Quality Payment
PROGRAM

MERIT-BASED INCENTIVE PAYMENT SYSTEM YEAR 3 (2019) FINAL RULE OVERVIEW

MOLLY MACHARRIS, CCSQ
ANGELA FOSTER, CCSQ
DAVID NILASENA, CQISCO

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Presentation Overview

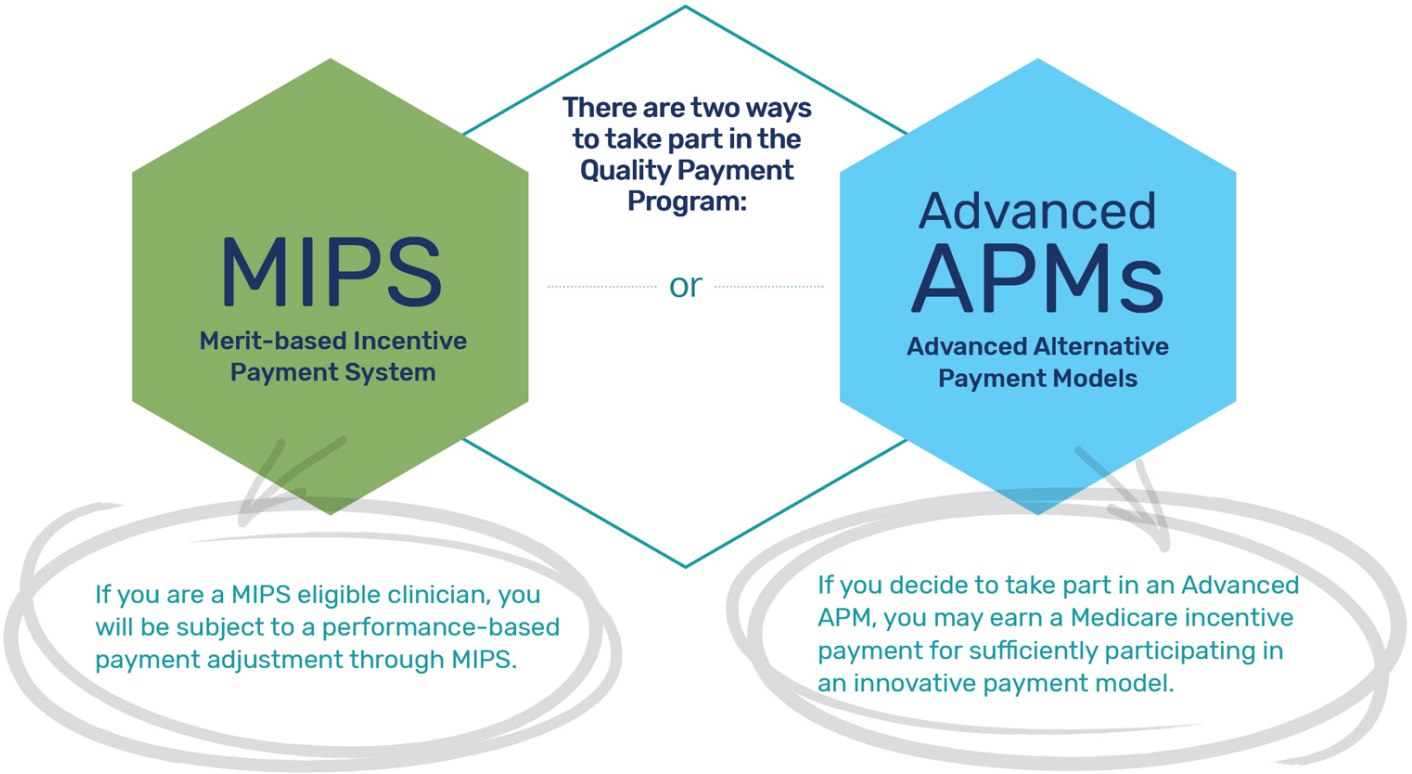
- Quality Payment Program Overview
- Merit-based Incentive Payment System (MIPS) Overview
- Final rule for Year 3 (2019) – MIPS
  - Eligibility
  - Reporting Options and Data Submission
  - Performance Categories and Measures
  - Additional Bonuses, Performance Threshold, and Payment Adjustments
- ACCME Perspective
- Quality Payment Program – Help & Support

