>	<i>Result</i>
Security Risk Analysis	yes
e-Prescribing	1 patient
Provide Patient Access	1 patient
Send a Summary of Care	1 patient
Request/Accept a Summary of Care	1 patient

2017 Advancing Care Information Transition Objectives and Measures:

Base Score Required Measures

<i>Measure</i>	<i>Result</i>
Security Risk Analysis	yes
e-Prescribing	1 patient
Provide Patient Access	1 patient
Health Information Exchange	1 patient

MIPS Performance Category: Advancing Care Information



Advancing Care Information Objectives and Measures:

Performance Score* Measures

<i>Objective</i>	<i>Measure</i>
Patient Electronic Access	Provide Patient Access*
Patient Electronic Access	Patient-Specific Education
Coordination of Care through Patient Engagement	View, Download and Transmit (VDT)
Coordination of Care through Patient Engagement	Secure Messaging
Coordination of Care through Patient Engagement	Patient-Generated Health Data
Health Information Exchange	Send a Summary of Care*
Health Information Exchange	Request/Accept a Summary of Care*
Health Information Exchange	Clinical Information Reconciliation
Public Health and Clinical Data Registry Reporting	Immunization Registry Reporting

2017 Advancing Care Information Transition Objectives and Measures

Performance Score Measures

<i>Objective</i>	<i>Measure</i>
Patient Electronic Access	Provide Patient Access*
Patient Electronic Access	View, Download and Transmit (VDT)
Patient-Specific Education	Patient-Specific Education
Secure Messaging	Secure Messaging
Health Information Exchange	Health Information Exchange*
Medication Reconciliation	Medication Reconciliation
Public Health Reporting	Immunization Registry Reporting



***Performance Score:** Additional achievement on measures above the base score requirements

Advancing Care Information Bonus Score



5%

BONUS

for reporting on one or more of the following Public Health and Clinical Data Registry Reporting measures:

- Syndromic Surveillance Reporting (14 and 15)
- Specialized Registry Reporting (14)
- Electronic Case Reporting (15)
- Public Health Registry Reporting (15)
- Clinical Data Registry Reporting(15)

10%

BONUS

for using **CEHRT** to report certain Improvement Activities

Improvement Activities Eligible for ACI Bonus Score

Improvement Activity Performance Category Subcategory	Activity Name	Weight
Expanded Practice Access	Provide 24/7 access to eligible clinicians or groups who have real-time access to patient's medical record	High
Population Management	Anticoagulant management improvements	High
Population Management	Glycemic management services	High
Population Management	Chronic care and preventative care management for empanelled patients	Medium
Population Management	Implementation of methodologies for improvements in longitudinal care management for high risk patients	Medium
Population Management	Implementation of episodic care management practice improvements	Medium
Population Management	Implementation of medication management practice improvements	Medium
Care Coordination	Implementation of use of specialist reports back to referring clinician or group to close referral loop	Medium
Care Coordination	Implementation of documentation improvements for practice/process improvements	Medium
Care Coordination	Implementation of practices/processes for developing regular individual care plans	Medium
Care Coordination	Practice improvements for bilateral exchange of patient information	Medium
Beneficiary Engagement	Use of certified EHR to capture patient reported outcomes	Medium
Beneficiary Engagement	Engagement of patients through implementation of improvements in patient portal	Medium
Beneficiary Engagement	Engagement of patients, family and caregivers in developing a plan of care	Medium
Patient Safety and Practice Assessment	Use of decision support and standardized treatment protocols	Medium
Achieving Health Equity	Leveraging a QCDR to standardize processes for screening	Medium
Integrated Behavioral and Mental Health	Implementation of integrated PCBH model	High
Integrated Behavioral and Mental Health	Electronic Health Record Enhancements for BH data capture	Medium

Advancing Care Information: Flexibility



1

CMS will automatically reweight the Advancing Care Information performance category to zero for MIPS clinicians who lack of face-to-face patient interaction, NP, PA, CRNAs and CNS'

- Reporting is optional although if clinicians choose to report, they will be scored.

2

A clinician can apply to have their performance category score weighted to zero and the 25% will be assigned to the Quality category for the following reasons:

1. Insufficient internet connectivity
2. Extreme and uncontrollable circumstances
3. Lack of control over the availability of CEHRT

Advancing Care Information: Flexibility



3

- Hospital-based MIPS clinicians qualify for an automatic reweighting of the Advancing Care Information Performance category.
 - 75% or more of Medicare services performed in the inpatient, on campus outpatient department or emergency department
- CMS will reweight the category to zero and assign the 25% to the quality performance category.
- If data is submitted, CMS will score their performance and weight their Advancing Care Information performance accordingly.

