

MACRA Implementation: A Review of the Quality Payment Program Final Rule



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November 30, 2016



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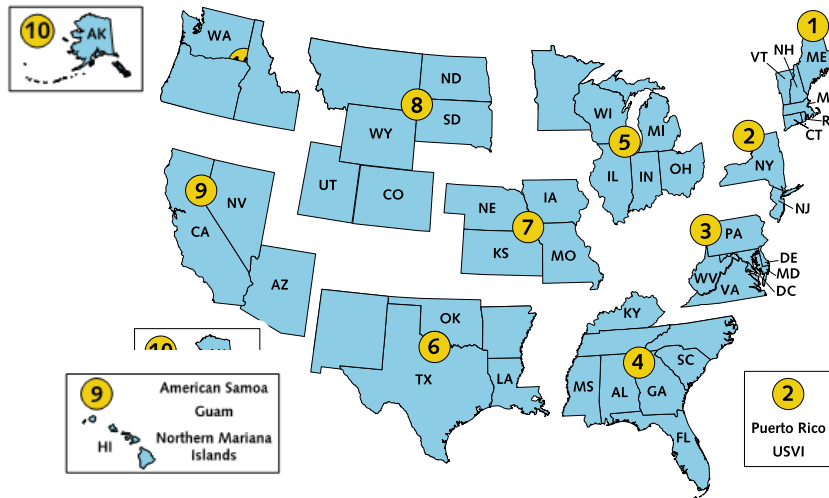


Objectives

- **Overview of CMS Priorities**
 - Shifting from Volume to Value-Based payments
 - Program alignment and streamlining
- **Health System Transformation: MACRA 2015**
 - Review of the Medicare Access and CHIP Reauthorization Act
 - The Quality Payment Program Final Rule
- **Key updates and resources**
 - Options for participation in 2017
 - Opportunities for technical support



CMS OFFICES



Quality Payment Program

Complications

[A SURGEON'S NOTES ON]
[AN IMPERFECT SCIENCE]



The 'Must Do' List: Certain Patient Safety Rules Should Not Be Elective

Robert Wachter
August 20, 2015

HA Blog, August 20, 2015. <http://healthaffairs.org/blog>

Better. Smarter. *Healthier.*

So we will continue to work across sectors and across the aisle for the goals we share: *better care, smarter spending, and healthier people*

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Quality Payment Program

Better Care, Smarter Spending, Healthier People

Focus Areas	Description
Incentives	<ul style="list-style-type: none"> Promote value-based payment systems <ul style="list-style-type: none"> Test new alternative payment models Increase linkage of Medicaid, Medicare FFS, and other payments to value Bring proven payment models to scale
Care Delivery	<ul style="list-style-type: none"> Encourage the integration and coordination of services Improve population health Promote patient engagement through shared decision making
Information	<ul style="list-style-type: none"> Create transparency on cost and quality information Bring electronic health information to the point of care for meaningful use

Source: Burwell SM. Setting Value-Based Payment Goals – HHS Efforts to Improve U.S. Health Care. NEJM 2015 Jan 26; published online first.

Quality Payment Program

CMS Health Equity Plan for Medicare

 <p>Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data</p>	 <p>Priority 4: Increase the Ability of the Health Care Workforce to Meet the Needs of Vulnerable Populations</p>
 <p>Priority 2: Evaluate Disparities Impacts and Integrate Equity Solutions Across CMS Programs</p>	 <p>Priority 5: Improve Communication & Language Access for Individuals with LEP & Persons with Disabilities</p>
 <p>Priority 3: Develop and Disseminate Promising Approaches to Reduce Health Disparities</p>	 <p>Priority 6: Increase Physical Accessibility of Health Care Facilities</p>


 