QUALITY PAYMENT PROGRAM

Overview

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:



Quality Payment Program

Considerations

- Improve beneficiary outcomes
- Reduce burden on clinicians
- Increase adoption of Advanced APMs
- Maximize participation
- Improve data and information sharing
- Ensure operational excellence in program implementation
- Deliver IT systems capabilities that meet the needs of users

Quick Tip: For additional information on the Quality Payment Program, please visit qpp.cms.gov

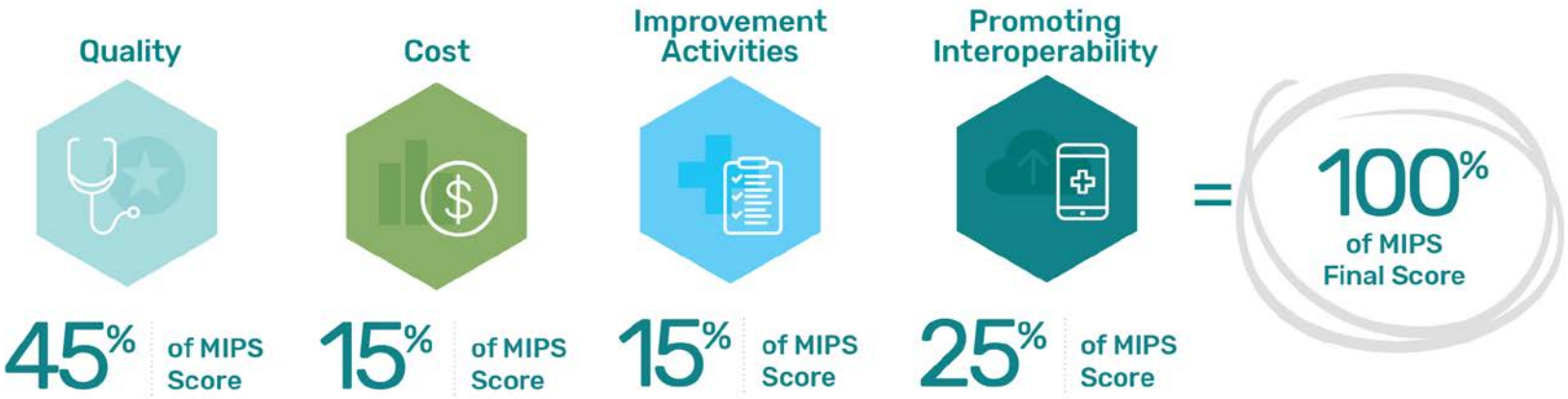
MERIT-BASED INCENTIVE PAYMENT SYSTEM (MIPS)

Overview

Merit-based Incentive Payment System (MIPS)

Quick Overview

MIPS Performance Categories



- Comprised of **four** performance categories
- 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**

Merit-based Incentive Payment System (MIPS)

Timeline

2019
Performance Year

- Performance period opens January 1, 2019
- Closes December 31, 2019
- Clinicians care for patients and record data during the year

March 31, 2020
Data Submission

- Deadline for submitting data is March 31, 2020
- Clinicians are encouraged to submit data early

Feedback

- CMS provides performance feedback after the data is submitted
- Clinicians will receive feedback before the start of the payment year

January 1, 2021
Payment Adjustment

- MIPS payment adjustments are prospectively applied to each claim beginning January 1, 2021

FINAL RULE FOR YEAR 3 (2019) - MIPS

Eligibility

MIPS Year 3 (2019) Final

MIPS Eligible Clinician Types

Year 2 (2018) Final

MIPS eligible clinicians include:

- Physicians
- Physician Assistants
- Nurse Practitioners
- Clinical Nurse Specialists
- Certified Registered Nurse Anesthetists
- Groups of such clinicians

Year 3 (2019) Final

MIPS eligible clinicians include:

- Same five clinician types from Year 2 (2018)

AND:

- Clinical Psychologists
- Physical Therapists
- Occupational Therapists
- Speech-Language Pathologists*
- Audiologists*
- Registered Dieticians or Nutrition Professionals*

**We modified our proposals to add these additional clinician types for Year 3 as a result of the significant support we received during the comment period*

MIPS Year 3 (2019) Final

Low-Volume Threshold Determination

How does CMS determine if I am included in MIPS in Year 3 (2019)?

