

The MACRA Quality Payment Program: What Behavioral Health Care Professionals Should Know

Paul Cotton, BA
Director of Federal Affairs
National Committee for Quality Assurance (NCQA)
Washington, DC

Elizabeth Arend, MPH
Quality Improvement Advisor
National Council for Behavioral Health
Washington, DC

MACRA = Medicare Access & CHIP Reauthorization Act Of 2015

Paul Cotton, BA, serves as the Director of Federal Affairs for the National Committee for Quality Assurance where he works with Congress, the Administration, and other stakeholders to improve health care quality. Prior to the National Committee for Quality Assurance, he was involved in lobbying efforts for AARP related to Medicare, Medicaid, the Children's Health Insurance Program (CHIP), health reform, health information technology, and quality improvement. Paul has previously served as the Hearings & Policy Presentation Director in the Office of Legislation at the Centers for Medicare and Medicaid Services (CMS), and as a journalist for publications including the Journal of the American Medical Association. Paul holds a B.A. in Journalism from Northern Illinois University.



Elizabeth Arend, MPH, serves as a Quality Improvement Advisor for the National Council for Behavioral Health in Washington, DC. Prior to the National Council, she worked in global health, quality improvement and health system strengthening for nine years, including posts in Ethiopia, South Africa and Rwanda. Elizabeth holds a B.A. in Feminist and Gender Studies from Bryn Mawr College and a Master's in Public Health from Johns Hopkins School of Public Health.



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Objectives

- Understand the framework and goals of MACRA and the Quality Payment Program (QPP)
- Understand how Medicare Part B reimbursement will be re-structured under the QPP, specifically:
 - Alternative Payment Models (APMs)
 - Merit Based Incentive Payments System (MIPS)
- Review essential strategies, and assess clinician readiness, for participation in the QPP

MACRA = Medicare Access & CHIP Reauthorization Act Of 2015

MACRA & THE QUALITY PAYMENT PROGRAM (QPP)

MACRA = Medicare Access & CHIP Reauthorization Act Of 2015 (MACRA)

Polling Question

How would you rate your level of understanding of the MACRA QPP, and how it will affect your practice or organization?

- A. High – Understand the QPP rule and how our practice or organization will participate
- B. Medium – Understand the general provisions of QPP, unsure of what our practice or organization needs to do
- C. Low – Unclear about the provisions of QPP or how it may affect my practice or organization

MACRA = Medicare Access & CHIP Reauthorization Act Of 2015; QPP=Quality Payment Program

Medicare Access & CHIP Reauthorization Act Of 2015 (MACRA)

Repeals The Sustainable Growth Rate (SGR) Formula¹

Creates The QPP

- Medicare will reimburse clinicians for **value** not **volume**¹
 - Streamlines multiple quality programs under the new Merit Based Incentive Payments System (MIPS)¹
 - Provides bonus payments for participation in eligible alternative payment models (APMs)¹
- The first payment adjustments based on performance go into effect on January 1, 2019, based on 2017 performance²

CHIP=Children's Health Insurance Plan; QPP=Quality Payment Program

1. Centers for Medicare and Medicaid Services. (2016, October). THE MEDICARE ACCESS & CHIP REAUTHORIZATION ACT OF 2015. Retrieved October 2016 from The Centers for Medicare and Medicaid Services (CMS): <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-LAN-PPT.pdf>
2. Centers for Medicare and Medicaid Services. (n.d.). Quality Payment Program. Retrieved January 2017 from Centers for Medicare & Medicaid Services: <https://qpp.cms.gov/>

Goals Of MACRA¹

Offer multiple pathways with varying levels of risk and reward for providers to tie more of their payments to value

Over time, expand the opportunities for a broad range of providers to participate in APMs

Minimize additional reporting burdens for APM participants

Promote understanding of each physician's or practitioner's status with respect to MIPS and/or APMs

Support multi-payer initiatives and the development of APMs in Medicaid, Medicare Advantage, and other payer arrangements

APM=Alternative Payment Model; MACRA = Medicare Access & CHIP Reauthorization Act Of 2015 (MACRA), MIPS=Merit Based Incentive Payments System

1. Centers for Medicare and Medicaid Services. (2016, October). THE MEDICARE ACCESS & CHIP REAUTHORIZATION ACT OF 2015. Retrieved October 2016 from The Centers for Medicare and Medicaid Services (CMS): <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-LAN-PPT.pdf>

Who Is Affected By MACRA's Quality Payment Program In 2017?¹

Most behavioral health organizations that bill Medicare Part B using the Physician Fee Schedule

- Physicians (including psychiatrists)
- Physician assistants
- Nurse practitioners
- Clinical nurse specialists
- Certified registered nurse anesthetists

Non-participation will result in reductions in reimbursement in 2019

MACRA = Medicare Access & CHIP Reauthorization Act Of 2015

1. National Council for Behavioral Health. (n.d.). MACRA. Retrieved January 2017 from National Council for Behavioral Health: <https://www.thenationalcouncil.org/macra/>

