MACRA and MIPS

How Medicare Meaningful Use and PQRS are Changing

Link to recorded session:
https://attendee.gotowebinar.com/recording/1305549490878052097
Presenting Today:
Molly Goodhart

- Joined Quatris Health in 2012
- Trainer on the Implementation Team
Agenda

• MACRA, QPP, APM, MIPS and EC Meanings
• Advanced APM Participation
• MIPS Categories and Scoring
• Sneak Peak at upcoming CQR changes
What does MACRA stand for?

• Medicare Access and CHIP Reauthorization Act

But what is it really?

• A law that passed in 2015 that sunsets the sustainable growth rate.
What does QPP stand for?
• Quality Payment Program

But what is it really?
• The QPP improves Medicare by helping providers focus on care quality and the one thing that matters most – making patients healthier.
• The QPP’s purpose is to provide two new tools and resources to help providers give patients the best possible care.
• The two options under the QPP are: MIPS and Advanced APMs.
Advanced APM

What does APM stand for?
• Alternative Payment Model

But what is it really?
• An existing payment model that has been in place for some time.
• Only certain existing APMs are accepted as “Advanced”.
• CMS hopes to expand the number of clinicians using Advanced APMs with the new QPP system.
• Currently most providers will use MIPS.
What does MIPS stand for?
• Merit-Based Incentive Payment System

But what is it really?
• It is a weighted scoring system that combines PQRS, MU and Value-Based Modifier and adds one more section to create a single well rounded scoring system.
• MIPS allows providers to receive positive, neutral or negative payment adjustments based on the quality of care they provide.
What does EC stand for?
• Eligible Clinician

In Meaningful Use the term was Eligible Professional.
The term has been changed to Eligible Clinician under MACRA.
Important Note:

• The changes that MACRA put in place do not apply to Medicaid Eligible Providers.
• This is only for Medicare Providers.
• Eligible Clinician’s (ECs) billing for both Medicaid and Medicare patients must report to both State Meaningful Use and Federal MIPS.
Who Participates in 2017 and 2018?

Physicians (MD/DO and DMD/DDS)
Physician Assistants
Nurse Practitioners
Clinical Nurse Specialists
Certified Registered Nurse Anesthetists

Who Bill Medicare
more than $30,000 a year in billable charges
Or
Provide care for more than 100 Medicare patients a year.
Who Does Not Participate?

1st year Medicare Part B participants

- If it is a clinicians first year billing Medicare then they are exempt from MIPS

- If you are unsure if a clinician is truly a 1st year Medicare Part B participant please contact the CMS helpdesk.
Who Does Not Participate?

Below low patient volume threshold

- Clinician who bills Medicare less than or equal to $30,000 in allowed billable charges
- Or provide care for less than 100 Medicare patients a year

Quatris has created a report to help you determine if your clinicians fall under the low volume threshold. It can be found [here](https://quatris.com)
Who Does Not Participate?

- Some participants in Advanced Alternative Payment Models
- Does not apply to hospitals or facilities
- Does not apply to Medicaid EHR incentive program
Big Changes (Kind Of)

Ending in 2018 (reporting year 2016):

– PQRS
– Value Based Modifier
– Medicare EHR Incentive Program (MU)

**BUT** not really....because:

• PQRS, Value Based Modifier and MU are all represented in sections of MIPS
• Medicaid EHR Incentive Program remains
**Performance:**
The first performance period opens January 1, 2017 and closes December 31, 2017. During 2017, record quality data and how you used technology to support your practice. If an Advanced APM fits your practice, then you can provide care during the year through that model.

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

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

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

Source of graphic: QPP Website: [https://qpp.cms.gov](https://qpp.cms.gov)
What does APM stand for?
• Alternative Payment Model

But what is it really?
• An existing payment model that has been in place for some time.
• Only certain existing APMs are accepted as “Advanced”.
• CMS hopes to expand the number of clinicians using APMs with the new QPP system.
• Currently most providers will use MIPS.
What models are Advanced APMs?
In 2017, CMS anticipates that these will be Advanced APMs:
  • Comprehensive ESRD Care (CEC) - Two-Sided Risk
  • Comprehensive Primary Care Plus (CPC+)
  • Next Generation ACO Model
  • Shared Savings Program - Track 2
  • Shared Savings Program - Track 3
  • Oncology Care Model (OCM) - Two-Sided Risk
This list may change. CMS will publish a final list before January 1, 2017.

