

# 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 an integral part of the U.S. Department of Health and Human Services' (HHS) National Quality Strategy and 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

CMS is changing the way it pays physicians and other clinicians. The Quality Payment Program (QPP) improves Medicare by helping clinicians focus on quality care and the one thing that matters most—making patients healthier. The QPP consolidates three CMS legacy systems—Physician Quality Reporting System (PQRS), Medicare Electronic Health Record Incentive Program, and the Physician Value Modifier (VM)—into a single, simplified program with rewards that are based on quality, rather than quantity.

The transition year 2017 for QPP began on January 1, 2017 and applies to clinicians that bill Medicare more than \$30,000 annually in allowable Part B charges and provide care for more than 100 Medicare patients per year. It consists of two paths: the Merit-based Incentive Payment System (MIPS) and Advanced Alternative Payment Models (APMs). Most clinicians will initially participate in MIPS, and transition to advanced APM participation as more APMs are developed. There are four “Pick Your Pace” participation options for the 2017 transition year: Test, Partial Year, Full Year, and Advanced APM. The flexibility in the QPP allows clinicians to select a pace that best fits their practice and avoid a negative payment adjustment in 2019. Choosing to Test for 2017 allows clinicians to submit a minimum amount of data, avoid a negative adjustment, and gain familiarity with the program. Partial participation in 2017 involves submitting a minimum of 90 days of 2017 data and have the potential to earn a positive adjustment. For more information, visit [qpp.cms.gov](http://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 QPP. QIN-QIOs have many years of experience in areas directly related to QPP 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 become a successful QPP participant. Services they offer include assistance with:

- Understanding QPP options and requirements

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In August 2014, the Centers for Medicare & Medicaid Services (CMS) established a new functional structure for the Quality Improvement Organization (QIO) Program that 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. CMS separated case review from quality improvement work, with both segments of the QIO Program serving all 50 states and three territories.

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 improve patient safety, reduce harm, engage Medicare beneficiaries and their families, and improve clinical care at the community level. To learn more, visit [www.qioprogram.org](http://www.qioprogram.org).

## Health Services Advisory Group

The QIN-QIO for Arizona, California, Florida, Ohio, and the U.S. Virgin Islands  
[www.hsag.com](http://www.hsag.com)



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- Picking the “pace” of QPP participation
- Obtaining and interpreting feedback data
- Measure 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 QPP participation 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 QPP 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 PPS-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