Quality Payment Program

Ongoing work of The CMS Innovation Center

Focus Areas

Pay Providers	Test and expand alternative payment models <ul style="list-style-type: none"> ▪ Accountable Care <ul style="list-style-type: none"> - Pioneer ACO Model - Medicare Shared Savings Program (housed in Center for Medicare) - Advance Payment ACO Model - Comprehensive ERSD Care Initiative - Next Generation ACO ▪ Primary Care Transformation <ul style="list-style-type: none"> - Comprehensive Primary Care Initiative (CPC) - Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration - Federally Qualified Health Center (FQHC) Advanced Primary Care Practice Demonstration - Independence at Home Demonstration - Graduate Nurse Education Demonstration - Home Health Value Based Purchasing (proposed) ▪ Bundled payment models <ul style="list-style-type: none"> - Bundled Payment for Care Improvement Models 1-4 - Oncology Care Model - Comprehensive Care for Joint Replacement (proposed) ▪ Initiatives Focused on the Medicaid population <ul style="list-style-type: none"> - Medicaid Emergency Psychiatric Demonstration - Medicaid Incentives for Prevention of Chronic Diseases - Strong Start Initiative - Medicaid Innovation Accelerator Program ▪ Dual Eligible (Medicare-Medicaid Enrollees) <ul style="list-style-type: none"> - Financial Alignment Initiative - Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents ▪ Other <ul style="list-style-type: none"> - Medicare Care Choices - Medicare Advantage Value-Based Insurance Design model
	Support providers and states to improve the delivery of care <ul style="list-style-type: none"> ▪ Learning and Diffusion <ul style="list-style-type: none"> - Partnership for Patients - Transforming Clinical Practice - Community-Based Care Transitions ▪ Health Care Innovation Awards ▪ State Innovation Models Initiative <ul style="list-style-type: none"> - SIM Round 1 - SIM Round 2 - Maryland All-Payer Model ▪ Million Hearts Cardiovascular Risk Reduction Model
	Increase information available for effective informed decision-making by consumers and providers <ul style="list-style-type: none"> ▪ Information to providers in CMMI models ▪ Shared decision-making required by many models



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Collaboration with National Partners Measure Alignment Efforts

- CMS Quality Measure Development Plan
 - Highlight known measurement gaps and develop strategy to address these
 - Promote harmonization and alignment across programs, care settings, and payers
 - Assist in prioritizing development and refinement of measures
 - Public Comment period closed March 1st, final report published May 2nd
- Core Measures Sets released February 16th
 - ACOs, Patient Centered Medical Homes (PCMH), and Primary Care
 - Cardiology
 - Gastroenterology <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Core-Measures.html>
 - HIV and Hepatitis C
 - Medical Oncology
 - Obstetrics and Gynecology
 - Orthopedics


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Key CMS Priorities in health system transformation


3 goals for our health care system:

BETTER care
SMARTER spending
HEALTHIER people


Via a focus on 3 areas





Incentives



Care Delivery




Information Sharing



  **Affordable Care Act** → **MACRA**

Quality Payment Program

Origins of the Quality Payment Program: MACRA

- Bipartisan Legislation: the “Medicare Access and CHIP Reauthorization Act,” 2015
- Increases focus on quality of care delivered
 - Clear intent that outcomes needed to be rewarded, not number of services
 - Shifts payments away from number of services to overall work of clinicians
- Moving toward patient-centric health care system
- Replaces Sustained Growth Rate (SGR) formula



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Medicare Payments Prior to MACRA

Fee-for-service (FFS) payment system, where clinicians are paid based on **volume** of services, not **value**.

```

    graph LR
      A[Services provided] --> B[Medicare Fee Schedule]
      B --> C[Final payment to clinician]
      D[Physician Quality Reporting Program (PQR)] --> E[Adjustments]
      F[Value-Based Payment Modifier] --> E
      G[Medicare EHR Incentive Program] --> E
      E --> C
  
```

The diagram illustrates the Medicare payment process before MACRA. It starts with a clinician providing services, which are then processed through the Medicare Fee Schedule. This leads to adjustments from three programs: the Physician Quality Reporting Program (PQR), the Value-Based Payment Modifier, and the Medicare EHR Incentive Program. These adjustments are then applied to the final payment to the clinician.

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Quality Payment Program

MACRA changes how Medicare pays clinicians.

- The Quality Payment Program policy will **reform Medicare Part B payments** for more than 600,000 clinicians across the country, and is a major step in improving care across the entire health care delivery system

```

    graph LR
      A[Services provided] --> B[Medicare Fee Schedule]
      B --> C[Final payment to clinician]
      D[The Quality Payment Program] --> E[Adjustments]
      E --> C
      subgraph D
        D1[The Merit-based Incentive Payment System (MIPS)]
        D2[Advanced Alternative Payment Models (APMs)]
        D1 --- or --- D2
      end
  
```

The diagram illustrates the Medicare payment process after MACRA. It shows the Medicare Fee Schedule leading to the final payment to the clinician, with adjustments from The Quality Payment Program. The Quality Payment Program is further divided into two options: The Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (APMs).