Source of graphic: QPP Website: https://qpp.cms.gov
Advanced APM Participation Path

How do I join an Advanced APM?

1. Learn about [specific Advanced APMs](#) and how to apply.
2. Apply to an Advanced APM that fits your practice and is currently accepting applications.
3. This website will be updated as new information is available.

What happens if I am in an Advanced APM?

Once you're in an Advanced APM, you'll earn the 5% incentive payment in 2019 for Advanced APM participation in 2017 if:

- You receive 25% of your Medicare Part B payments through an Advanced APM or
- See 20% of your Medicare patients through an Advanced APM

You'll need to send in the quality data required by your Advanced APM. Your model's website will tell you how to send in your Advanced APM's quality data.
MIPS Participation Path

What does MIPS stand for?
• Merit-Based Incentive Payment System

But what is it really?
• It is a weighted scoring system that combines PQRS, MU and Value-Based Modifier and adds one more section to create a single well rounded scoring system to base Medicare payments off of.
How to Participate?

• Physicians choose whether to participate as an individual or a group for all MIPS categories (Cannot mix and match)
  – Individual Submission
  – Group Submission
  – Virtual Groups coming in 2018
Pick Your Pace of Participation

Not participating in the Quality Payment Program:
If you don't send in any 2017 data, then you receive a negative 4% payment adjustment.

Test:
If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity for any point in 2017), you can avoid a downward payment adjustment.

Partial:
If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.

Full:
If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

Source of graphic: QPP Website: https://qpp.cms.gov
MIPS - The Phases

• The category percentages that we are discussing today are the percentages for 2017.
• MIPS will be phased in over 4 Payment Years as seen below.

Source of graphic: QPP Website: https://qpp.cms.gov
### The 4 MIPS Categories

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Quality</strong></td>
<td>Replaces PQRS.</td>
</tr>
<tr>
<td><strong>Improvement Activities</strong></td>
<td>New category.</td>
</tr>
<tr>
<td><strong>Advancing Care Information</strong></td>
<td>Replaces the Medicare EHR Incentive Program also known as Meaningful Use.</td>
</tr>
<tr>
<td><strong>Cost</strong></td>
<td>Replaces the Value-Based Modifier.</td>
</tr>
</tbody>
</table>

Source of graphic: QPP Website: [https://qpp.cms.gov](https://qpp.cms.gov)
The cost category will be calculated in 2017, but will not be used to determine your payment adjustment. In 2018, CMS will start using the cost category to determine your payment adjustment.

<table>
<thead>
<tr>
<th>Quality</th>
<th>Improvement Activities</th>
<th>Advancing Care Information</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>2017</td>
<td>2017</td>
<td>2018</td>
</tr>
</tbody>
</table>

Source of graphic: QPP Website: [https://qpp.cms.gov](https://qpp.cms.gov)
60% of 2017 MIPS Total Score
Most participants: Report up to 6 quality measures, including an outcome measure, for a minimum of 90 days.

Groups using the web interface: Report 15 quality measures for a full year.

Groups in APMs qualifying for special scoring 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 MIPS quality.