Who Is Not Affected By MACRA's Quality Payment Program In 2017?¹

Clinical psychologists and licensed clinical social workers

First-year Medicare providers

Qualifying Advanced APM clinicians

Hospitals and facilities

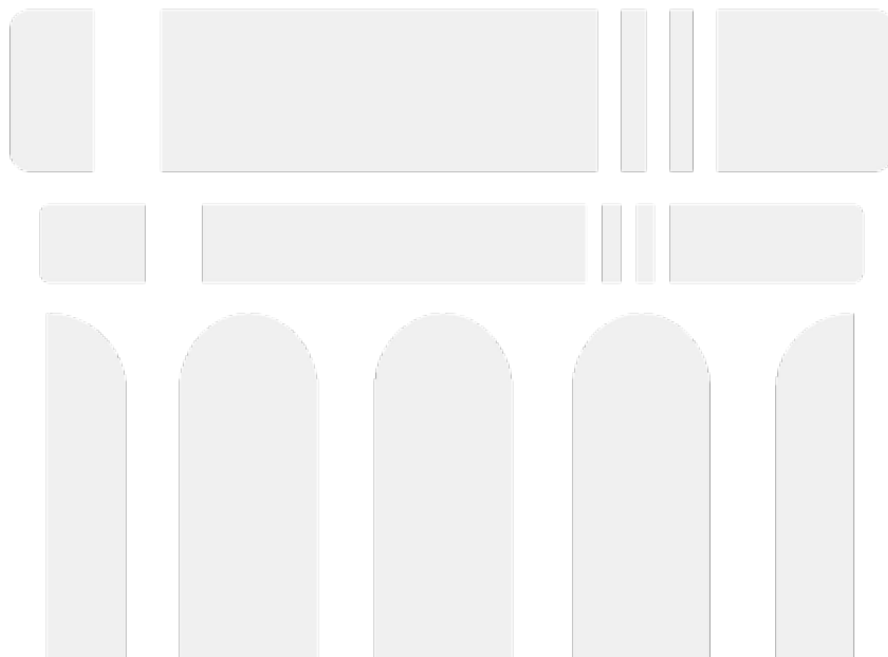
Providers who serve fewer than 100 Medicare recipients OR bill Medicare less than \$30,000 per year ("low-volume threshold")

Clinicians and groups who are not paid under the Physician Fee Schedule (i.e. FQHCs and partial hospitalization programs)

APM=Alternative Payment Models; FQHC=Federally Qualified Health Center; MACRA = Medicare Access & CHIP Reauthorization Act Of 2015 (MACRA)

1. National Council for Behavioral Health. (n.d.). MACRA. Retrieved January 2017 from National Council for Behavioral Health: <https://www.thenationalcouncil.org/macra/>

DISCUSSION



New Two-Track Quality Payment Program

Merit-Based Incentive Payment System (MIPS)¹

FFS + performance bonuses / penalties for measures on:

1. Quality
2. Cost
3. Clinical Practice Improvement Activities
4. Advancing Care Information (ACI) (formerly known as “Meaningful Use” of certified EHR technology)

Alternative Payment Models (APMs)

Moves away from FFS and toward population-based payments²

- Bear more than nominal financial risk for monetary losses or are a medical home model expanded under CMMI authority³
- APMs are required to use certified EHR technology³
- Clinicians who meet revenue and patient thresholds are considered Advanced APMs and earn automatic 5% bonuses on their Part B revenue²

CMMI=Center for Medicare & Medicaid Innovation; EHR=Electronic Health Record, FFS=Fee For Service

1. Centers for Medicare & Medicaid Services. (2017, January 12). The Merit-based Incentive Payment System: Quality and Cost Performance Categories. Retrieved from Centers for Medicare & Medicaid Services: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/QPP-MIPS-Quality-and-Cost-Slides.pdf>
2. Maciejowski, A. (2016, November 15). MACRA: What's Really in the Final Rule? Retrieved January 2017 from National Committee for Quality Assurance: <http://blog.ncqa.org/macra-whats-really-in-the-final-rule/>
3. Center for Medicare & Medicaid Services. (2015). THE MEDICARE ACCESS & CHIP REAUTHORIZATION ACT OF 2015: Path To Value. Retrieved January 2017 from Center for Medicare & Medicaid Services: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-LAN-PPT.pdf>

Advanced Alternative Payment Models (AAPM)¹



AAPMs are a subset of APMs



AAPM practices may earn 5% incentive payment for taking on some risk related to their patients' outcomes

APM=Alternative Payment Model; AAPM=Advanced Alternative Payment Model

1. CMS. (n.d.). What are Alternative Payment Models (APMs)? Retrieved January 2017 from Centers for Medicare & Medicaid Services (CMS): <https://qpp.cms.gov/learn/apms>

Approved AAPMs For 2017¹

Comprehensive Primary Care Plus

MSSP Tracks 2 & 3 (Track 1+ pending)

Next Gen ACOs

Oncology Care Model (2-sided risk)

Comprehensive ESRD Model (2-sided risk)