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Quality Payment Program

Learn About the Program Explore Measures Education & Tools

**FINAL RULE
RELEASED
10/14/16**

Quality Payment Program

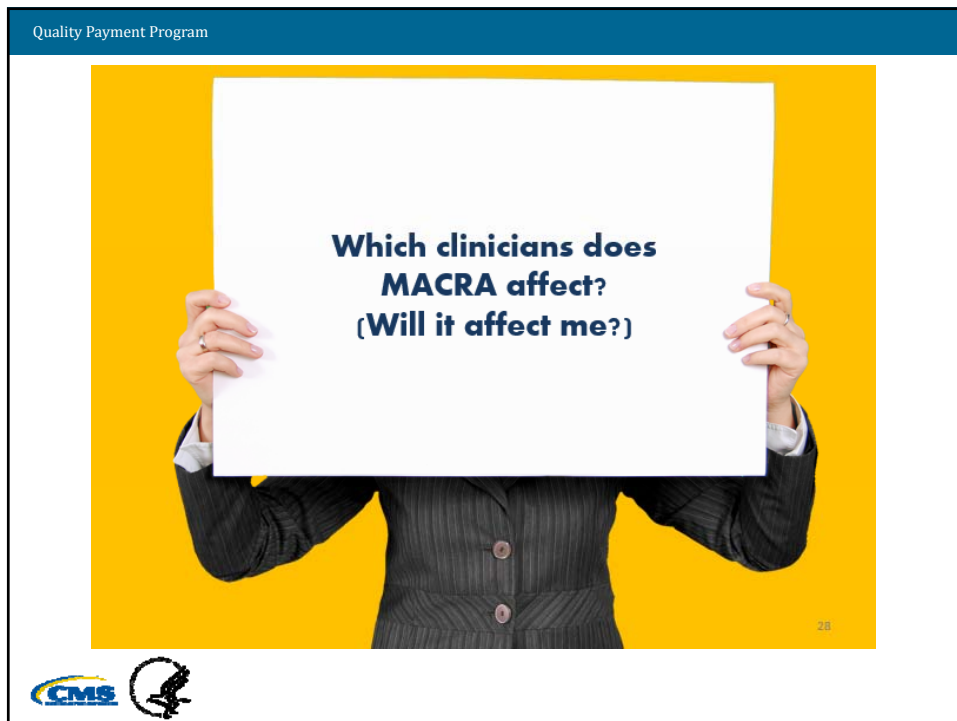
Modernizing Medicare to provide better care and smarter spending for a healthier America.





  <https://qpp.cms.gov>

Quality Payment Program

**Which clinicians does
MACRA affect?
(Will it affect me?)**



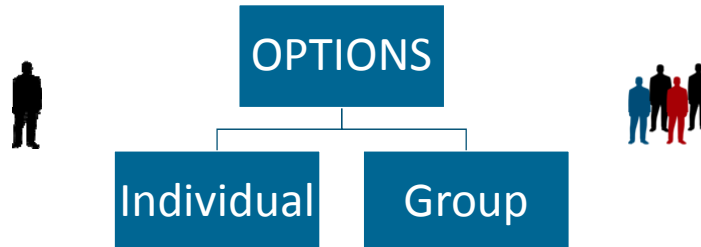
Who participates in the Quality Payment Program?

- **Medicare Part B eligible clinicians who:**
 - Bill more \$30,000 a year in Medicare charges **AND**
 - Provide care for more than 100 Medicare Part B patients in a given year
- Eligible clinicians:

Physicians
Physician Assistants
Nurse Practitioners
Clinical Nurse Specialists
Certified Registered Nurse Anesthetists



How Do Clinicians Participate?



1. **Individual:** under an NPI 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 a MIPS APM entity

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





Quality Payment Program

When Will Clinicians Learn If They Are Eligible?

<p>December 2016</p> <div style="background-color: #0070C0; color: white; padding: 20px; text-align: center; border: 1px solid #0070C0;"> <p>CMS begins to contact clinicians</p> </div>	<p>January 2017</p> <div style="background-color: #0070C0; color: white; padding: 20px; text-align: center; border: 1px solid #0070C0;"> <p>NPI Lookup Tool available on Quality Payment Program Online Portal</p> </div>
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In the meantime:

- Review your Quality and Resource Use Report (QRUR)
 - <https://portal.cms.gov>
- Update your Provider Information (NPI, PECOS, etc.)



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Quality Payment Program

The Quality Payment Program




The Quality Payment Program has two tracks you can choose from:

<p>Advanced Alternative Payment Models (APMs)</p> <p>If you decide to take part in an Advanced APM, you may earn a Medicare incentive payment for participating in an innovative payment model.</p>	or	<p>The Merit-based Incentive Payment System (MIPS)</p> <p>If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS.</p>
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Quality Payment Program



One Path to Quality:

The Merit-based Incentive Payment System (MIPS)

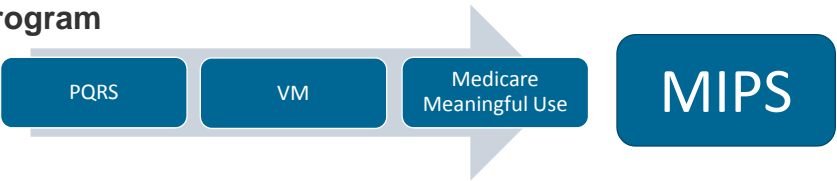


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Quality Payment Program

What Is MIPS?