Current GE Centricity Clinical Quality Measure List

Source of graphic: QPP Website: https://qpp.cms.gov
Quality

• Replaces PQRS

• Key Changes from PQRS
  – Attest to 6 measures instead of 9
  – No longer need to cross 3 domains
  – Measure percentage matters more than it ever has before. The higher your percentage the better chance you have of getting a positive payment adjustment.
Quality

• Measures that are no longer available:
  – CMS 61 Preventive Care and Screening: Cholesterol - Fasting Low Density Lipoprotein (LDL-C) Test Performed
  – CMS 64 Preventive Care and Screening: Risk-Stratified Cholesterol Fasting Low Density Lipoprotein (LDL-C)
  – CMS 126 Use of Appropriate Medications for Asthma
  – CMS 148 Hemoglobin A1c Test for Pediatric Patients
  – CMS 163 Diabetes: Low Density Lipoprotein (LDL) Management
  – CMS 182 Ischemic Vascular Disease: Complete Lipid Panel and LCL Control
Quality

• How is it Scored?
  – Report on 6 measures
  – Include 1 outcome measure in your 6 (if not available use other high-priority measure).
  – Each measure is worth 3-10 points
    • Number of points earned is based on submitted measure performance relative to national peer benchmarks.
    • For 2017 only CMS has put in place a “floor” of 3 points for each measure. This means the lowest points you can receive for a submitted measure is 3.
Benchmarks

• Benchmarks are overall participant performance 2 years prior to the reporting period.
• Benchmarks are then converted to “deciles” for scoring.

TABLE 16—EXAMPLE OF USING BENCHMARKS FOR A SINGLE MEASURE TO ASSIGN POINTS WITH A FLOOR OF 3 POINTS

<table>
<thead>
<tr>
<th>Benchmark decile</th>
<th>Sample quality measure benchmarks (%)</th>
<th>Possible points with 3-point floor</th>
<th>Possible points without 3-point floor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benchmark Decile 1</td>
<td>0.0–9.5</td>
<td>3.0</td>
<td>1.0–1.9</td>
</tr>
<tr>
<td>Benchmark Decile 2</td>
<td>9.6–15.7</td>
<td>3.0</td>
<td>2.0–2.9</td>
</tr>
<tr>
<td>Benchmark Decile 3</td>
<td>15.8–22.9</td>
<td>4.0–4.9</td>
<td>3.0–3.9</td>
</tr>
<tr>
<td>Benchmark Decile 4</td>
<td>23.0–35.9</td>
<td>5.0–5.9</td>
<td>4.0–4.9</td>
</tr>
<tr>
<td>Benchmark Decile 5</td>
<td>36.0–40.9</td>
<td>6.0–6.9</td>
<td>5.0–5.9</td>
</tr>
<tr>
<td>Benchmark Decile 6</td>
<td>41.0–61.9</td>
<td>7.0–7.9</td>
<td>6.0–6.9</td>
</tr>
<tr>
<td>Benchmark Decile 7</td>
<td>62.0–68.9</td>
<td>8.0–8.9</td>
<td>7.0–7.9</td>
</tr>
<tr>
<td>Benchmark Decile 8</td>
<td>69.0–78.9</td>
<td>9.0–9.9</td>
<td>8.0–8.9</td>
</tr>
<tr>
<td>Benchmark Decile 9</td>
<td>79.0–84.9</td>
<td>10</td>
<td>9.0–9.9</td>
</tr>
<tr>
<td>Benchmark Decile 10</td>
<td>85.0–100</td>
<td>10</td>
<td>10</td>
</tr>
</tbody>
</table>

2015 benchmarks have not been released by CMS yet.
2014 benchmarks have been released and can be found [here](#) and [here](#).
Quality

• How do we get more than the minimum 3 points for each measure?
  – Report the best percentage that you can achieve for each measure that you attest to. Note: Some measures are inverse and a low percentage is better.
  – Attest with at least 20 cases for each measure
  – Submit measure data on at least 50% of the patient’s in the denominator
Bonus Points!

- Extra Points for submitting additional outcome and high priority measures - capped at 10%
  - 2 points for each extra outcome measure beyond the one required
  - 1 point for each extra high outcome measure

- Extra Points for using Qualified Registry, CMS Web Interface or CEHRT for submission - capped at 10%
Quality

6 Measures

60% of 2017 MIPS Total Score
Advancing Care Information

25% of 2017 MIPS Total Score
Fulfill the required measures for a minimum of 90 days:

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

Choose to submit up to 9 measures for a minimum of 90 days for additional credit.