1. Be a MIPS eligible clinician type

2. Exceed **all three elements** of the low-volume threshold criteria:

   - ✓ Bill more than $90,000 a year in allowed charges for covered professional services under the Medicare Physician Fee Schedule (PFS)

   AND

   - ✓ Furnish covered professional services to more than 200 Medicare Part B beneficiaries

   AND

   - ✓ Provide more than 200 covered professional services under the PFS *(New)*

MIPS Year 3 (2019) Final

Low-Volume Threshold Determination

What happens if I am excluded, but want to participate in MIPS?

You have two options:

1. Voluntarily participate

   - You'll submit data to CMS and receive performance feedback
   - You will not receive a MIPS payment adjustment

2. Opt-in *(Newly added for Year 3)*

   - Opt-in is available for MIPS eligible clinicians who are excluded from MIPS based on the low-volume threshold determination
   - If you are a MIPS eligible clinician and meet or exceed at least one, but not all, of the low-volume threshold criteria, you may opt-in to MIPS
   - If you opt-in, you'll be subject to the MIPS performance requirements, MIPS payment adjustment, etc.

MIPS Year 3 (2019) Final

Opt-in Policy

- MIPS eligible clinicians who meet or exceed at least one, but not all, of the low-volume threshold criteria may choose to participate in MIPS

MIPS Opt-in Scenarios

Dollars	Beneficiaries	Professional Services (*New*)	Eligible for Opt-in?
≤ 90K	≤ 200	≤ 200	No – excluded
≤ 90K	≤ 200	> 200	Yes (may also voluntarily report or not participate)
> 90K	≤ 200	≤ 200	Yes (may also voluntarily report or not participate)
> 90K	≤ 200	>200	Yes (may also voluntarily report or not participate)
≤ 90K	> 200	> 200	Yes (may also voluntarily report or not participate)
> 90K	> 200	> 200	No – required to participate

MIPS Year 3 (2019) Final

MIPS Determination Period

Year 2 (2018) Final

Low Volume Threshold Determination Period:

- First 12-month segment: Sept. 1, 2016-Aug. 31, 2017 (including 30-day claims run out)
- Second 12-month segment: Sept. 1, 2017 to Aug. 31, 2018 (including a 30-day claims run out)

Special Status

- Use various determination periods to identify MIPS eligible clinicians with a special status and apply the designation.
- Special status includes:
  - Non-Patient Facing
  - Small Practice
  - Rural Practice
  - Health Professional Shortage Area (HPSA)
  - Hospital-based
  - Ambulatory Surgical Center-based (ASC-based)

Year 3 (2019) Final

Change to the MIPS Determination Period:

- First 12-month segment: Oct. 1, 2017-Sept. 30, 2018 (including a 30-day claims run out)
- Second 12-month segment: Oct. 1, 2018-Sept. 30, 2019 (does not include a 30-day claims run out)
- Goal: consolidate the multiple timeframes and align the determination period with the fiscal year
- Goal: streamlined period will also identify MIPS eligible clinicians with the following special status:
  - Non-Patient Facing
  - Small Practice
  - Hospital-based
  - ASC-based