Combines legacy programs into single, improved reporting program




Program Phase Out

2016

2018

Last Performance Period under Legacy Programs

End of Payment Adjustments under Legacy Programs



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Quality Payment Program

What Is MIPS?

<https://qpp.cms.gov>

Performance Categories:

- Reporting standards align with Alternative Payment Models when possible
- Many measures align with those being used by private insurers

Clinicians will be **reimbursed under Medicare Part B based on this Performance Score**

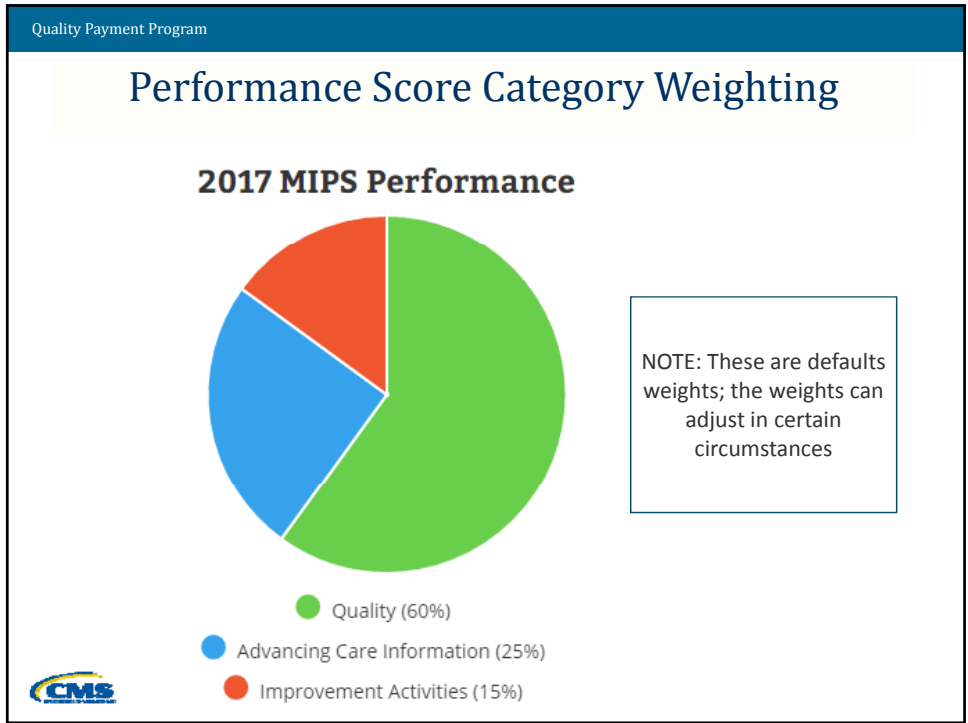
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MIPS Performance Categories

Quality	Improvement Activities	Advancing Care Information	Cost
Replaces PQRS	New category	Replaces Meaningful Use	Uses measures from the Value Modifier Program
Select 6 measures	Shared decision making	More flexible	No reporting requirement
	Patient Safety	Choose measures that fit your practice and patient population	
	Care Coordination		
	Access		

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Quality Payment Program


MIPS Performance Category: Quality –Reporting

Individual clinicians may report through:

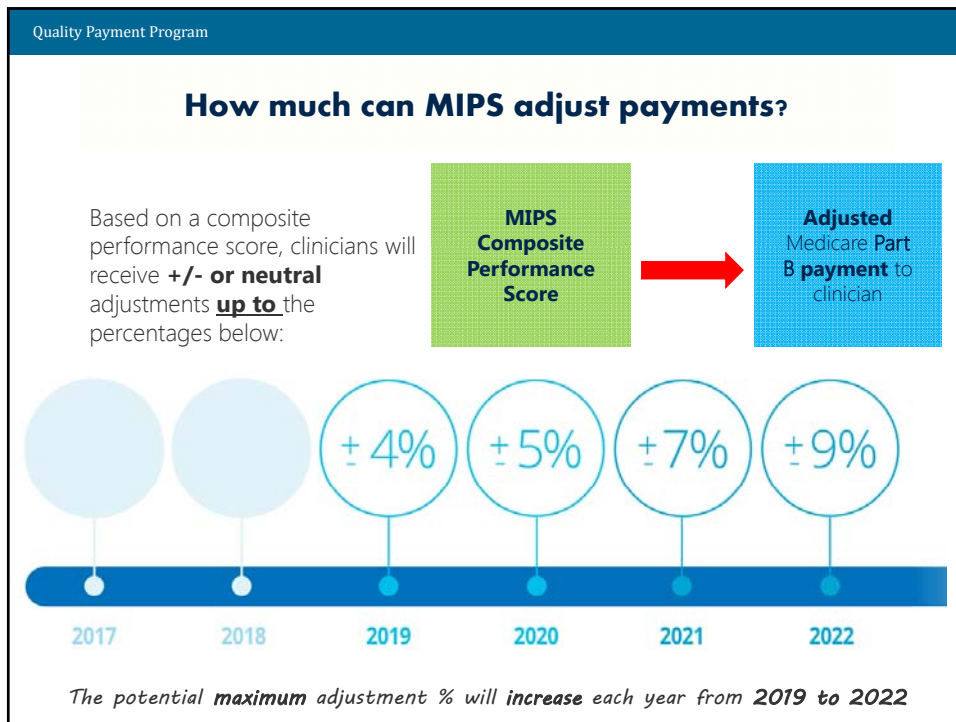
- Qualified Registry
- Electronic Health Record (EHR)
- Qualified Clinical Data Registry (QCDR)
- Claims