Annual Call for Measures and Activities for MIPS, including the Advancing Care Information performance category

- Allows providers and measure stewards from stakeholder organizations to identify and submit EHR measures for the Advancing Care Information performance category.
- Requesting measures that are:
 - Outcome-based measures;
 - Patient safety measures; and
 - Measures that could be applicable to NPs, PAs, CRNAs, and CNSs.



Advancing Care Information Measures Submission

- Measures for consideration submission form includes the following criteria:
 - Measure description;
 - Measure type (if applicable), examples include outcome measure, process measure, patient safety measure, etc.;
 - Measure numerator and numerator description;
 - Measure denominator and denominator description;
 - Any applicable measure exclusions; and
 - CEHRT functions utilized.

Advancing Care Information Measures Submission

- Measures for consideration should be submitted to CMSCallforMeasuresACI@ketchum.com
- Submission deadline is June 30, 2017
- For more information, see the Call for Measures fact sheet found here:

<https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/mms/callformeasures.html>



MIPS Scoring for Advancing Care Information (25% of Final Score)



Advancing Care Information Performance
Category Score =



Base Score Patient Population

- To satisfy base score requirements, the MIPS eligible clinician needs 1 patient in the numerator (i.e., you only need 1 patient for each ACI base score measure)
- For measures that overlap between the base and performance score measures, additional patients will improve your score

MIPS Scoring for Advancing Care Information (25% of Final Score): Base Score



Base score (worth 50%)

Clinicians must submit a numerator/denominator or Yes/No response for each of the following required measures:

Advancing Care Information Measures

- Security Risk Analysis
- e-Prescribing
- Provide Patient Access
- Send a Summary of Care
- Request/Accept a Summary of Care

2017 Advancing Care Information Transition Measures

- Security Risk Analysis
- e-Prescribing
- Provide Patient Access
- Health Information Exchange



Failure to meet reporting requirements will result in base score of zero, and an Advancing Care Information performance score of zero.

MIPS Scoring for Advancing Care Information (25% of Final Score): Performance Score



Advancing Care Information Measures	
Measure	Performance Score
Provide Patient Access	Up to 10%
Patient-Specific Education	Up to 10%
View, Download and Transmit (VDT)	Up to 10%
Secure Messaging	Up to 10%
Patient-Generated Health Data	Up to 10%
Send a Summary of Care	Up to 10%
Request/Accept a Summary of Care	Up to 10%
Clinical Information Reconciliation	Up to 10%
Immunization Registry Reporting	0 or 10%

Advancing Care Information Transitional Measures	
Measure	Performance Score
Provide Patient Access	Up to 20%
Health Information Exchange	Up to 20%
View, Download, or Transmit	Up to 10%
Patient-Specific Education	Up to 10%
Secure Messaging	Up to 10%
Medication Reconciliation	Up to 10%
Immunization Registry Reporting	0 or 10%



MIPS Scoring for Advancing Care Information (25% of Final Score): Performance Score



90%

Performance Score
(worth up to 90%)

- Report up to

9

Advancing Care
Information
measures

OR

- Report up to

7

2017
Advancing Care
Information
Transition
measures

Each measure is worth 10-20%.
The percentage score is based on the
performance rate for each measure:

Performance Rate 1-10	1%
Performance Rate 11-20	2%
Performance Rate 21-30	3%
Performance Rate 31-40	4%
Performance Rate 41-50	5%
Performance Rate 51-60	6%
Performance Rate 61-70	7%
Performance Rate 71-80	8%
Performance Rate 81-90	9%
Performance Rate 91-100	10%

MIPS Scoring for Advancing Care Information (25% of Final Score): Bonus Score



5%

BONUS

for reporting on one or more of the following
Public Health and Clinical Data Registry Reporting
measures:

- Syndromic Surveillance Reporting (14 and 15)
- Specialized Registry Reporting (14)
- Electronic Case Reporting (15)
- Public Health Registry Reporting (15)
- Clinical Data Registry Reporting(15)