Note: Rural and HPSA status continue to apply in 2019

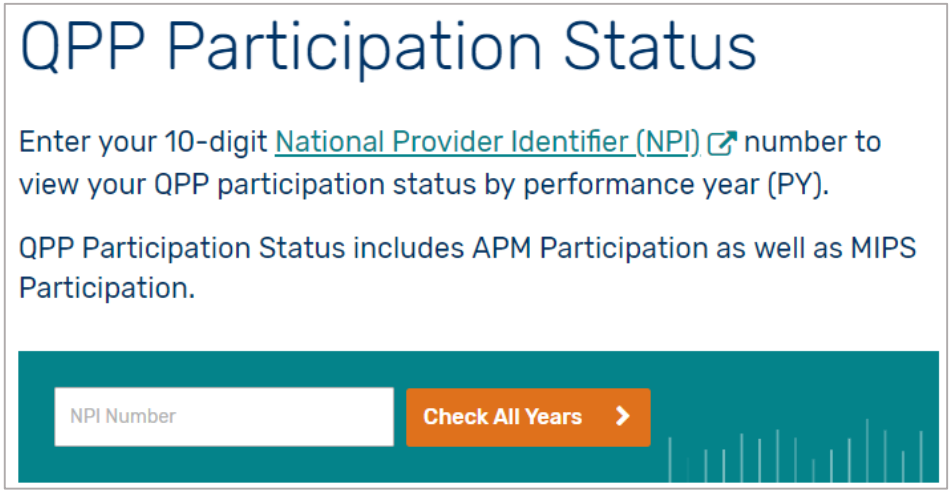
Quick Tip: MIPS eligible clinicians with a special status are included in MIPS and qualify for special rules. Having a special status does not exempt a clinician from MIPS.

Merit-based Incentive Payment System (MIPS)

MIPS Eligibility Determinations

Is There Somewhere I can go to Check my MIPS Status?

- You can check your participation status using the National Provider Identifier (NPI) Look-up Tool on qpp.cms.gov



- We also encourage you to review the 2019 MIPS Participation and Eligibility fact sheet for additional information

FINAL RULE FOR YEAR 3 (2019) - MIPS

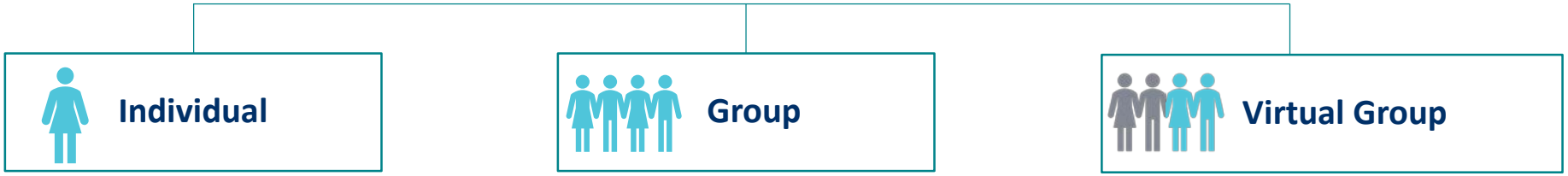
Reporting Options and Data Submission

MIPS Year 3 (2019) Final

Reporting Options

What are my reporting options if I am required to participate in MIPS?

Same reporting options as Year 2. Clinicians can report as an/part of a:



1. As an 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

MIPS Year 3 (2019) Final

Submitting Data - Collection, Submission, and Submitter Types

What do I need to know about submitting my performance data?

- For Year 3 (2019), we have revised existing terms and defined additional terminology to help clarify the process of submitting data:
  - Collection Types
  - Submission Types
  - Submitter Types

Why did you make this change?

- In Year 2 (2018), we used the term "submission mechanism" all-inclusively when talking about:
  - The method by which data is submitted (e.g., registry, EHR, attestation, etc.)
  - Certain types of measures and activities on which data are submitted
  - Entities submitting such data (i.e., third party intermediaries submitting on behalf of a group)
- We found that this caused confusion for clinicians and those submitting on behalf of clinicians

MIPS Year 3 (2019) Final

Collection, Submission, and Submitter Types - Example

Data Submission for MIPS Eligible Clinicians Reporting as Individuals

Performance Category	Submission Type	Submitter Type	Collection Type
 Quality	• Direct • Log-in and Upload • Medicare Part B Claims (small practices only)	• Individual • Third Party Intermediary	• eCQMs • MIPS CQMs • QCDR Measures • Medicare Part B Claims Measures (small practices only)
 Cost	• No data submission required	• Individual	-
 **Improvement** Activities	• Direct • Log-in and Upload • Log-in and Attest	• Individual • Third Party Intermediary	-
 **Promoting** Interoperability	• Direct • Log-in and Upload • Log-in and Attest	• Individual • Third Party Intermediary	-