Groups may report measures through:

- Qualified Registry
- EHR
- QCDR
- CMS Web Interface (groups of 25 or more)
- CAHPS for MIPS Survey
 - Counts as 1 patient experience measure
 - Must submit 5 other measures through a different mechanism above

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Quality Payment Program

Take note:

- Changes under MACRA related to the Quality Payment Program **do not affect** the **Medicaid** OR **Hospital** EHR Incentive programs
- For clinicians at **FQHCs** and **RHCs**:
 - Services rendered** by an eligible clinician, **under the RHC or FQHC methodology, will not be subject** to the MIPS payments adjustments
 - These clinicians have the option to voluntarily report on applicable measures and activities for MIPS
- To the extent a **Tribal/IHS** health facility qualifies as either a FQHC or RHC, this

Quality Payment Program

The Timeline for the Quality Payment Program

When does the Quality Payment Program start?

You get to pick your pace for the Quality Payment Program. If you're ready, you can begin January 1, 2017 and start collecting your performance data. If you're not ready on January 1, you can choose to start anytime between January 1 and October 2, 2017. Whenever you choose to start, you'll need to send in your performance data by March 31, 2018.

The first payment adjustments based on performance go into effect on January 1, 2019.

<https://qpp.cms.gov>

Quality Payment Program

Pick Your Pace during the Transitional Year

Participate in an Advanced Alternative Payment Model	MIPS		
	Test Pace	Partial Year	Full Year
	 <small>Submit Something</small>	 <small>Submit a Partial Year</small>	 <small>Submit a Full Year</small>
<ul style="list-style-type: none"> Some practices may choose to participate in an Advanced Alternative Payment Model in 2017 	<ul style="list-style-type: none"> Submit some data after January 1, 2017 Neutral or small payment adjustment 	<ul style="list-style-type: none"> Report for 90-day period after January 1, 2017 Small positive payment adjustment 	<ul style="list-style-type: none"> 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.

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Choosing to Test for 2017

- Submit a minimum amount of 2017 data to Medicare
 - 1 Quality Measure
(timeframe and amount of data based on measure specifications)
 - OR
 - 1 Improvement Activity
(timeframe and amount of data based on measure specifications)
 - OR
 - 5 required Advancing Care Information Measures
- If you test, you can avoid a reimbursement penalty in 2019



Submit Something



Partial Participation for 2017

- Submit 90 days of 2017 data to Medicare
 - More than 1 Quality Measure,
 - More than 1 Improvement Activity, or
 - More than the 5 required Advancing Care Information measures
- You may earn a neutral or small positive payment adjustment
- If you're not ready on January 1, **you can choose to start anytime between January 1 and October 2, 2017**
- **Send in performance data by March 31, 2018**



Submit a Partial Year



Full Participation for 2017



Submit a Full Year

- Submit a full year of 2017 data to Medicare
- You may earn a moderate positive payment adjustment
- To earn the largest positive adjustment is to participate fully in the program by submitting information in all the MIPS performance categories.

Key Takeaway:

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



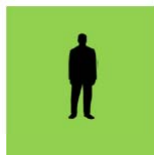
Who is excluded from MIPS?



FIRST year of Medicare Part B participation

- **Newly-enrolled Medicare clinicians**

- Clinicians who enroll in Medicare for the first time during a performance period are exempt from reporting on measures and activities for MIPS until the following performance year.



