

Quality Payment  
PROGRAM

**PROMOTING  
INTEROPERABILITY  
PERFORMANCE  
CATEGORY**

JUNE 12, 2018



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# Learning Objectives



- Provide an overview of MIPS requirements in Year 2.
- Discuss why CMS renamed Advancing Care Information Performance Category the Promoting Interoperability Performance Category.
- Explain the Promoting Interoperability Performance Category Requirements for Year 2.
- Discuss scoring for the Promoting Interoperability Performance Category in 2018.

# Quality Payment Program



The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) requires CMS by law to implement an incentive program, referred to as the Quality Payment Program, that provides for two participation tracks:

MIPS

The Merit-based Incentive  
Payment System (MIPS)

*If you are a MIPS eligible clinician, you will be subject to a performance-based payment adjustment through MIPS.*

**OR**

Advanced  
APMs

Advanced Alternative Payment Models  
(Advanced APMs)

*If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for sufficiently participating in an innovative payment model.*



# MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

Basics for Year 2 (2018)

# MIPS Year 2 (2018)

## Quick Overview



### MIPS Performance Categories for Year 2 (2018)



- Comprised of **four** performance categories in 2018.
- **So what?** *The points from each performance category are added together to give you a MIPS Final Score.*
- The MIPS Final Score is compared to the MIPS performance threshold to determine if you receive a **positive, negative, or neutral payment adjustment.**

# MIPS Year 2 (2018)

## Changing Advancing Care Information to Promoting Interoperability



- We have established a new name for the MIPS Advancing Care Information performance category – the **Promoting Interoperability** performance category.
- This new name better reflects CMS’ new focus on promoting interoperability and the sharing of health care data between health care providers and patients.
- The name change does not affect or alter any of the established requirements for the 2018 performance year.

# MIPS Year 2 (2018)

Who is Included?



*No change* in the types of clinicians eligible to participate in 2018.

MIPS eligible clinicians include:



Physicians



Physician Assistants



Nurse Practitioners



Clinical Nurse  
Specialists



Certified Registered  
Nurse Anesthetists



# MIPS Year 2 (2018)

Who is Included?



**Change** to the Low-Volume Threshold for 2018. Includes MIPS eligible clinicians billing more than \$90,000 a year in allowed charges for covered professional services under the Medicare PFS **AND** furnishing covered professional services to more than 200 Medicare beneficiaries a year.

Transition Year 1 (2017) Final

Year 2 (2018) Final



Voluntary reporting remains an option for those clinicians who are exempt from MIPS.

# MIPS Year 2 (2018)

Who is Exempt?



*No change* in basic exemption criteria.\*



## 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

- Allowed charges for covered professional services under the Medicare PFS less than or equal to **\$90,000** a year
- OR
- Furnish services to **200** or fewer Medicare Part B patients a year



## Significantly participating in Advanced APMs

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

*\*Only Change to Low-volume Threshold*

# MIPS Year 2 (2018)

## Reporting Options



### OPTIONS



1. Individual—under an National Provider Identifier (NPI) number and Taxpayer Identification Number (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

3. As a Virtual Group – made up of solo practitioners and groups of 10 or fewer eligible clinicians who come together “virtually” (no matter what specialty or location) to participate in MIPS for a performance period for a year

*\* If clinicians participate as a group, they are assessed as a group across all 4 MIPS performance categories. The same is true for clinicians participating as a Virtual Group.*



# PROMOTING INTEROPERABILITY

Performance Category Basics

# Promoting Interoperability

## Performance Category Basics



- Emphasizes patient engagement and the electronic exchange of health information using Certified Electronic Health Record Technology (CEHRT).
- Worth **25%** of the MIPS Final Score in 2018.
- Comprised of a Base, Performance, and Bonus score.
  - All added together to give a clinician or group a Promoting Interoperability performance category score.
  - Must fulfill the Base score to earn a Promoting Interoperability performance category score.
- Minimum performance period of **90 days**.
- Requires the use of CEHRT to capture data and fulfill the performance category.

# Promoting Interoperability

## Performance Category Basics – Continued



- Must attest affirmatively to the two required information blocking attestation statements.
  - Submit a “yes” to the Prevention of Information Blocking Attestation
  - Submit a “yes” to the ONC Direct Review Attestation

# Promoting Interoperability

## Measure Sets for 2018 - Basics



- There are two Promoting Interoperability measure sets available for clinicians in 2018:
  - Promoting Interoperability Objectives and Measures
  - Promoting Interoperability Transition Objectives and Measures
- The measure set a clinician or group selects will depend on the CEHRT edition.
- Clinicians and groups who exclusively report the Promoting Interoperability Measures using 2015 Edition CEHRT will earn a 10% bonus.