MIPS Year 3 (2019) Final

Collection, Submission, and Submitter Types - Example

Data Submission for MIPS Eligible Clinicians Reporting as Groups

Performance Category	Submission Type	Submitter Type	Collection Type
 Quality	• Direct • Log-in and Upload • CMS Web Interface (groups of 25 or more eligible clinicians) • Medicare Part B Claims (small practices only)	• Group • Third Party Intermediary	• eCQMs • MIPS CQMs • QCDR Measures • CMS Web Interface Measures • CMS Approved Survey Vendor Measure • Administrative Claims Measures • Medicare Part B Claims (small practices only)
 Cost	• No data submission required	• Group	-
 Improvement Activities	• Direct • Log-in and Upload • Log-in and Attest	• Group • Third Party Intermediary	-
 Promoting Interoperability	• Direct • Log-in and Upload • Log-in and Attest	• Group • Third Party Intermediary	-

FINAL RULE FOR YEAR 3 (2019) - MIPS

Performance Categories

MIPS Year 3 (2019) Final

Performance Periods

Year 2 (2018) Final

Performance Category	Performance Period
Quality	12-months
Cost	12-months
Improvement Activities	90-days
Promoting Interoperability	90-days

Year 3 (2019) Final - *No Change*

Performance Category	Performance Period
Quality	12-months
Cost	12-months
Improvement Activities	90-days
Promoting Interoperability	90-days

MIPS Year 3 (2019) Final

Performance Category Weights

Year 2 (2018) Final

Performance Category	Performance Category Weight
Quality	50%
Cost	10%
Improvement Activities	15%
Promoting Interoperability	25%

Year 3 (2019) Final

Performance Category	Performance Category Weight
Quality	45%
Cost	15%
Improvement Activities	15%
Promoting Interoperability	25%

MIPS Year 3 (2019) Final

Quality Performance Category

Basics:

- **45%** of Final Score in 2019
- You select 6 individual measures
  - 1 must be an outcome measure
    OR
  - High-priority measure
- If less than 6 measures apply, then report on each applicable measure
- You may also select a specialty-specific set of measures

Meaningful Measures

- Goal: The Meaningful Measures Initiative is aimed at identifying the highest priority areas for quality measurement and quality improvement to assess the core quality of care issues that are most vital to advancing our work to improve patient outcomes
- For 2019, we are:
  - Removing 26 quality measures, including those that are process, duplicative, and/or topped-out
  - Adding 8 measures (4 Patient-Reported Outcome Measures), 6 of which are high-priority
- Total of 257 quality measures for 2019

MIPS Year 3 (2019) Final

Quality Performance Category

Basics:

- **45%** of Final Score in 2019
- You select 6 individual measures
  - 1 must be an outcome measure
    OR
  - High-priority measure
- If less than 6 measures apply, then report on each applicable measure
- You may also select a specialty-specific set of measures

Bonus Points

Year 2 (2018) Final	Year 3 (2019) Final
• 2 points for outcome or patient experience • 1 point for other high-priority measures • 1 point for each measure submitted using electronic end-to-end reporting • Cap bonus points at 10% of category denominator	**Same requirements** as Year 2, with the following changes: • Add **small practice bonus** of **6 points** for MIPS eligible clinicians in small practices who submit data on at least 1 quality measure • Updated the definition of high-priority to include the opioid-related measures

Quick Tip: A small practice is defined as 15 or fewer eligible clinicians

MIPS Year 3 (2019) Final

Cost Performance Category

Basics:

- **15%** of Final Score in 2019
- Measures:
  - Medicare Spending Per Beneficiary (MSPB)
  - Total Per Capita Cost
  - **Adding** 8 episode-based measures
- No reporting requirement; data pulled from administrative claims
- No improvement scoring in Year 3