Below low patient volume threshold


- **Clinicians below the low-volume threshold**

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




- **Clinicians significantly participating in**

Quality Payment Program



Another Path to Quality:

Advanced Alternative Payment Models (APMs)



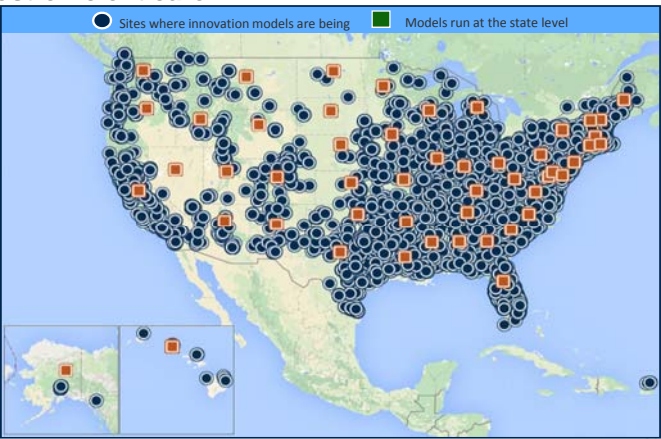

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Alternative Payment Models (APMs)

- A payment approach, developed in partnership with the clinician community, that **provides added incentives to clinicians to provide high-quality and cost-efficient care**

APMs can apply to a specific clinical condition, a care episode, or a population.

Quality Payment Program

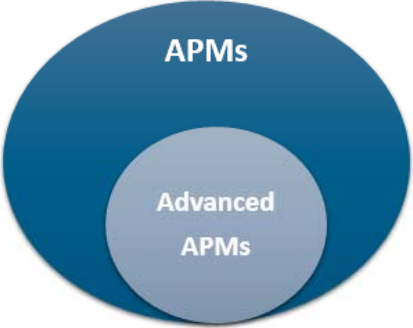
Advanced Alternative Payment Models


- Advanced Alternative Payment Models (Advanced APMs) enable clinicians and practices to earn greater rewards for taking on some risk related to their patients' outcomes.

Advanced APMs

**Advanced APM-specific rewards
+
5% lump sum incentive**

Advanced APMs are a Subset of APMs





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Advanced APMs Must Meet Certain Criteria

To be an Advanced APM, the following three requirements must be met.

The APM:

1


Requires participants to use **certified EHR technology**;

2

Provides payment for covered professional services based on **quality measures** comparable to those used in the MIPS quality performance category; and

3

Either: (1) is a **Medical Home Model expanded** under CMS Innovation Center authority OR (2) requires **participants to bear a more than nominal amount of financial risk.**



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Advanced APMs in 2017

For the **2017 performance year**, the following models are Advanced APMs:

Comprehensive End Stage Renal Disease Care Model (Two-Sided Risk Arrangements)	Comprehensive Primary Care Plus (CPC+)
Shared Savings Program Track 2	Shared Savings Program Track 3
Next Generation ACO Model	Oncology Care Model (Two-Sided Risk Arrangement)

The list of Advanced APMs is posted at [HTTPS://QPP.CMS.GOV](https://qpp.cms.gov) and will be updated with new announcements on an ad hoc basis.



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Quality Payment Program

If you participate as a **qualifying participant (QP)** in an **Advanced APM**, you are exempt from MIPS

25% in 2019 and 2020


You must have a **certain %** of your patients or payments through an **advanced APM**.

Advanced APM → QP

QPs will:

- Be excluded from MIPS
- Receive a 5% lump sum bonus

Bonus applies in 2019-2024; then will receive higher fee schedule update starting in 2026



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What if Clinicians do not Meet the QP Payment or Patient Thresholds?

- Clinicians who participate to some extent in Advanced APMs, but do not meet the QP thresholds for the QP Performance Period, may be eligible to become “Partial” Qualifying APM Participants (Partial QP).
- Allows Partial QPs to choose to opt-in as an eligible clinician to the Merit-based Incentive Payment System.
 - Partial QPs will receive a MIPS Final Score and be subject to a MIPS positive or negative payment adjustment



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When Will Clinicians Learn their QP Status?



- Reaching the Qualifying APM Participant threshold at any one of the three QP determinations will result in QP status for the eligible clinicians in the Advanced APM Entity
- Eligible clinicians will be notified of their QP status after each QP snapshot.



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Quality Payment Program

Future Advanced APM Opportunities

- MACRA established the **Physician-Focused Payment Model Technical Advisory Committee (PTAC)** to review and assess Physician-Focused Payment Models based on proposals submitted by stakeholders to the committee.
- **In future performance years**, we anticipate that the following models will be Advanced APMs:


Comprehensive Care for Joint Replacement (CJR) Payment Model (CEHRT)

New Voluntary Bundled Payment Model

Advancing Care Coordination through Episode Payment Models Track 1 (CEHRT)

Vermont Medicare ACO Initiative (as part of the Vermont All-Payer ACO Model)

ACO Track 1+





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Participation in “MIPS APMs”


- Shared Savings Program Tracks 1, 2 and 3
- Next Generation ACO Model
- Comprehensive ESRD Care (CEC) Model (all arrangements)
- Oncology Care Model (OCM) (all arrangements)
- Comprehensive Primary Care Plus (CPC+) Model


Quality


Cost


Improvement Activities


Advancing Care Information




Quality Payment Program

Will Participation in APMs with other Payers count?