# Promoting Interoperability

## Measure Sets for 2018 - Basics



You can report the Promoting Interoperability Objectives and Measures if you have:

- 2015 Edition CEHRT; or
- A combination of 2014 and 2015 Editions of CEHRT

You can report the Promoting Interoperability **Transition** Objectives and Measures if you have:

- 2015 Edition CEHRT; or
- 2014 Edition CEHRT; or
- A combination of 2014 and 2015 Editions of CEHRT



# Promoting Interoperability

Measure Sets for 2018 – Base Score



## Promoting Interoperability Objectives and Measures

### Required Base Score Measures

Security Risk Analysis

e-Prescribing

Provide Patient Access\*

Send a Summary of Care\*

Request/Accept Summary of Care\*

## Promoting Interoperability Transition Objectives and Measures

### Required Base Score Measures

Security Risk Analysis

e-Prescribing

Provide Patient Access\*

Health Information Exchange\*

\*Also included as Performance score measures and will allow a clinician to earn a score that contributes to the performance score.

# Promoting Interoperability

Measure Sets for 2018 – Performance Score



## Promoting Interoperability Objectives and Measures

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

## Promoting Interoperability Transition Objectives and Measures

Performance Score Measures	Value
Provide Patient Access	Up to 20%
Health Information Exchange	Up to 20%
View, Download or Transmit (VDT)	Up to 10%
Patient-Specific Education	Up to 10%
Secure Messaging	Up to 10%
Medication Reconciliation	Up to 10%
One of the Public Health Reporting Measures	0 or 10%

# Promoting Interoperability

Measure Sets for 2018 – Bonus Score



## Promoting Interoperability Objectives and Measures

Requirements for Bonus Score	Value
Report to 1 or more of the following public health agencies or clinical data registries not reported for the performance score: <ul style="list-style-type: none"> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting</li> <li>• Electronic Case Reporting</li> <li>• Public Health Registry Reporting</li> <li>• Clinical Data Registry reporting</li> </ul>	5%
Report certain Improvement Activities using CEHRT	10%
Report exclusively from the Promoting Interoperability Objectives and Measures set	10%

## Promoting Interoperability Transition Objectives and Measures

Requirements for Bonus Score	Value
Report to 1 or more of the following public health reporting registries not reported for the performance score: <ul style="list-style-type: none"> <li>• Immunization Registry Reporting</li> <li>• Syndromic Surveillance Reporting</li> <li>• Specialized Registry Reporting</li> </ul>	5%
Report certain Improvement Activities using CEHRT	10%

# Promoting Interoperability

## Submitting PI Data



*You Have Asked: “How do I submit my 2018 Promoting Interoperability performance category data?”*

Submission Mechanisms for Individuals	Submission Mechanisms for Groups (Including Virtual Groups)
Attestation Qualified Clinical Data Registry (QCDR) Qualified Registry Electronic Health Record (EHR)	Attestation QCDR Qualified Registry EHR CMS Web Interface (groups of 25 or more)

**Remember:** You must capture data using CEHRT.

# Promoting Interoperability

## Submitting PI Data



**You Have Asked:** *“How does my group submit Promoting Interoperability performance category data if we are using more than one CEHRT vendor in our practice/system?”*

- Clinicians choosing to report as a group and using multiple CEHRT vendors within their practice/system will need to aggregate patient data across all platforms and submit one file for scoring.



# PROMOTING INTEROPERABILITY

Performance Category Reweighting  
Policy

# Promoting Interoperability

## Special Status Refresher



In Year 2 (2018) of the Quality Payment Program the following are considered special status:

- Non-Patient Facing
- Small Practice
- Rural
- Health Professional Shortage Area (HPSA)
- Hospital-Based (Place of Service Codes: 19, 21, 22, and 23)
- Ambulatory Surgical Center-based (Place of Service Code: 24)

“**So what?**” – MIPS eligible clinicians with a special status are included in MIPS and qualify for special rules. Having a special status does not exempt a clinician from MIPS.

# Promoting Interoperability

## Automatic Reweighting



The following MIPS eligible clinicians will receive an **automatic reweighting** of the Promoting Interoperability performance category to 0% (the 25% will be added to the Quality performance category):

- Non-Patient Facing
- Hospital-Based
- Ambulatory Surgical Center-based
- Physician Assistants, Nurse Practitioners, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists.
- ***However***, clinicians who qualify for an automatic reweighting can still choose to report if they would like, and, if data is submitted, CMS will score their performance and they will not be reweighted.