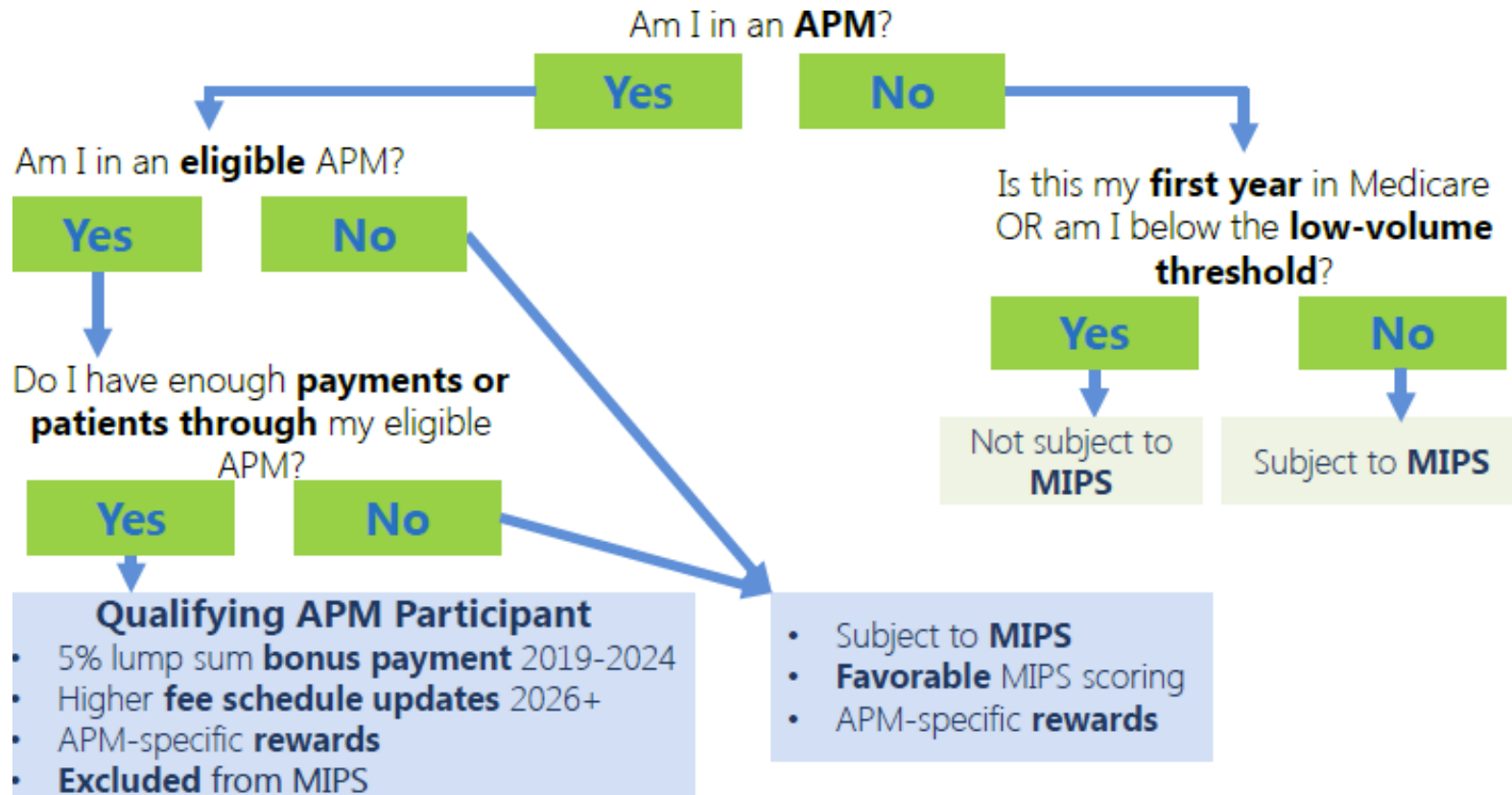
Comprehensive Joint Replacement Model

Vermont Medicare ACO Initiative

ACO=Accountable Care Organization; APM=Alternative Payment Model; ESRD=End Stage Renal Disease; MSSP=Medicare Shared Savings Program

1. CMS. (n.d.). What are Alternative Payment Models (APMs)? Retrieved January 2017 from Centers for Medicare & Medicaid Services (CMS): <https://qpp.cms.gov/learn/apms>