Yes, starting in **2021**, participation in **some** of these APMs with other non-Medicare payers can **count toward** criteria to be a QP.

“Combination all-payer & Medicare threshold option”


IF the APMs meet criteria similar to those for advanced APMs run by CMS:





**Certified
EHR use**



**Quality
Measures**



**Financial
Risk**



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Quality Payment Program

The Quality Payment Program



The Quality Payment Program has two tracks you can choose from:

Advanced Alternative Payment Models (APMs)

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

or

The Merit-based Incentive Payment System (MIPS)

If you decide to participate in traditional Medicare, you may earn a performance-based payment adjustment through MIPS.




Easier Access for Small Practices

Small practices will be able to successfully participate in the Quality Payment Program

Why?

- Reducing the time and cost to participate
- Providing an on-ramp to participating through Pick Your Pace
- Increasing the opportunities to participate in Advanced APMs
- Conducting technical support and outreach to small practices through the forthcoming [QPP Small, Rural and Underserved Support Program](#) as well as through the [Transforming Clinical Practice Initiative](#).



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Small, Rural and Health Professional Shortage Areas (HPSAs) Exceptions

- Established low-volume threshold excludes a clinician if they:
 - Bill \$30,000 or less in Medicare Part B allowed charges **OR** see 100 or fewer Medicare patients in a given year
- Reduced requirements for Improvement Activities performance category
 - One high-weighted activity **OR** Two medium-weighted activities
- Increased ability for clinicians practicing at Critical Access Hospitals, Rural Health Clinics and Federally Qualified Health Centers to qualify as a Qualifying APM Participant (QP).

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Quality Payment Program

NEXT STEPS

What do I need to do now?



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Quality Payment Program

When Will Clinicians Learn If They Are Eligible for MIPS?

December 2016	January 2017
CMS begins to contact clinicians	NPI Lookup Tool available on Quality Payment Program Online Portal

In the meantime:

- Review your Quality and Resource Use Report (QRUR)
 - <https://portal.cms.gov>
- Update your Provider Information (NPI, PECOS, etc.)



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Quality Payment Program

Website: <https://qpp.cms.gov>

Quality Payment Program Learn About the Program Explore Measures Education & Tools



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Modernizing Medicare to provide better care and smarter spending for a healthier America.



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Program Performance Quality Measures Advancing Care Information Program Performance Quality Measures Advancing Care Information Improvement Activities

MIPS Overview

Use this tool to browse the different MIPS measures and activities.

Note: This tool is only for informational and estimation purposes. You can't use it to submit or attest to measures or activities.

Quality Measures


Instructions



1. Review and select measures that best fit your practice.
2. Add up to six measures from the list below, including one outcome measure. You can use the search and filters to help find the measures that meet your needs or specialty.
3. If an outcome measure is not available that is applicable to your specialty or practice, choose another high priority measure.
4. Download a CSV file of the measures you have selected for your records.

Groups in APMs qualifying for special scoring standards under MIPS, such as Shared Savings Program Track 1 or the Oncology Care Model: Report quality measures through your APM. You do not need to do anything additional for the MIPS quality category.

Note: This tool is only for informational and estimation purposes. You can't use it to submit or attest to measures or activities.

2017 MIPS Performance



Category	What do you need to do?
 Quality Replaces the Physician Quality Reporting System (PQRS)	<p>Most participants: Report up to 6 quality measures for a minimum of 90 days.</p> <p>Groups using the web interface: Report up to 6 quality measures for a minimum of 90 days.</p> <p>Groups in APMs qualifying for special scoring standards under MIPS, such as Shared Savings Program Track 1 or the Oncology Care Model: Report quality measures through your APM. You do not need to do anything additional for the MIPS quality category.</p>
 Improvement Activities New category	<p>Most participants: Attest that you completed a minimum of 90 days.</p> <p>Groups with fewer than 15 participants in a professional shortage area: Attest that you completed a minimum of 90 days.</p> <p>Participants in certified patient-centered medical homes, or an APM designated as a patient-centered medical home: Earn full credit.</p>

Select Measures

Search All by Keyword: Filter By: High Priority Measure Data Submission Method Specialty Measure Set


Showing 271 Measures

- Acute Otitis Externa (AOE), Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use ADD
- Acute Otitis Externa (AOE), Topical Therapy ADD
- ADHD, Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication ADD

Selected Measures

0 Measures Added

Once you select measures they will appear here.



<https://qpp.cms.gov>

Quality Payment Program [Learn About the Program](#) [Explore Measures](#) [Education & Tools](#)

Education & Tools

Welcome to the Quality Payment Program. Get the most success in the Quality Payment Program.