Measure Case Minimums

Year 2 (2018) Final	Year 3 (2019) Final
• Case minimum of 20 for Total per Capita Cost measure and 35 for MSPB	**Same requirements** as Year 2, with the following additions: • Case minimum of 10 for procedural episodes • Case minimum of 20 for acute inpatient medical condition episodes

MIPS Year 3 (2019) Final

Promoting Interoperability Performance Category

Basics:

- **25%** of Final Score in 2019
- Must use **2015 Edition Certified EHR Technology** (CEHRT) in 2019
- New performance-based scoring
- 100 total category points

Reporting Requirements

Year 2 (2018) Final	Year 3 (2019) Final
• Comprised of a base, performance, and bonus score • Must fulfill the base score requirements to earn a Promoting Interoperability score	• Eliminated the base, performance, and bonus scores • **New performance-based scoring** at the individual measure level • Must report the required measures under each Objective, or claim the exclusions if applicable

MIPS Year 3 (2019) Final

Promoting Interoperability Performance Category

Basics:

- **25%** of Final Score in 2019
- Must use **2015 Edition Certified EHR Technology** (CEHRT) in 2019
- New performance-based scoring
- 100 total category points

Objectives and Measures

Year 2 (2018) Final	Year 3 (2019) Final
• Two measure set options for reporting based on the MIPS eligible clinician's edition of CEHRT (either 2014 or 2015)	• One set of Objectives and Measures based on 2015 Edition CEHRT • Four Objectives: e-Prescribing, Health Information Exchange, Provider to Patient Exchange, and Public Health and Clinical Data Exchange • Added two new measures to the e-Prescribing Objective: Query of Prescription Drug Monitoring Program (PDMP) and Verify Opioid Treatment Agreement

MIPS Year 3 (2019) Final

Promoting Interoperability Performance Category – Measures and Point Value

Objectives	Measures	Maximum Points
e-Prescribing	• e-Prescribing	• 10 points
	• Query of Prescription Drug Monitoring Program (PDMP) (new)	• 5 bonus points
	• Verify Opioid Treatment Agreement (new)	• 5 bonus points
Health Information Exchange	• Support Electronic Referral Loops by Sending Health Information (formerly Send a Summary of Care)	• 20 points
	• Support Electronic Referral Loops by Receiving and Incorporating Health Information (new)	• 20 points
Provider to Patient Exchange	• Provide Patients Electronic Access to their Health Information (formerly Provide Patient Access)	• 40 points
Public Health and Clinical Data Exchange	• Immunization Registry Reporting • Electronic Case Reporting • Public Health Registry Reporting • Clinical Data Registry Reporting • Syndromic Surveillance Reporting	• 10 points

MIPS Year 3 (2019) Final

Promoting Interoperability Performance Category

Basics:

- **25%** of Final Score in 2019
- Must use **2015 Edition Certified EHR Technology** (CEHRT) in 2019
- New performance-based scoring
- 100 total category points

Scoring

To earn a score for the Promoting Interoperability Performance Category, a MIPS eligible clinician must:

1. User CEHRT for the performance period (90-days or greater)
2. Submit a "yes" to the Prevention of Information Blocking Attestation
3. Submit a "yes" to the ONC Direct Review Attestation
4. Submit a "yes" for the security risk analysis measure
5. Report the required measures under each Objective, or claim the exclusions if applicable

MIPS Year 3 (2019) Final

Improvement Activities Performance Category

- Improvement activities are activities that MIPS eligible clinicians, organizations and relevant stakeholders have identified as improving clinical practice or care delivery. When effectively executed, these activities are likely to result in improved outcomes.

- The 100+ MIPS improvement activities are divided into the following nine subcategories:
  - Expanded Practice Access (EPA)
  - Population Management (PM)
  - Care Coordination (CC)
  - Beneficiary Engagement (BE)
  - Patient Safety and Practice Assessment (PSPA)
  - Achieving Health Equity (AHE)
  - Emergency Response and Preparedness (ERP)
  - Integrated Behavioral and Mental Health (BMH)
  - Participation in an APM

- **You don't have to pick activities from each of the nine subcategories or from a certain number of subcategories**; you should attest to the activities that are most meaningful to your practice.