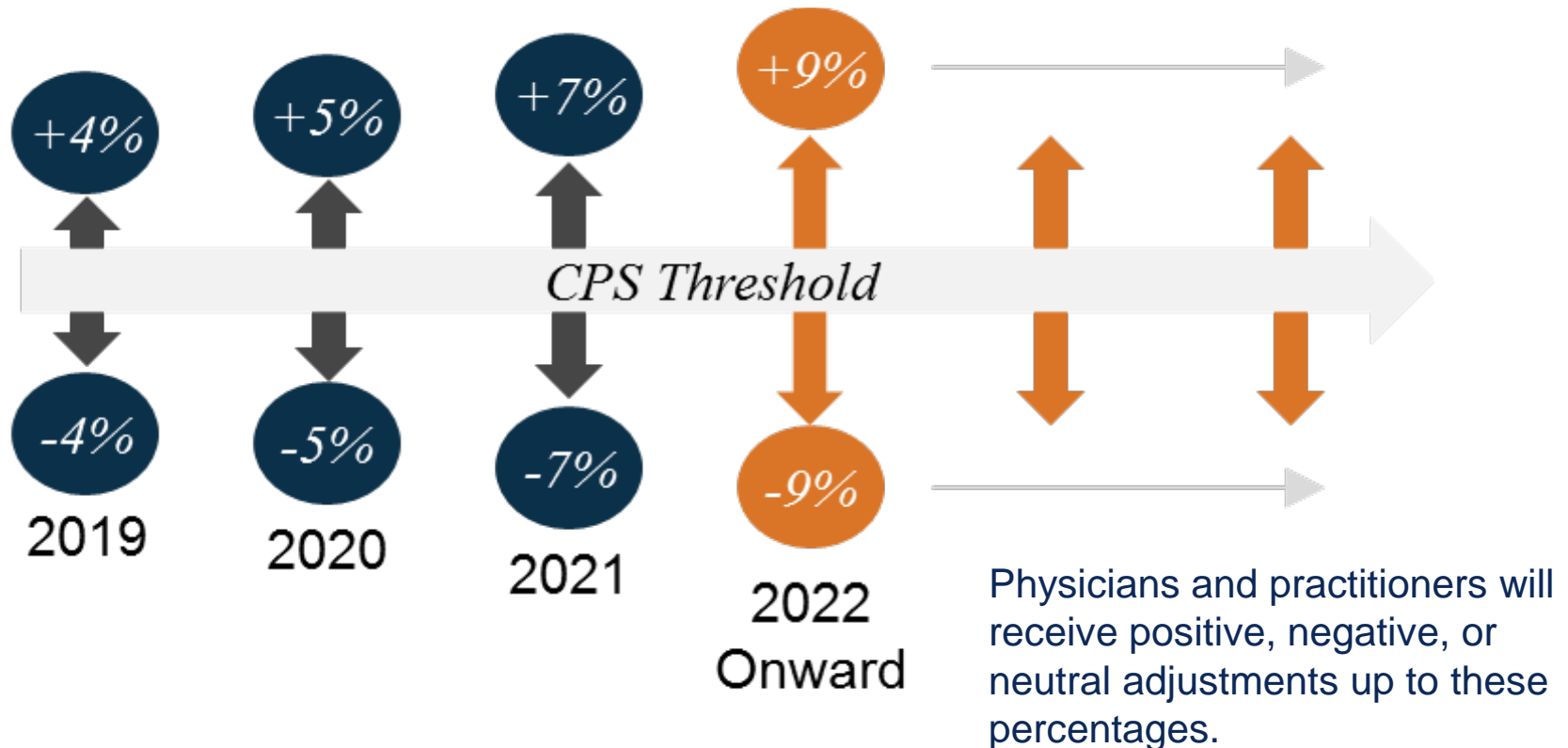
Are You In MIPS Or APM?¹



APM=Alternate Payment Model; MIPS=Merit-Based Incentive Program

- Centers for Medicare and Medicaid Services. (2016, October). THE MEDICARE ACCESS & CHIP REAUTHORIZATION ACT OF 2015. Retrieved October 2016 from The Centers for Medicare and Medicaid Services (CMS): <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-LAN-PPT.pdf>

MIPS Maximum Adjustment To Payments¹



CPS=Composite Performance Score; MIPS=Merit Based Incentive Payment System

1. Centers for Medicare and Medicaid Services. (2016, October). THE MEDICARE ACCESS & CHIP REAUTHORIZATION ACT OF 2015. Retrieved October 2016 from The Centers for Medicare and Medicaid Services (CMS): <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-LAN-PPT.pdf>

Pick Your Pace: Options For 2017¹

1. Mirror under the nose test

- Any reporting at all prevents penalties
 - e.g. 1 quality measure, OR 1 improvement activity measure, OR the ACI measure set for at least 90 consecutive days
- No reporting = full 4% MIPS penalty

2. Partial year reporting

- Full reporting in one 90-day period qualifies clinicians for MIPS bonus based on performance

3. Full year reporting in 2018 on Quality & Resource

- Full year reporting in all categories 2019 and thereafter

4. Participate in an Advanced APM

- Qualifies for 5% AAPM bonus

ACI= Advancing Care Information; APM=Alternative Payment Model; AAPM=Advanced Alternative Payment Model; MIPS=Merit Based Incentive Payment System

1. Centers for Medicare & Medicaid Services. (n.d.). Quality Payment Program. Retrieved January 2017 from Centers for Medicare and Medicaid Services (CMS): <https://qpp.cms.gov/>

Polling Question

Overall, what percent of providers are expected by CMS to receive a bonus or no penalty in the 2019 payment year?

- A. 10%
- B. 25%
- C. 50%
- D. 90%

MIPS Scoring: Transition Years (2017-2018)

Quality: 60% of 2017 MIPS score¹

- MIPS measures quality of care through evidence-based clinical quality measures, created by or supported by clinical leaders and endorsed by a consensus-based process²

Cost: 0% of 2017 MIPS score¹

- Calculate measures of total per capita costs for all attributed beneficiaries and a Medicare Spending per Beneficiary (MSPB) measure²

Clinical Practice Improvement Activities: 15% of 2017 MIPS score¹

- Providers attest to participation in activities that improve clinical practice¹

Advancing Care Information: 25% of 2017 MIPS score¹

- Promotes patient engagement and the electronic exchange of information using certified EHR technology¹