For bonus credit, you can:

- Report Public Health and Clinical Data Registry Reporting measures
- Use certified EHR technology to complete certain improvement activities in the improvement activities performance category

OR

You may not need to submit advancing care information if these measures do not apply to you.

Source of graphic: QPP Website: [https://qpp.cms.gov](https://qpp.cms.gov)
Advancing Care Information

• Replaces Meaningful Use
• Key Changes from Meaningful Use
  – Offers measure flexibility and multiple paths instead of an “All or Nothing” approach.
  – CPOE and Clinical Decision Support Measures have been removed.
Advancing Care Information

- ACI Total Score (100 points) Consists of:
  - Base score of 50 points
    - Attest to all Required Measures with either y/n or a numerator of at least 1.
  - Performance Score of up to 90 points
    - Earn points for each measure based on clinician performance (e.g. 95%=9.5 of a possible 10)
    - Each measure is worth up to 10 or 20 points
  - Bonus Points- Up to 15 points
Advancing Care Information

• **Bonus Points!**
  - Earn a up to 5 bonus points for Bonus measures
  - Earn up to 10 bonus points for reporting at least 1 Improvement Activity that requires CEHRT (2017 only)
To ease the transition between Meaningful Use and MIPS, CMS has provided a familiar list of 11 Advancing Care Information Transition Objectives & Measures for 2017 ONLY.

For 2018 and beyond there is an expanded list of 15 Advancing Care Information Objectives & Measures
Advancing Care Information Measures

2017 Transition Measures
Used by Centricity Users for 2017

Base Measures (Required)
- e-Prescribing
- Health Information Exchange
- Provide Patient Access (Electronic)
- Security Risk Analysis

Performance Measures
- Medication Reconciliation
- Patient Specific Education
- Secure Messaging
- View, Download or Transmit
- Immunization Registry Reporting
- Provide Patient Access (Electronic)*
- Health Information Exchange*

Bonus Measures
- Specialized Registry Reporting
- Syndromic Surveillance Reporting

Advancing Care Information Measures
Used by Centricity Users for 2018 and beyond**

Base Measures (Required)
- e-Prescribing
- Send Summary of Care Record
- Receive Electronic Summary of Care Record
- Provide Patient Access (Electronic)
- Security Risk Analysis

Performance Measures
- Clinical Information Reconciliation
- Patient Specific Education
- Secure Messaging
- View, Download or Transmit
- Immunization Registry Reporting
- Clinical Data Registry Reporting
- Patient Generated Health Data
- Provide Patient Access (Electronic)*
- Health Information Exchange*

Bonus Measures
- Specialized Registry Reporting
- Syndromic Surveillance Reporting
- Electronic Case Reporting

*Measure is required for the base ACI score and performance is also counted

**To Use the Advancing Care Information Measure Set in 2018 you must upgrade to the 2015 Certified Edition of Centricity
Advancing Care Information
2017 Transition Measures

Required Measures- Attest to all for Base Score of 50 points

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>e-Prescribing</td>
<td>At least one permissible prescription written by the MIPS eligible clinician is queried for a drug formulary and transmitted electronically using certified EHR technology.</td>
</tr>
<tr>
<td>Provide Patient Access</td>
<td>At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician's discretion to withhold certain information.</td>
</tr>
<tr>
<td>Health Information Exchange</td>
<td>The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral.</td>
</tr>
<tr>
<td>Security Risk Analysis</td>
<td>Conduct or review a security risk analysis in accordance with the requirements in 45 CFR 164.308(a)(1), including addressing the security (to include encryption) of ePHI data created or maintained by certified EHR technology in accordance with requirements in 45 CFR164.312(a)(2)(iv) and 45 CFR 164.306(d)(3), and implement security updates as necessary and correct identified security deficiencies as part of the MIPS eligible clinician's risk management process.</td>
</tr>
</tbody>
</table>
## Advancing Care Information
### 2017 Transition Measures