MIPS Year 3 (2019) Final

Improvement Activities Performance Category

Basics:

- **15%** of Final Score in 2019
- Select Improvement Activities and attest "yes" to completing
- Activity weights remain the same:
  - Medium = 10 points
  - High = 20 points
- **Small practices, non-patient facing clinicians, and/or clinicians located in rural or HPSAs** continue to receive double-weight and report on no more than 2 activities to receive the highest score

Activity Inventory

- Added 6 new Improvement Activities
- Modified 5 existing Improvement Activities
- Removing 1 existing Improvement Activity
- **Total of 118** Improvement Activities for 2019

CEHRT Bonus

- Removed the bonus to align with the new Promoting Interoperability scoring requirements, which no longer consists of a bonus score component

MIPS Year 3 (2019) Final

Improvement Activities Performance Category

2019 Improvement Activities Inventory

- The complete list of the improvement activities for the 2019 performance year is available in the QPP Resource Library.

- You can also use the "Explore Measures" tool on the QPP website: https://qpp.cms.gov/mips/explore-measures/improvement-activities?py=2019#measures

MIPS Year 3 (2019) Final

Improvement Activities Performance Category

Improvement Activities Reporting Requirements in 2019

Reporting Requirements for Clinicians With or Without Special Statuses

Clinicians Who Do Not Qualify for Special Statuses

MIPS eligible clinicians in practices with >15 clinicians

- **2** high-weighted activities
- **1** high-weighted activity and **2** medium-weighted activities

or

Groups or Virtual Groups with >15 clinicians (not in a rural or HPSA-designated areas)

- **4** medium-weighted activities

Clinicians Who Qualify for Special Statuses

Groups or Virtual Groups with 15 or fewer clinicians, non-patient facing clinicians

- **1** high-weighted activity
- **2** medium-weighted activities

and/or

clinicians located in a rural area or HPSA

***Note:** When reporting as a group or virtual group, your small practice, non-patient facing, rural or HPSA designations must be granted at the group or virtual group level to qualify for the reduced reporting requirements described above. Specifically, more than 75% of the National Provider Identifiers (NPIs) billing under your group's Tax Identification Number (TIN) or virtual group's TINs must be designated as either non-patient facing, rural or located in a geographic HPSA. Non-patient facing determinations are made using claims and Medicare Provider Enrollment, Chain, and Ownership System (PECOS) data analyzed during the two segments of the MIPS determination period. Rural area and geographic HPSA determinations don't use the MIPS determination period.

MIPS Year 3 (2019) Final

Improvement Activities Performance Category

Basics:

- **15%** of Final Score in 2019
- Select Improvement Activities and attest "yes" to completing
- Activity weights remain the same:
  - Medium = 10 points
  - High = 20 points
- **Small practices, non-patient facing clinicians, and/or clinicians located in rural or HPSAs** continue to receive double-weight and report on no more than 2 activities to receive the highest score

Data Submission Types

- **Direct**: Transmit data through a computer-to-computer interaction, such as an Application Programming Interface (API).
- **Login and upload**: Upload and submit data in the form and manner specified by CMS with a set of authenticated credentials.
- **Login and attest**: Log in and manually attest to improvement activities data on qpp.cms.gov.

**New for 2019: Improvement Activities data may be submitted using multiple submission types. Consistent identifiers must be used.*

MIPS Year 3 (2019) Final

Improvement Activities Performance Category

Improvement Activities Performance Category Scoring in 2019

Improvement Activities Performance Category Score = (Total number of points scored for completed activities / Total maximum number of points (40)) x 100

Quick Tip: Maximum Score cannot exceed 100%

MIPS Year 3 (2019) Final

Improvement Activities Performance Category

Scoring Examples

- **Scenario 1**: You are a clinician in a large practice and complete one medium-weight Improvement Activity for 10 of 40 points in the category. **10 of 40 = 25% of available points for Improvement Activities.**

- **Scenario 2**: You are a clinician in a large practice and complete one high-weight Improvement Activity for 20 of 40 points in the category. **20 of 40 = 50% of available points for Improvement Activities**.