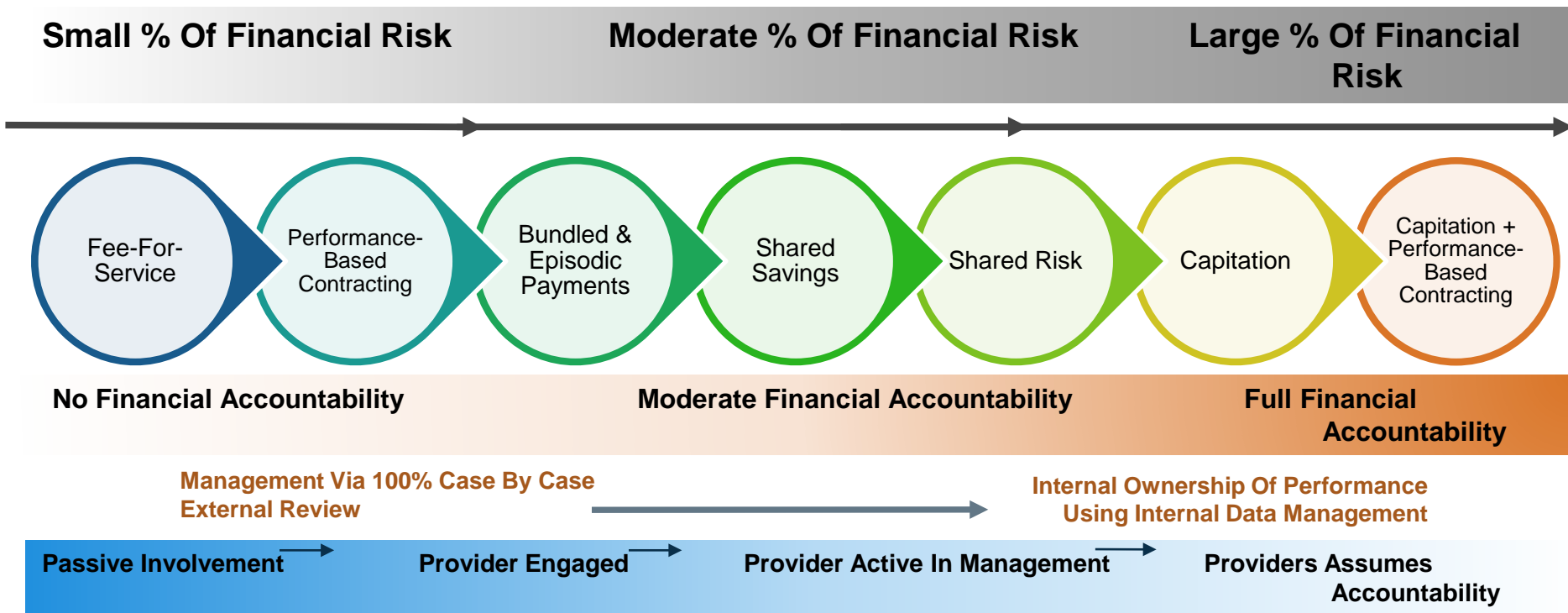
EHR=Electronic Health Record; MIPS=Merit-Based Incentive Payment System

1. CMS. (2016, December 13). The Merit-based Incentive Payment System: Advancing Care Information and Improvement Activities Performance Categories. Retrieved from Centers for Medicare & Medicaid Services (CMS): <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MIPS-ACI-and-IA-presentation.pdf>
2. CMS. (2014, October 14). Executive Summary (Quality Payment Program). Retrieved January 2017 from Centers for Medicare & Medicaid Services: https://qpp.cms.gov/docs/QPP_Executive_Summary_of_Final_Rule.pdf

THE IMPORTANCE OF QUALITY IN PAYMENT REFORM

The Movement Toward Value-Based Purchasing¹

Compensation Continuum By Level Of Financial Risk



1. Oss, M. E. (2016, July). System Reform, Value Purchasing, & The Future Of Behavioral Health. *OPEN MINDS presentation to National Association of County Behavioral Health & Developmental Disability Directors*. Washington, DC.

MACRA In The Context Of Value-Based Payments

Value-Based Payment (VBP) arrangements refer to the shift from *volume* to *value*¹

Value-based systems incentivize efficient, high quality, patient-centered care²

MACRA reflects a broader industry trend toward VBPs—and it's not going to go away¹

Value =
Outcomes / Cost³

MACRA= Medicare Access & CHIP Reauthorization Act Of 2015

1. CMS. (n.d.). CMS Value-Based Programs. Retrieved February 2017 from Centers for Medicare & Medicaid (CMS): <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/Value-Based-Programs.html>
2. Laschober, M. (2015, October 21). Provider Payment Reform: Better Care, Better Health, Lower Costs. Retrieved from Mathematica: https://www.mathematica-mpr.com/news/~media/publications/pdfs/health/alternativepaymentmodels_ib.pdf
3. Curant Health. (n.d.). REAL VALUE IN HEALTHCARE: IT CAN'T BE ABOUT MANIPULATING JUST OUTCOMES OR COST. Retrieved January 2017 from Curant Health: <https://www.curanthealth.com/real-value-in-healthcare-cant-manipulating-just-outcomes-cost/>