10%

BONUS

for using **CEHRT** to report certain
Improvement Activities



MIPS Performance Category: Advancing Care Information



The overall Advancing Care Information score would be made up of a base score, a performance score, and a bonus score for a maximum score of 100 percentage points

Scoring Example A: Advancing Care Information Objectives & Measures - 1

Base Score:

<u>Measure</u>	<u>Result</u>
Security Risk Analysis	Yes
E-Prescribing	30/500
Provide Patient Access	250/500
Send Summary of Care	450/500
Request/Accept Summary of Care	277/500

Fulfilled base score = 50%



Scoring Example A: Advancing Care Information Objectives & Measures - 2

Performance Score:

<u>Measure</u>	<u>Num/Denom</u>	<u>Perf Rate</u>	<u>Percentage Score</u>
Provide Patient Access	250/500	50%	5%
Patient-Specific Education	15/500	3%	1%
View, Download, or Transmit	300/500	60%	6%
Send Summary of Care	450/500	90%	9%
Request/Accept Summary of Care	277/500	55%	6%
Immunization Registry Reporting	yes		10%
<i>Total Performance</i>			<i>37%</i>



Scoring Example A: Advancing Care Information Objectives & Measures - 3

Bonus Score:

<u>Measure</u>	<u>Result</u>	<u>Score</u>
Specialized Registry	Yes	5%
Reporting IA-Practice Improvements for the bilateral exchange of patient information	Yes	10%
<i>Total bonus score</i>		<i>15%</i>



Scoring Example A: Advancing Care Information Objectives & Measures - 4

Base score	50%
Performance score	37%
Bonus score	15%
Total score	102%
<i>Final Score</i>	<i>25 points*</i>

**earn 100% or more and receive the full 25 points for the Advancing Care Information Performance Category*



Scoring Example B: 2017 Advancing Care Information Transition Objectives & Measures - 1

Base Score:

<u>Measure</u>	<u>Result</u>
Security Risk Analysis	Yes
E-Prescribing	30/750
Provide Patient Access	250/750
Health Information Exchange	650/750

Fulfilled base score = 50%



Scoring Example B: 2017 Advancing Care Information Transition Objectives & Measures - 2

Performance Score:

<u>Measure</u>	<u>Num/Denom</u>	<u>Perf Rate</u>	<u>Percentage Score</u>
Provide Patient Access	250/750	33%	8% (worth 20%)
Health Information Exchange	650/750	87%	18% (worth 20%)
View, Download, or Transmit	475/750	63%	7%
Secure Messaging	100/750	13%	2%
Medication Reconciliation	250/750	33%	4%
<i>Total performance</i>			<i>39%</i>



Scoring Example B: 2017 Advancing Care Information Transition Objectives & Measures - 3

Bonus Score:

Did not report

Total bonus score 0%



Scoring Example B: 2017 Advancing Care Information Transition Objectives & Measures - 4

Base score 50%

Performance score 39%

Bonus score 0%

Total score 89%

$89 \times .25 = 22$

*Final score 22 points**

**Earn 100% or more and receive the full 25 points for the Advancing Care Information Performance Category*



Scoring Example C: 2017 Advancing Care Information Transition Objectives & Measures - 1

Base Score:

<u>Measure</u>	<u>Result</u>
Security Risk Analysis	No
E-Prescribing	30/750
Provide Patient Access	250/750
Health Information Exchange	650/750

Fulfilled base score = 0%

Final ACI score = 0



Scoring Example D: Advancing Care Information Objectives & Measures

Performance Score: alternate ways to succeed

<u>Measure</u>	<u>Clinician 1</u>	<u>Clinician 2</u>
e-Prescribing	10%	5%
Provide Patient Access	10%	4%
Patient-Specific Education	10%	1%
View, Download, or Transmit	1%	6%
Secure Messaging	Did Not Report	5%
Patient-Generated Health Data	Did Not Report	5%
Send Summary of Care	10%	4%
Request/Accept Summary of Care	10%	6%
Clinical Information Reconciliation	Did Not Report	5%
Immunization Registry Reporting	Did Not Report	10%
<i>Total Performance</i>	<i>51%</i>	<i>51%</i>