# Promoting Interoperability

## Reweighting through an Application



MIPS eligible clinicians can apply to have their performance category score reweighted to zero in the following circumstances:

- Insufficient internet connectivity
- Extreme and uncontrollable circumstances
- Lack of control over the availability of CEHRT
- Clinicians who are in small practices
- Clinicians using decertified EHR technology
- **Deadline of December 31** of the performance year for the submission of hardship exception applications.
- Please note that simply lacking CEHRT **does not** qualify a MIPS eligible clinician or group for reweighting, either automatically or through an application.

# Promoting Interoperability

## Reweighting through an Application



If you're applying for a hardship exception based on the Extreme and Uncontrollable Circumstances category, you must select one of the following and provide a start and end date of when the circumstance occurred:

- Disaster (e.g., a natural disaster in which the CEHRT was damaged or destroyed)
- Practice or hospital closing
- Severe financial distress (bankruptcy or debt restructuring)
- Once the application is submitted, you will receive a confirmation email that your application was submitted and is in a pending, approved, or dismissed status.
- The 2018 hardship application will be made available later this year. When available, applications will be processed on a rolling basis.

# Promoting Interoperability

## Reweighting for Groups



**You Have Asked:** *“How does the reweighting policy for the Promoting Interoperability performance category apply to groups?”*

- If you’re in a group or virtual group, **all (100%) of the clinicians** associated with the group’s TIN must qualify for reweighting for the group’s Promoting Interoperability performance category to be reweighted to 0%.
  - This could be any combination of reweighting reasons and include both automatic and approved exception applications.
- If all of the MIPS-eligible clinicians within a group do not qualify for an automatic reweighting or do not submit an application for and receive a hardship exception, the group will not qualify for an automatic reweighting and will have to report on the Promoting Interoperability performance category.

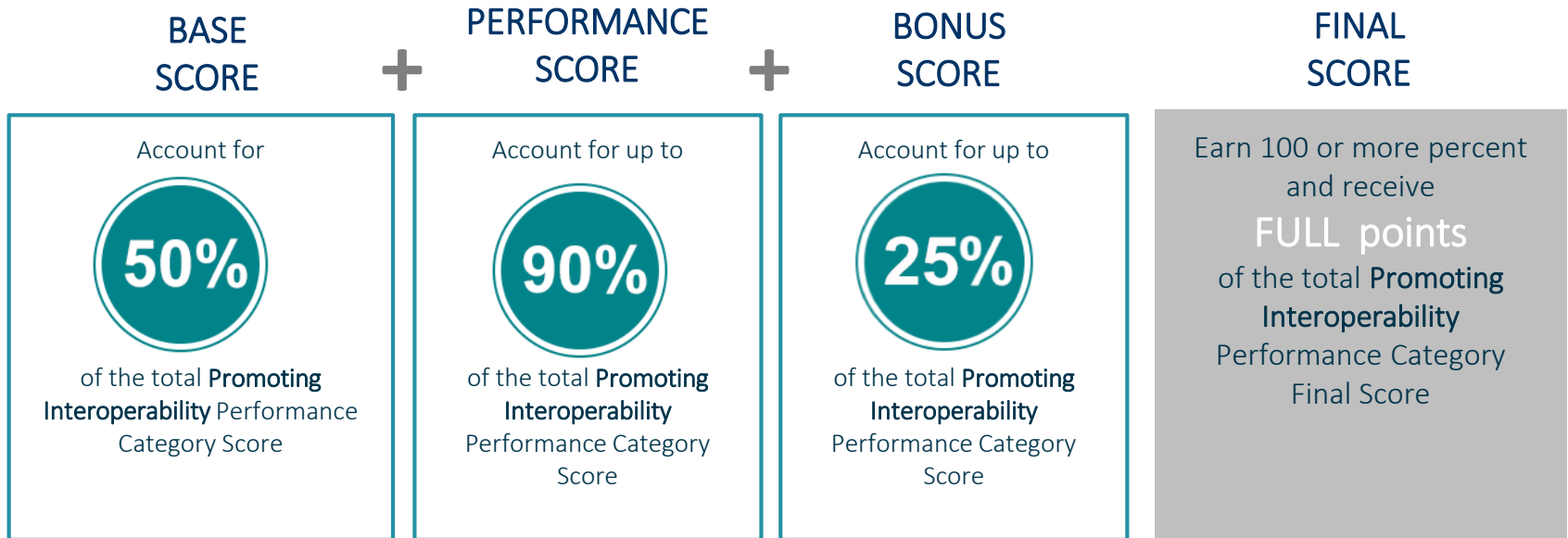


# PROMOTING INTEROPERABILITY

Scoring

# Promoting Interoperability

## Performance Category Total Score



**Remember:** The Promoting Interoperability Performance Category Final Score is **worth 25%** of your total MIPS Final Score.