Downloadable Resources

- Quality Payment Program Fact Sheet
UPDATED OCTOBER 14TH, 2016
- MIPS Fact Sheet
UPDATED OCTOBER 14TH, 2016
- Advanced APM Fact Sheet
UPDATED OCTOBER 14TH, 2016
- Small Practice Fact Sheet
UPDATED OCTOBER 14TH, 2016
- Where to Find Help
UPDATED OCTOBER 14TH, 2016

Read the Official Rule

Read the official Medicare Access and Reinvestment and Innovation Act (MACRA) rule.

- Read the Legislation
UPDATED OCTOBER 14TH, 2016

Video Library

- Delivery System Reform: Paying for What Works

Webinars and Educational Programs

- Upcoming webinars about the MACRA proposed rule

Official Rule & Legislation

Learn more about the Quality Payment Program.

- Read the Executive Summary
UPDATED OCTOBER 14TH, 2016
- Learn more about Improving Medicare Access and APMS
UPDATED OCTOBER 14TH, 2016

Need Help

The Quality Payment Program Service Center is available to help.
1-866-288-8912
TTY: 1-877-715-6222
Available Monday-Friday, 8:00AM - 8:00PM Eastern Time

Questions


Send us your questions about the Quality Payment Program to QPP@cms.hhs.gov

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<https://qpp.cms.gov>



Quality Payment Program

NEXT STEPS

Where can I go to learn more?



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Quality Payment Program

What Support Is Available to Clinicians? Integrated Technical Assistance Program

- **Full-service, expert help**
 - Quality Payment Program Service Center
 - Quality Innovation Network/Quality Improvement Organizations
 - Quality Payment Program — Small, Underserved, and Rural Support
 - Transforming Clinical Practice Initiative
 - APM Learning Networks
- **Self-service**
 - QPP Online Portal

All support is FREE to clinicians

<https://qpp.cms.gov/education>



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Quality Payment Program

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.

 [Locate the PTNs and SANs in your state](#)

SMALL & SOLO PRACTICES
Small, Underserved Rural Support Technical Assistance




- 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.
- Organizations selected to provide this technical assistance will be available in late 2016.

LARGE PRACTICES
Quality Innovation Network-Quality Improvement Organizations (QIN-QIO) Education and Support

- 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.
1-866-788-8292 TTY: 1-877-715-6222 QPP@cms.hhs.gov
-  **Advanced Alternative Payment Model (APM) Learning Networks**
Helps clinicians share best practices for success, and move through stages of transformation to successful participation in APMs.



Quality Payment Program


Quality Payment Program: Upcoming learning opportunities

Video Library **Webinars and Educational Programs**

[Delivery System Reform: Paying for What Works](#) [Webinars About the Quality Payment Program](#)

- [Medicare Access and CHIP Reauthorization Act of 2015 Final Rule](#)
- Wednesday, October 26, 2016
2:00 - 3:00 PM Eastern Time
- [Quality Payment Program Final Rule MLN Connection](#)
- Tuesday, November 15, 2016
1:30 - 3:00 PM Eastern Time

Additional webinars recorded and available for download!

 <https://qpp.cms.gov/education>

Quality Payment Program

CMS wants your feedback!

Quality Payment Program [Learn About the Program](#) [Explore Measures](#) [Education & Tools](#)

Education & Tools
Welcome to the Quality Payment Program Education & Tools resource library. We have a variety of resources to help you understand the program and achieve success in the Quality Payment Program.

Read the Official Rule
Learn more about the Quality Payment Program through the final rule with:

Public Inspection: October 19, 2016
Publication: November 4, 2016.
Effective Date: January 1, 2017.
Comment Period Closes: December 19, 2016.

[Read the Final Rule](#)
UPDATED OCTOBER 14TH, 2016

[Read the Executive Summary of the Rule](#)
UPDATED OCTOBER 14TH, 2016

Forward Together
We're working together towards a big goal, so we're starting slow. We are listening and want your input on how to improve the Quality Payment Program.
As the program grows, so does the possibility to be rewarded for providing better care. These kinds of smarter payments give you more time to spend with your patients and to care for them in the way you think is best.

Subscribe to Updates
Receive the latest Quality Payment Program email updates.

[Subscribe](#)

<https://qpp.cms.gov>

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Quality Payment Program



Quality Payment Program: How to get help

Need Help	Questions
<p>The Quality Payment Program Service Center is available to help.</p> <p>1-866-288-8912 TTY: 1-877-715-6222</p> <p>Available Monday-Friday; 8:00AM - 8:00PM Eastern Time</p>	<p>Send us your questions about the Quality Payment Program to</p> <p>QPP@cms.hhs.gov</p>

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Questions?



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