Mental & Behavioral Health Measures In MACRA's Quality Payment Program¹

25 behavioral health measures in the final rule

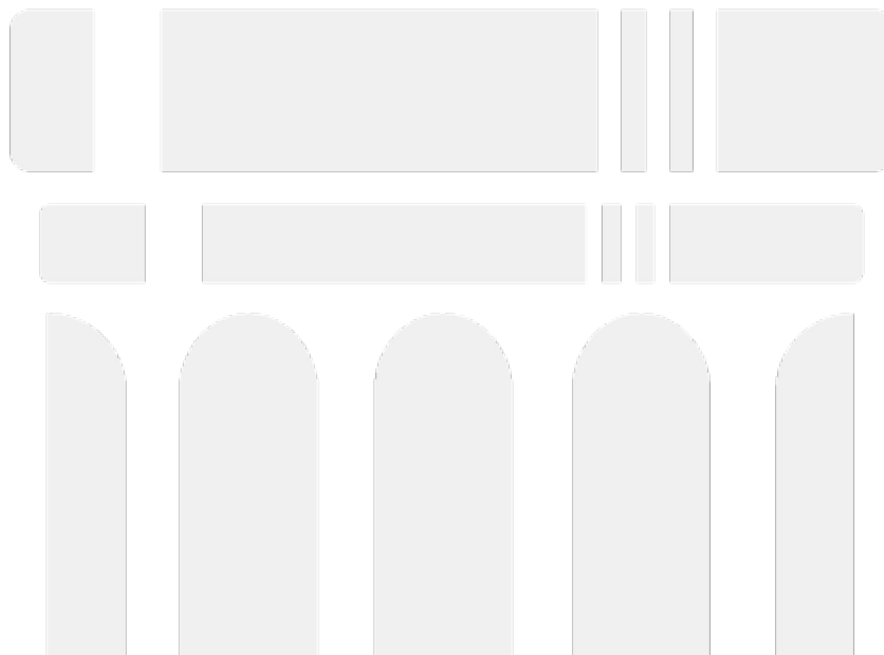
Examples:

- Adult Major Depressive Disorder (MDD): Coordination of Care of Patients with Specific Comorbid Conditions
- Anti-Depressant/Antipsychotic Medication Management
- Child and Adolescent MDD: Suicide Risk Assessment
- Dementia (6 measures)
- Depression Remission at 6 and 12 Months
- Depression Utilization of the PHQ-9 Tool
- Follow-Up After Hospitalization for Mental Illness
- Preventive Care and Screening (5 measures)
- Tobacco Use and Help with Quitting Among Adolescents

MACRA= Medicare Access & CHIP Reauthorization Act Of 2015; PHQ-9=Patient Health Questionnaire 9

1. U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. (2017). Medicare Program; Merit-based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models, 42 CFR Parts 414 and 495,[CMS-5517-FC], RIN 0938-AS69. Washington, DC: Federal Register. Table E19; ppg. 2303-2307

DISCUSSION



STRATEGIES FOR PARTICIPATION IN THE QPP

Virtual Groups

Statute lets solo practitioners and small groups (up to 10 clinicians) to form 'virtual groups' to have sufficient numbers for valid measurement, but it won't be ready to implement in 2017¹

MACRA provides \$20 million each year for five years to fund training and education for Medicare clinicians in individual or small group practices of 15 clinicians or fewer and those working in underserved areas²

APM=Alternative Payment Model; ASAP=As Soon As Possible; CMS=Centers for Medicare & Medicaid Services; MACRA=Medicare Access & CHIP Reauthorization Act of 2017

1. U.S. Department of Health and Human Services, Centers for Medicare & Medicaid Services. (2017). Medicare Program; Merit-based Incentive Payment System (MIPS) and Alternative Payment Model (APM) Incentive under the Physician Fee Schedule, and Criteria for Physician-Focused Payment Models, 42 CFR Parts 414 and 495,[CMS-5517-FC], RIN 0938-AS69. Washington, DC: Federal Register. Table E19; ppg. 2303-2307
2. National Council for Behavioral Health. (n.d.). MACRA's Quality Payment Program. Frequently Asked Questions. Retrieved January 2017 from National Council for Behavioral Health: https://www.thenationalcouncil.org/wp-content/uploads/2016/11/MACRA-FAQ_Final-Rule_v3-FINAL.pdf

Patient-Centered Medical Homes (PCMH) & Patient-Centered Specialty Practices (PCSP)

Practices with PCMH and PCSP recognition receive automatic full credit in the MIPS CPIA category¹

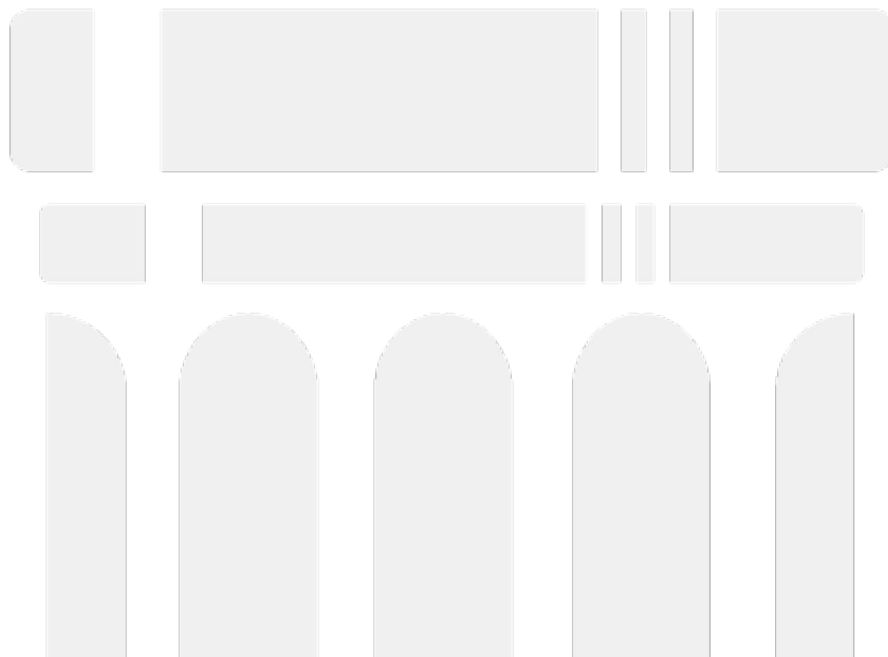
- Automatic credit for CPIA makes up 15% of the MIPS score that determines whether clinicians get bonuses or penalties