### Performance Measures - Earn points for each based on performance

<table>
<thead>
<tr>
<th>Measure</th>
<th>Points</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medication Reconciliation</strong></td>
<td>Up to 10 pts</td>
<td>The MIPS eligible clinician performs medication reconciliation for at least one transition of care in which the patient is transitioned into the care of the MIPS eligible clinician.</td>
</tr>
<tr>
<td><strong>Patient Specific Education</strong></td>
<td>Up to 10 pts</td>
<td>The MIPS eligible clinician must use clinically relevant information from CEHRT to identify patient-specific educational resources and provide electronic access to those materials to at least one unique patient seen by the MIPS eligible clinician.</td>
</tr>
<tr>
<td><strong>Secure Messaging</strong></td>
<td>Up to 10 pts</td>
<td>For at least one unique patient seen by the MIPS eligible clinician during the performance period, a secure message was sent using the electronic messaging function of CEHRT to the patient (or the patient-authorized representative), or in response to a secure message sent by the patient (or the patient-authorized representative) during the performance period.</td>
</tr>
<tr>
<td><strong>View Download or Transmit</strong></td>
<td>Up to 10 pts</td>
<td>At least one patient seen by the MIPS eligible clinician during the performance period (or patient-authorized representative) views, downloads or transmits their health information to a third party during the performance period.</td>
</tr>
</tbody>
</table>
Performance Measures (continued)- Earn points for each based on performance.

<table>
<thead>
<tr>
<th>Immunization Registry Reporting</th>
<th>The MIPS eligible clinician is in active engagement with a public health agency to submit immunization data.</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 or 10 pts (y/n)</td>
<td>The MIPS eligible clinician that transitions or refers their patient to another setting of care or health care clinician (1) uses CEHRT to create a summary of care record; and (2) electronically transmits such summary to a receiving health care clinician for at least one transition of care or referral.</td>
</tr>
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<td>At least one patient seen by the MIPS eligible clinician during the performance period is provided timely access to view online, download, and transmit to a third party their health information subject to the MIPS eligible clinician's discretion to withhold certain information.</td>
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<tr>
<td>Provide Patient Access</td>
<td></td>
</tr>
<tr>
<td>Up to 20 pts</td>
<td></td>
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</table>
Advancing Care Information
2017 Transition Measures

Bonus Measures- Report to one or more additional public health and clinical data registry for up to 5 pts.

Specialized Registry Reporting

The MIPS eligible clinician is in active engagement to submit data to specialized registry. Earn a 5% bonus in the advancing care information performance category score for submitting to one or more public health or clinical data registries.

Syndromic Surveillance Reporting

The MIPS eligible clinician is in active engagement with a public health agency to submit syndromic surveillance data. Earn a 5% bonus in the advancing care information performance category score for submitting to one or more public health or clinical data registries.
Advancing Care Information

4 Base Measures + up to 7 Performance Measures

25% of 2017 MIPS Total Score
Improvement Activities

15% of 2017 MIPS Total Score
Improvement Activities

**Most participants:** Attest that you completed up to 4 improvement activities for a minimum of 90 days.

**Groups with fewer than 15 participants or if you are in a rural or health professional shortage area:** Attest that you completed up to 2 activities for a minimum of 90 days.

**Participants in certified patient-centered medical homes, comparable specialty practices, or an APM designated as a Medical Home Model:** You will automatically earn full credit.

**Participants in certain APMs under the APM scoring standard, such as Shared Savings Program Track 1 or the Oncology Care Model:** You will automatically receive points based on the requirements of participating in the APM. For all current APMs under the APM scoring standard, this assigned score will be full credit. For all future APMs under the APM scoring standard, the assigned score will be at least half credit.