Calculating the Final Score Under MIPS

Final Score =

$$\begin{aligned}
 & \left[\begin{array}{l} \text{Clinician Quality} \\ \text{performance} \\ \text{category score} \times \\ \text{actual Quality} \\ \text{performance} \\ \text{category weight} \end{array} \right] + \left[\begin{array}{l} \text{Clinician Cost} \\ \text{performance} \\ \text{category score} \times \\ \text{actual Cost} \\ \text{performance} \\ \text{category weight} \end{array} \right] + \left[\begin{array}{l} \text{Improvement} \\ \text{Activities} \\ \text{performance} \\ \text{category score} \times \\ \text{actual} \\ \text{Improvement} \\ \text{Activities} \\ \text{performance} \\ \text{category weight} \end{array} \right] + \left[\begin{array}{l} \text{Advancing Care} \\ \text{Information} \\ \text{performance} \\ \text{category score} \times \\ \text{actual Advancing} \\ \text{Care Information} \\ \text{performance} \\ \text{category weight} \end{array} \right] \times 100
 \end{aligned}$$

Where Can I go to Learn More



Technical Assistance

CMS has organizations on the ground to provide help to clinicians who are eligible for the Quality Payment Program:



[Quality Payment Program Portal](#)

- Learn about the Quality Payment Program, explore the measures, and find educational tools and resources.



[Transforming Clinical Practice Initiative \(TCPI\):](#)

- Designed to support more than 140,000 clinician practices over the next 4 years in sharing, adapting, and further developing their comprehensive quality improvement strategies.



[Quality Innovation Network \(QIN\)-Quality Improvement Organizations \(QIOs\):](#)

- Includes 14 QIN-QIOs
- Promotes data-driven initiatives that increase patient safety, make communities healthier, better coordinate post-hospital care, and improve clinical quality.



The [Innovation Center's](#) Learning Systems provides specialized information on:

- Successful Advanced APM participation
- The benefits of APM participation under MIPS

Quality Payment Program Integrated Approach to Technical Assistance

Do you need technical assistance to help you participate in the Quality Payment Program? The Centers for Medicare & Medicaid Services has specialized programs and resources for eligible clinicians across the country.

PRIMARY CARE & SPECIALIST PHYSICIANS

Transforming Clinical Practice Initiative

- Supports more than 140,000 clinician practices through active, collaborative and peer-based learning networks over 4 years.
- **Practice Transformation Networks (PTNs) and Support Alignment Networks (SANS)** are located in all 50 states to provide comprehensive technical assistance, as well as tools, data, and resources to improve quality of care and reduce costs.
- The goal is to help practices transform over time and move toward Advanced Alternative Payment Models.
- Contact TCPLISC@TruvenHealth.com for extra assistance.



[Locate the PTN\(s\) and SAN\(s\) in your state](#)

SMALL & SOLO PRACTICES

Small, Underserved, and Rural Support (SURS)

- Provides outreach, guidance, and direct technical assistance to clinicians in **solo or small practices (15 or fewer)**, particularly those in **rural and underserved areas**, to promote successful health IT adoption, optimization, and delivery system reform activities.
- Assistance will be tailored to the needs of the clinicians.
- There are 11 SURS organizations providing assistance to small practices in all 50 states, the District of Columbia, Puerto Rico, and the Virgin Islands.
- For more information or for assistance getting connected, contact QPPSURS@IMPAQINT.COM.



LARGE PRACTICES

Quality Innovation Networks- Quality Improvement Organizations (QIN-QIO)

- Supports clinicians in **large practices (more than 15 clinicians)** in meeting Merit-Based Incentive Payment System requirements through customized technical assistance.
- Includes one-on-one assistance when needed.
- There are 14 QIN-QIOs that serve all 50 states, the District of Columbia, Guam, Puerto Rico, and Virgin Islands.



[Locate the QIN-QIO that serves your state](#)

Quality Innovation Network
(QIN) Directory

TECHNICAL SUPPORT

All Eligible Clinicians Are Supported By:



Quality Payment Program Website: qpp.cms.gov

Serves as a starting point for information on the Quality Payment Program.



Quality Payment Program Service Center

Assists with all Quality Payment Program questions.
1-866-288-8292 TTY: 1-877-715-6222 QPP@cms.hhs.gov



Center for Medicare & Medicaid Innovation (CMMI) Learning Systems

Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs. More information about the Learning Systems is available through your model's support inbox.

Q&A Session Information

- Please dial 1(866) 452-7887 to ask a question.
- If prompted, use passcode: 91088168
- The speakers will answer as many questions as time allows.
- If your question is not answered during the webinar, please contact the Quality Payment Program Service Center at gpp@cms.hhs.gov or 1-866-288-8292.