You may earn a maximum score of up to 165% within the performance category, but we will cap your total score at 100%. This was designed to give you maximum flexibility to focus on measures that are relevant to you and your practice.

# Promoting Interoperability

## Base Score



### *What do I need to know?*

- You'll need to meet the requirements of all the Base score measures in order to receive the 50% Base score.
- To receive the 50%, you must submit a “yes” for the Security Risk Analysis measure **AND at least a 1** in the numerator for the numerator/denominator or claim an exclusion for the remaining measures.
- If these requirements are not met, you will receive a 0 for the overall Promoting Interoperability performance category.

### PI Objectives and Measures

Base Score Measures	Requirement
Security Risk Analysis	Yes
e-Prescribing	1 Patient
Provide Patient Access	1 Patient
Send a Summary of Care	1 Patient
Request/Accept Summary of Care	1 Patient

### PI Transition Objectives and Measures

Base Score Measures	Requirement
Security Risk Analysis	Yes
e-Prescribing	1 Patient
Provide Patient Access	1 Patient
Health Information Exchange	1 Patient

# Promoting Interoperability

## Base Score – Security Risk Analysis



### You Have Asked: *“When must the Security Risk Analysis be completed?”*

- MIPS eligible clinicians and groups must complete the Security Risk Analysis measure for the CEHRT being used by attesting “yes” **at any point** during the performance year (1/1 to 12/31).
- Completing the Security Risk Analysis measure can take place outside of whichever performance period is chosen for the other Base and Performance score measures (i.e., 90 days or up to a full year).
- Example: An individual MIPS eligible clinician completed a measure set for a 90 day period between June and September in 2018. The clinician could complete the Security Risk Analysis measure in October 2018.

# Promoting Interoperability

## Base Score – Exclusions



We've added exclusions for 2018 for the e-Prescribing and Health Information Exchange measures.

### “So what?”

- If you qualify for these exclusions, you can still receive the Base score if you:
  - Report a 0 in the numerator/denominator for the applicable measure(s) AND
  - Claim the exclusion
- If you claim these exclusions, you'll meet the Base score but will receive a 0% Performance score for the measure(s).
- If you report a 0 in the numerator/denominator for these measure(s) without claiming the exclusion, you will not meet the Base score and will receive a 0 for the overall Promoting Interoperability performance category score.



# Promoting Interoperability

## Base Score – Exclusions



### Measure Exclusions & Descriptions:

- **e-Prescribing Exclusion (both measure sets):** Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period.
- **Send a Summary of Care Exclusion (PI measure):** Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.
- **Request/Accept a Summary of Care Exclusion (PI measure):** Any MIPS eligible clinician who receives transitions of care or referrals fewer than 100 times during the performance period OR has patient encounters where the MIPS eligible clinician hasn't ever before encountered the patient fewer than 100 times during the performance period.
- **Health Information Exchange Exclusion (PI transition measure):** Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period.

# Promoting Interoperability

## Performance Score



### *What do I need to know?*

- The total potential Performance score is 90%.
- For each measures with a numerator/denominator, the percentage score is determined by the performance rate.
- For the submission of a yes for one of the Public Health and Clinical Data Registry Reporting or Public Health Reporting measures will earn 10%.
- We calculate the performance rate using the numerators and denominators submitted for measures included in the Performance score.
- Most measures are worth a maximum of 10 percentage points.
  - Exception is for two measures (Provide Patient Access and Health Information Exchange) included in the Transition Objectives and Measures set, which are worth up to 20 percentage points.

# Promoting Interoperability

## Performance Score – Performance Rates



### Performance Rates for Measures Worth up to 10 %

Performance Rate >0-10	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%

### Performance Rates for Measures Worth up to 20%

Performance Rate >0-10	2%
Performance Rate 11-20	4%
Performance Rate 21-30	6%
Performance Rate 31-40	8%
Performance Rate 41-50	10%
Performance Rate 51-60	12%
Performance Rate 61-70	14%
Performance Rate 71-80	16%
Performance Rate 81-90	18%
Performance Rate 91-100	20%

\*The only performance score measures that have yes/no responses are the Public Health and Clinical Data Registry (CDR) Reporting measures and the Public Health Reporting measures. MIPS eligible clinicians who are actively working with a public health agency or clinical data registry who submit a “yes” for one of these measures would receive the full 10%. When reporting as a group, the group can submit a “yes” for one of these measures as long as 1 clinician in the group is actively engaged with one of these entities.

