

Quality Innovation Network – Quality Improvement Organizations Coordinating Better Care & Lowering Costs



About Quality Innovation Network – Quality Improvement Organizations (QIN-QIOs)

The Centers for Medicare & Medicaid Services' (CMS) QIO Program is one of the largest federal programs dedicated to improving health quality at the community level. This network of experts in quality improvement works in partnership with Medicare beneficiaries and their families, providers, communities and health care stakeholders in every setting in which care is delivered. QIN-QIOs assist patients and families, providers and communities to make care safer, support active engagement and self-management of chronic conditions, eliminate health disparities, promote best practices for healthy living, deliver improved access to care and make care affordable.

Quality Payment Program

The Quality Payment Program, established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), is an incentive program for doctors and other clinicians, which rewards value and outcomes through two participation tracks: the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs).

Year 2 of the Quality Payment Program began on January 1, 2018 and maintains many of the flexibilities from the 2017 performance year to help doctors and other clinicians continue a gradual transition into the program and to reduce burden. For MIPS, clinicians are eligible for the program if they are a physician, physician assistant, nurse practitioner, certified registered nurse anesthetist or a clinical nurse specialist. Clinicians must also exceed the low volume threshold of \$90,000 in allowed charges for covered professional services under the Physician Fee Schedule (PFS) **and** provide covered professional services to more than 200 Medicare beneficiaries a year in order to participate. Many of the MIPS performance category requirements remain the same; however, the reporting periods have slightly changed. Clinicians must capture data on the Quality performance category for a 12-month period. The Cost performance category, which is worth 10 percent of a clinician's MIPS final score in 2018, is also a 12-month performance period. The Improvement Activities and Promoting Interoperability (formerly Advancing Care Information) performance categories are 90-day reporting periods. For those who are included, CMS has added new points for clinicians in small practices, who treat complex patients or use 2015 Edition Certified Electronic Health Record Technology (CEHRT) exclusively as a means of promoting the interoperability of health information. For Advanced APMs, CMS has continued taking steps to make it easier for clinicians to participate in APMs and to reduce the overall complexity of the track. Additional detail is also now available on how CMS will incentivize clinicians who participate in

Continued



The Centers for Medicare & Medicaid Services (CMS) functional structure for the Quality Improvement Organization (QIO) Program delivers program value to Medicare beneficiaries and their families, maximizes learning and collaboration for improving care, and supports the spread and sustainment of effective new practices and models of care.

Two Beneficiary and Family Centered Care-QIOs review quality of care concerns and appeals, while 14 Quality Innovation Network-QIOs work with providers and communities on data-driven quality initiatives to enhance patient safety, reduce harm, engage Medicare beneficiaries and their families, and improve clinical care at the community level. Both types of QIOs serve all 50 states and three territories. To learn more, visit www.qioprogram.org.

Quality Improvement Organization Program

www.qioprogram.org

QIOProgram@cms.hhs.gov

Quality Innovation Network – Quality Improvement Organizations Coordinating Better Care & Lowering Costs



APMs offered by payers other than Medicare beginning in 2018 through the All-Payer Combination Option. For more information, visit qpp.cms.gov.

CMS has tasked its network of QIN-QIOs with providing technical assistance to large practices (greater than 15 clinicians) to help support our clinicians in successfully participating in the Quality Payment Program. QIN-QIOs have many years of experience in areas directly related to Quality Payment Program success, including outpatient quality improvement, electronic health record optimization and PQRS reporting. They also have direct access to the most up-to-date information, resources and best practices from CMS and other QIN-QIOs across the country.

QIN-QIOs are ready to respond to questions and help every clinician who is included in the program successfully participate. Services they offer include assistance with:

- Understanding the general requirements of the Quality Payment Program
- Helping clinicians use the Quality Payment Program Participation Status Tool to determine if they are included
- Obtaining and interpreting feedback data
- Measuring selection and review of submission mechanisms
- Identifying areas to target for improvement
- Developing and implementing improvement plans
- Advising on data collection and reporting
- Meeting objectives for electronic health record use

Because CMS wants to make participating in the Quality Payment Program easier, it has taken a “no wrong door approach” to technical assistance and has placed a high priority on exceptional customer service. No matter the point of entry, clinicians can be quickly and effectively connected to the right technical assistance contractor via warm hand-offs across channels and partners. Additionally, QIN-QIOs will initiate contact with those customers in large practices (greater than 15 clinicians), who’ve reached out to the Quality Payment Program Service Center, within one business day.

Quality Reporting Programs

QIN-QIOs help hospitals and other facilities understand and participate in CMS quality reporting programs. These include the Hospital Inpatient, Hospital Outpatient, Ambulatory Surgery Center, Inpatient Psychiatric Facility and Prospective Payment System-exempt Cancer Hospital reporting programs. When facilities successfully report data for a set of CMS quality measures that encompass clinical processes, clinical outcomes and the patient’s experience of care, it has a positive effect on their Medicare annual payment update. Some of the data that facilities report also populate CMS’ Hospital Compare website to support informed consumer choices.

Facilities that participate in CMS quality reporting programs can look to their QIN-QIO to:

- Provide technical assistance for improving performance on quality measures
- Help interpret and use performance data to drive quality improvement
- Analyze performance improvement needs and offer appropriate interventions, tools and resources
- Facilitate networking opportunities with peer facilities for support and best practices
- Provide information and resources that show linkages and inter-relationships among multiple quality incentive payment programs
- Share successful interventions and quality of care and efficiency improvement efforts

8/2018