CPIA=Clinical Practice Improvement Activity, MIPS=Merit Based Incentive Payment System;
NCQA=National Committee for Quality Assurance

1. Maciejowski, A. (2016, August 25). MACRA's Chosen One: PCMH (and PCSP, too). Retrieved from National Committee for Quality Assurance (NCQA): <http://blog.ncqa.org/macras-chosen-one-pcmh-and-pcsp-too/>
2. NCQA. (2016, September 14). Seals and Graphics. Retrieved from National Committee for Quality Assurance (NCQA): <http://www.ncqa.org/programs/certification/advertising-and-marketing-your-status/seals-and-graphics>



DISCUSSION



ASSESSING CLINICIAN COMPETENCIES FOR PARTICIPATION IN THE QPP

How Do You Demonstrate Quality Of Care?

Partial and full year reporting option requires providers to report at least **six** quality measures in 2017¹

Emphasis on outcome/high priority measures:¹

- Appropriate use
- Care coordination
- Patient experience
- Patient safety

Option to use “mental/behavioral health” specialty measure set²

1. CMS. (2014, October 14). Executive Summary (Quality Payment Program). Retrieved January 2017 from Centers for Medicare & Medicaid Services: https://qpp.cms.gov/docs/QPP_Executive_Summary_of_Final_Rule.pdf
2. CMS. (n.d.). Quality Measures. Retrieved January 2017 from Centers for Medicare & Medicaid Services (CMS): <https://qpp.cms.gov/measures/quality>

How Do You Maximize Use Of Electronic Health Record Technology?¹

Do you use certified EHR technology (CEHRT)?

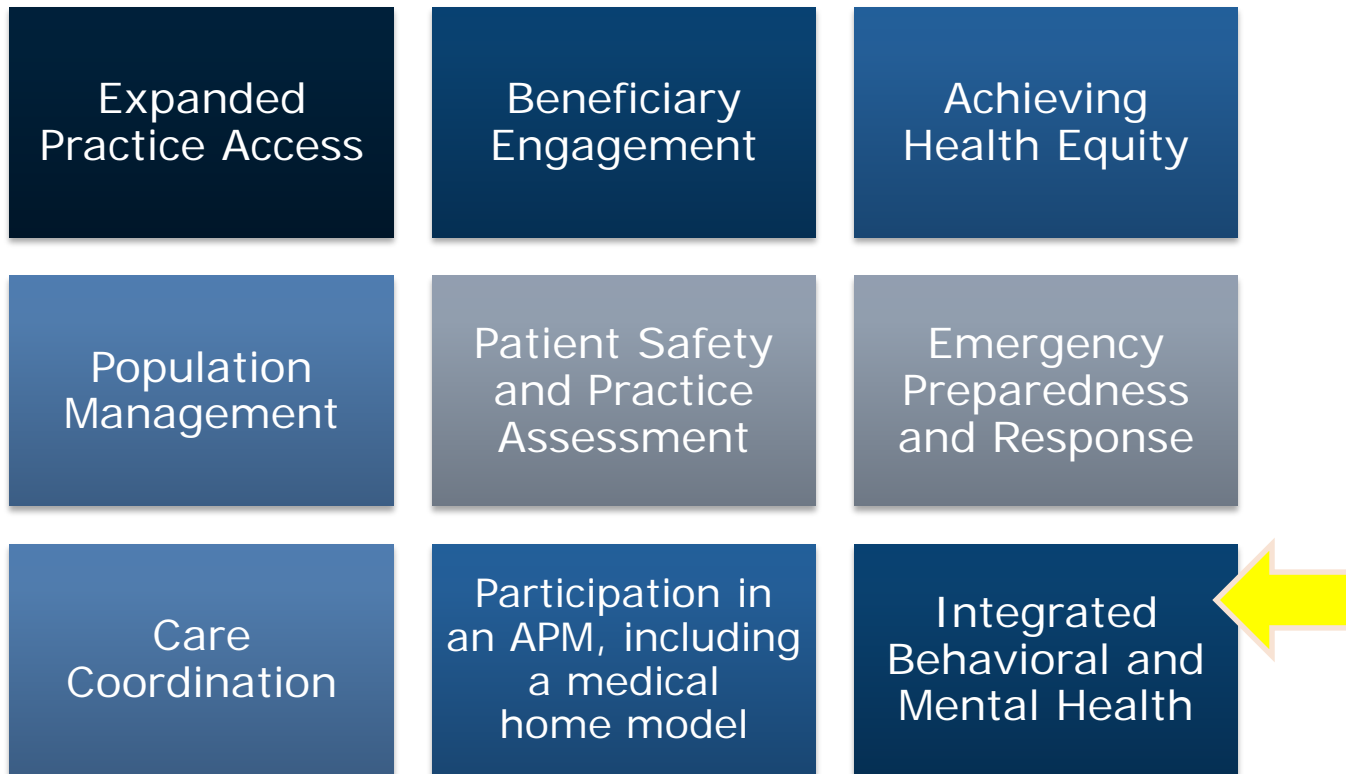
Emphasis on:

- Clinical effectiveness
- Information security
- Patient safety
- Patient engagement
- Health information exchange across providers and with patients

1. The Office of the National Coordinator for Health Information Technology. (n.d.). FACT SHEET: Quality Payment Program and Health Information Technology. Retrieved January 2017 from HealthIt.gov: https://www.healthit.gov/sites/default/files/macra_health_it_fact_sheet_final.pdf

How Do You Demonstrate Continuous Quality Improvement?¹

MIPS-eligible clinicians can choose from 90+ activities under nine sub-categories:



APM=Alternative Payment Model; MIPS=Merit Based Incentive Payment System

1. CMS. (n.d.). Quality Measures. Retrieved January 2017 from Centers for Medicare & Medicaid Services (CMS): <https://qpp.cms.gov/measures/quality>

How Do You Measure & Reduce Total Cost Of Care?

What does your Quality and Resource Use Report (QRUR) tell you about your cost of care?

Emphasis on:

- Total per capita cost for all attributed beneficiaries
- Medicare spending per beneficiary (MSPB)
- 10 episode of care measures (not yet finalized)

1. CMS. (2016, October 14). Executive Summary (Quality Payment Program). Retrieved January 2017 from Centers for Medicare & Medicaid Services: https://qpp.cms.gov/docs/QPP_Executive_Summary_of_Final_Rule.pdf

GET STARTED & STAY INFORMED

How To Prepare For The Quality Payment Program

START NOW –The QPP went into effect on January 1st, 2017

Determine QPP eligibility and “pick your pace” for 2017

Review CMS PQRS performance feedback/QRUR to identify opportunities for improvement in 2017

Review and select applicable quality measures¹ and improvement activities²

Make sure your EHR is certified³ by the Office of the National Coordinator for Health Information Technology

CMS=Centers for Medicare & Medicaid Services; EHR=Electronic Health Record; PQRS=Physician Quality Reporting System; QPP=Quality Payment Program; QRUR= Quality and Resource Use Report

1. CMS. (n.d.). Quality Payment Program - Quality Measures. Retrieved January 2017 from Centers for Medicare & Medicaid Services (CMS): <https://qpp.cms.gov/measures/quality>
2. CMS. (n.d.). Improvement Activities. Retrieved January 2017 from Centers for Medicare & Medicaid Services: <https://qpp.cms.gov/measures/ia>
3. Certified Health IT Product List. (n.d.). Retrieved January 2017 from Health IT.gov: https://www.healthit.gov/sites/default/files/policy/chpl_public_user_guide.pdf

Stay Up-to-Date

- ✓ Check out the National Council's MACRA resources¹
- ✓ Stay up-to-date by subscribing to the Capitol Connector blog²
- ✓ Join a Transforming Clinical Practice Initiative Practice Transformation Network (PTN)³

MACRA= Medicare Access & CHIP Reauthorization Act Of 2015

1. The National Council for Behavioral Health. (n.d.). MACRA. Retrieved from The National Council for Behavioral Health: <https://www.thenationalcouncil.org/macra/>
2. The National Council for Behavioral Health. (n.d.). Archive: Medicare. Retrieved from The National Council for Behavioral Health: <https://www.thenationalcouncil.org/capitol-connector/category/medicare-2/>
3. CMS. (n.d.). Transforming Clinical Practice Initiative. Retrieved from Centers for Medicare & Medicaid Services (CMS): <https://innovation.cms.gov/initiatives/Transforming-Clinical-Practices/>

Transforming Clinical Practice Initiative (TCPi): Change Package¹

Patient and Family-Centered Care Design

- Patient & family engagement
- Team-based relationships
- Population management
- Practice as a community partner
- Coordinated care delivery
- Organized, evidence-based care
- Enhanced access

Continuous, Data-Driven Quality Improvement

- Engaged and committed leadership
- QI strategy supporting a culture of quality and safety
- Transparent measurement and monitoring
- Optimal use of HIT

Sustainable Business Operations

- Strategic use of practice revenue
- Staff vitality and joy in work
- Capability to analyze and document value
- Efficiency of operations

HIT=Health Information Technology; QI=Quality Improvement

1. Patient Centered Primary Care Collaborative. (n.d.). TCPi Change Package: Transforming Clinical Practice. Retrieved January 2017 from Patient Centered Primary Care Collaborative: https://www.pcpc.org/sites/default/files/resources/TCPi%20Change%20Package_Color_March%202016_v2.0.pdf

CMS Resources

Quality Payment Program Service Center¹

- 1-866-288-8912 / TTY: 1-877-715-6222
- (Monday-Friday, 8am-8pm ET)

Quality Payment Program Online Portal²

Quality Innovation Networks (QINs)³

Quality Improvement Organizations (QIOs)³

CMS=Centers for Medicare & Medicaid Services; ET=Eastern Time, TTY=Text Telephone

1. CMS. (n.d.). Educational Resources. Retrieved February 2017 from Centers for Medicare & Medicaid Services (CMS): <https://qpp.cms.gov/resources/education>
2. CMS. (n.d.). Quality Payment Program. Retrieved from Centers for Medicare and Medicaid Services (CMS): <https://qpp.cms.gov/>
3. CMS. (2016, November 30). Quality Improvement Organizations. Retrieved from Centers for Medicare & Medicaid Services (CMS): <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/index.html?redirect=/qualityimprovementorgs/>



QUESTIONS



CLOSING