# Promoting Interoperability

## Performance Score – Sample Calculation



- MIPS eligible clinician has 2015 Edition CEHRT and reports measures from the Promoting Interoperability Measures set.
- Submits a numerator/denominator of 72/100 for the Secure Messaging measure, which is worth up to 10%.
- The performance rate is 72%.
- The MIPS eligible clinician would earn 8 percentage points for the measure.

### Performance Rates for Measures Worth up to 10 %

Performance Rate >0-10	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%

# Promoting Interoperability

## Bonus Score



### *What do I need to know?*

You can earn a Bonus score by completing any of the following:

- Reporting “yes” to 1 or more additional Public Health Agencies and Clinical Data Registry Reporting or Public Health Reporting measures beyond the one identified for the Performance score measure.  
Result is a 5% bonus.
- Reporting “yes” to the completion of at least 1 of the specified Improvement Activities using CEHRT and submitting that activity for the Improvement Activities performance category. Result is a 10% bonus.
- Reporting only from the Promoting Interoperability Objectives and Measures set and only using 2015 Edition CEHRT. Result is a 10% bonus.

# Promoting Interoperability

## PI Performance Category Scoring for Groups



### *You Have Asked: “How is the Promoting Interoperability Performance Category Score Calculated for Groups?”*

- When reporting as a group to the Promoting Interoperability performance category, the group should combine all of their MIPS eligible clinicians’ data under one TIN. This includes the data of MIPS eligible clinicians who may qualify for reweighting of the Promoting Interoperability performance category, such as:
  - Those with a significant hardship or other type of exception;
  - Hospital or ASC-based; and
  - Certain clinician types (PAs, NPs, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists).
- If these MIPS eligible clinicians report as a part of a group (or virtual group), and have data in CEHRT, their data should be included and will be scored for the Promoting Interoperability performance category.



# PROMOTING INTEROPERABILITY

Scoring Example

# Promoting Interoperability

## Scoring Example



### *Scenario:*

- Individual MIPS eligible clinician.
- Currently using 2014 Edition CEHRT.
- Opts to report on the Promoting Interoperability Transition Measures and Objectives set.
- Will not claim the e-Prescribing or HIE exclusions.
- Will not take additional steps to fulfill the Bonus score.



# Promoting Interoperability

## Scoring Example



### *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%*

# Promoting Interoperability

## Scoring Example



### *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%
<b><i>Total Performance</i></b>			<b>39%</b>

# Promoting Interoperability

## Scoring Example



### *Total Performance Category Score:*

Base Score 50%

Performance Score 39%

Bonus Score 0%

Total Score 89%

Calculate the contribution to  
MIPS Final Score  $89\% \times .25 = 22.25$  points

*Final Performance Category Score* 22.25 points\*

\*Earn 100% or more and receive the full 25 points for the Promoting Interoperability Performance Category



# PROMOTING INTEROPERABILITY

Performance Category Call for  
Measures

# Promoting Interoperability

Annual Call for Measures and Activities for MIPS



- Allows providers and measure stewards from stakeholder organizations to identify and submit EHR measures for the Promoting Interoperability performance category.
- CMS is requesting:
  - Outcome-based measures;
  - Patient safety measures; and
  - Measures that could be applicable to NPs, PAs, CRNAs, and CNSs

# Promoting Interoperability

## Measures Submission



- The measure 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.

# Promoting Interoperability

## Measure Submission



- Measures for consideration should be submitted to: [CMSCallforACIMeasures@gdit.com](mailto:CMSCallforACIMeasures@gdit.com).
- Submission deadline is **Friday, June 29, 2018**.
- For more information, see the Call for Measures fact sheet found here: <https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/2018-Call-for-Measures-and-Activities.zip>.



# QUALITY PAYMENT PROGRAM

Help & Support



# Technical Assistance

## Available Resources



CMS has **free** resources and organizations on the ground to provide help to eligible clinicians included in the Quality Payment Program:

### 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 [TCPI.ISCMail@us.ibm.com](mailto:TCPI.ISCMail@us.ibm.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](mailto: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](http://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](mailto: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.

To learn more, visit: <https://qpp.cms.gov/about/help-and-support#technical-assistance>

# Q&A Session



To ask a question, please dial:

**1-866-452-7887**

If prompted, use passcode: 6782847

Press \*1 to be added to the question queue.

You may also submit questions via the chat box.

Speakers will answer as many questions as time allows.

# Questions