MIPS Year 3 (2019) Final

Improvement Activities Performance Category

Basics:

- **15%** of Final Score in 2019
- Select Improvement Activities and attest "yes" to completing
- Activity weights remain the same:
  - Medium = 10 points
  - High = 20 points
- **Small practices, non-patient facing clinicians, and/or clinicians located in rural or HPSAs** continue to receive double-weight and report on no more than 2 activities to receive the highest score

Receive IA Credit Through CMS Study

- "CMS Study on Factors Associated with Reporting Quality Measures"
  - Assesses causes of clinician burden associated with the collection and submission of MIPS quality measures
  - Participation is voluntary
- To meet 2019 study requirements, participants must:
  - Partake in two web-based survey questionnaires
  - Submit data for at least three MIPS quality measures
  - Be available for selection and participation in at least one focus group meeting

Annual Call for Activities

- A process allowing clinicians and organizations to identify and submit new improvement activities or modifications to current improvement activities for consideration
- Participation is voluntary
- Submission timeframe for the 2019 Annual Call for Activities is February 1 through July 1

FINAL RULE FOR YEAR 3 (2019) - MIPS

Additional Bonuses, Performance Threshold, and Payment Adjustments

MIPS Year 3 (2019) Final

Performance Threshold and Payment Adjustments

Year 2 (2018) Final

Final Score 2018	Payment Adjustment 2020
≥70 points	• Positive adjustment greater than 0% • Eligible for additional payment for exceptional performance —minimum of additional 0.5%
15.01-69.99 points	• Positive adjustment greater than 0% • Not eligible for additional payment for exceptional performance
15 points	• Neutral payment adjustment
3.76-14.99	• Negative payment adjustment greater than -5% and less than 0%
0-3.75 points	• Negative payment adjustment of -5%

Year 3 (2019) Final

Final Score 2019	Payment Adjustment 2021
≥75 points	• Positive adjustment greater than 0% • Eligible for additional payment for exceptional performance —minimum of additional 0.5%
30.01-74.99 points	• Positive adjustment greater than 0% • Not eligible for additional payment for exceptional performance
30 points	• Neutral payment adjustment
7.51-29.99	• Negative payment adjustment greater than -7% and less than 0%
0-7.5 points	• Negative payment adjustment of -7%

ACCME PERSPECTIVE

Contextualization for members

ACCME MIPS Improvement Activity

- ACCME submitted an Improvement Activity for MIPS: **Completion of an Accredited Safety or Quality Improvement Program**
- Completion of an accredited performance improvement continuing medical education program that addresses performance or quality improvement according to the following criteria:

1. The activity must address a quality or safety gap that is supported by a needs assessment or problem analysis, or must support the completion of such a needs assessment as part of the activity;
2. The activity must have specific, measurable aim(s) for improvement;
3. The activity must include interventions intended to result in improvement;
4. The activity must include data collection and analysis of performance data to assess the impact of the interventions; and
5. The accredited program must define meaningful clinician participation in their activity, describe the mechanism for identifying clinicians who meet the requirements, and provide participant completion information.

Subcategory: Patient Safety and Practice Assessment
Activity Weight: Medium
Activity ID: IA_PSPA_28

ACCME Perspective

Contextualization for members

QUALITY PAYMENT PROGRAM

Help & Support

Technical Assistance

Available Resources

CMS has free resources and organizations on the ground to provide help to clinicians who are participating 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.ISC@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.

Learn more about technical assistance: https://qpp.cms.gov/about/help-and-support#technical-assistance

QPP Resources

Available Resources

- Visit the QPP website at qpp.cms.gov and learn more about:
  - MIPS
  - APMs

- Check out the QPP Resource Library to access QPP resources including:
  - 2019 MIPS Quick Start Guide
  - 2019 MIPS Participation and Eligibility Fact Sheet
  - 2019 QPP Final Rule Overview Fact Sheet
  - 2019 Quality Performance Category Fact Sheet
  - 2019 Cost Performance Category Fact Sheet
  - 2019 Improvement Activities Fact Sheet
  - 2019 Promoting Interoperability Specifications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