Source of graphic: QPP Website: [https://qpp.cms.gov](https://qpp.cms.gov)
Improvement Activities

IA Total Score (40 points) Consists of:

• Attest to up to 4 activities
• Yes/No Attestation for 2017
• Each Activity is Worth 10 or 20 points
  – Medium Difficulty=10 points
  – High Difficulty=20 points

CMS List of Improvement Activities
Improvement Activities

Special circumstances:

Small practices (15 or fewer professionals)
Rural or health professional shortage area practices
Non-patient facing ECs

Practice would attest to 1 high weight or 2 medium weight activities
Improvement Activities

4 Measures

15% of 2017 MIPS Total Score
The cost category will be calculated in 2017, but will not be used to determine your payment adjustment. In 2018, CMS will start using the cost category to determine your payment adjustment.

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<tr>
<td>2017</td>
<td>2017</td>
<td>2017</td>
<td>2018</td>
</tr>
</tbody>
</table>
Cost

Based on

– Total costs per capita for all attributed Medicare Beneficiaries
– Medicare Spending Per Beneficiary
– 40+ episode/condition measures
  • 1-10 points per measure
– No Bonus Points

Source of graphic: QPP Website: https://qpp.cms.gov
MIPS Scoring (2017)

2017 MIPS Performance

- Quality (60%)
- Advancing Care Information (25%)
- Improvement Activities (15%)

Source of graphic: QPP Website: https://qpp.cms.gov
## MIPS Simplified (2017)

<table>
<thead>
<tr>
<th>Category</th>
<th>Measures</th>
<th>Weight</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality</td>
<td>6 Measures</td>
<td>60%</td>
</tr>
<tr>
<td>Advancing Care Information</td>
<td>4 Base Measures + up to 7 Performance Measures</td>
<td>25%</td>
</tr>
<tr>
<td>Improvement Activities</td>
<td>4 Measures</td>
<td>15%</td>
</tr>
<tr>
<td>Cost</td>
<td>No Weight in 2017</td>
<td>0%</td>
</tr>
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</table>
Payment Adjustment Thresholds 2017

Not participating in the Quality Payment Program:
If you don’t send in any 2017 data, then you receive a negative 4% payment adjustment.

Test:
If you submit a minimum amount of 2017 data to Medicare (for example, one quality measure or one improvement activity for any point in 2017), you can avoid a downward payment adjustment.

Partial:
If you submit 90 days of 2017 data to Medicare, you may earn a neutral or small positive payment adjustment.

Full:
If you submit a full year of 2017 data to Medicare, you may earn a moderate positive payment adjustment.

Source of graphic: QPP Website: https://qpp.cms.gov
• The category percentages that we discussed today are the percentages for 2017.
• The MIPS positive and negative adjustments will increase over time.
Upcoming CQR Changes

Source: GE Webinar: 2016 Reporting, MACRA/MIPS and Data Management
Upcoming CQR Changes

Source: GE Webinar: 2016 Reporting, MACRA/MIPS and Data Management
Upcoming CQR Changes

Source: GE Webinar: 2016 Reporting, MACRA/MIPS and Data Management
More Information

• CMS Resources
  – Quality Payment Program Website
  – PDF Version of Final Rule
  – QPP Program Fact Sheet
  – Small Practice QPP Support Sheet
  – QPP Webinars
More Information

• Quatris Resources
  – MACRA and MIPS: Steps You Need to Take Now for 2017 Attestation Webinar 3/22/17 - Register Now!
  – Clinical Quality Measure 2014 Benchmarks
  – MIPS 2017 Low Volume Threshold PM Report

• GE Webinars
  – MACRA and MIPS: What We Know Now (11/17/16)
  – 2016 Reporting, MACRA/MIPS and Data Management (11/21/16)
CMS QPP Help

**Need Help**

The Quality Payment Program Service Center is available to help.

1-866-288-8292

TTY: 1-877-715-6222

Available Monday – Friday, 8:00AM – 8:00PM Eastern Time

**Questions**

Send us your questions about the Quality Payment Program.

QPP@cms.hhs.gov
What We Covered

- MACRA, QPP, APM, MIPS and EC Meanings
- Advanced APM Participation
- MIPS Categories and Scoring
- Sneak Peak at upcoming CQR changes
Questions?

Use the Questions Box in the Webinar Window