

CREATING TOMORROW'S HEALTH

Understanding the Medicare Promoting Interoperability Program and the MIPS Promoting Interoperability Performance Category: Interoperability Requirements for Ambulatory and Acute Care Settings

Session INT-5, March 11, 2024

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Meet Our Speakers



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Conflict of Interest Slide

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Has no real or apparent conflicts of interest to report.

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Has no real or apparent conflicts of interest to report.

Agenda

- History of Promoting Interoperability
- Medicare Promoting Interoperability Program for eligible hospitals and CAHs: Basics
- MIPS Promoting Interoperability performance category for MIPS eligible clinicians: Basics
- Similarities vs Differences
- Rulemaking
- Recent Developments
- Additional Resources & Help
- Q&A

Learning Objectives

- Gain a comprehensive understanding of the Medicare Promoting Interoperability Program and the MIPS Promoting Interoperability performance category, including their specific reporting and performance requirements
- Identify key components of the Medicare Promoting Interoperability Program and the MIPS Promoting Interoperability performance category
- Learn about rulemaking updates to the Medicare Promoting Interoperability Program and the MIPS Promoting Interoperability performance category
- Learn about recent developments that enhance interoperability

History of Promoting Interoperability

Foundation for Interoperability

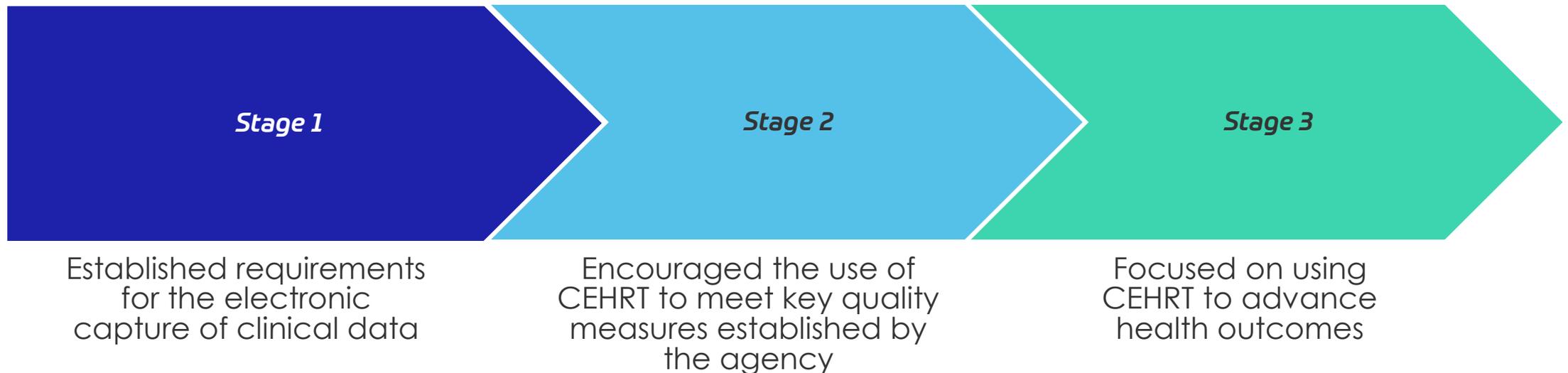
American Reinvestment & Recovery Act (Recovery Act) – February 2009

The Health Information Technology and Economic Clinical Health Act, or HITECH, was enacted to promote and expand the adoption of health information technology (HIT) and improve health care quality, safety, and efficiency

- HITECH created the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs
- HITECH was legislatively mandated by the Office of the National Coordinator for HIT (ONC)
- HITECH mandated the adoption of functions and standards for the certification of electronic health record technology (CEHRT)

Medicare & Medicaid EHR Incentive Programs

- Introduced in 2011 as a part of the HITECH Act of 2009
- Encouraged eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) to adopt, implement, and upgrade (AIU) certified EHR technology (CEHRT) to demonstrate the meaningful use of health information technology (health IT).
- Subsection (d) hospitals in Puerto Rico were eligible to participate under the Consolidated Appropriations Act of 2016



Meaningful use Stage 1 (2011)

Eligible Professionals: 15 Core Objectives

1. Computerized physician order entry (CPOE)
2. Electronic Prescribing (eRx)
3. Report ambulatory clinical quality measures to CMS/States
4. Implement one clinical decision support rule
5. Provide patients with an electronic copy of their health information, upon request
6. Provide clinical summaries for patients for each office visit
7. Drug-drug and drug-allergy interaction checks
8. Record demographics

Meaningful use Stage 1 (2011)

Eligible Professionals: 15 Core Objectives

9. Maintain an up-to-date problem list of current and active diagnoses
10. Maintain active medication list
11. Maintain active medication allergy list
12. Record and chart changes in vital signs
13. Record smoking status for patients 13 years or older
14. Capability to exchange key clinical information among providers of care and patient-authorized entities electronically
15. Protect electronic health information

Meaningful use Stage 2 (2014)

Eligible Professionals: 17 Core Objectives

1. Use computerized provider order entry (CPOE) for medication, laboratory and radiology orders
2. Generate and transmit permissible prescriptions electronically (eRx)
3. Record demographic information
4. Record and chart changes in vital signs
5. Record smoking status for patients 13 years old or older
6. Use clinical decision support to improve performance on high-priority health conditions
7. Provide patients the ability to view online, download and transmit their health information
8. Provide clinical summaries for patients for each office visit
9. Protect electronic health information created or maintained by Certified EHR Technology

Meaningful use Stage 2 (2014)

Eligible Professionals: 17 Core Objectives

10. Incorporate clinical lab-test results into Certified EHR Technology
11. Generate lists of patients by specific conditions to use for quality improvement, reduction of disparities, research, or outreach
12. Use clinically relevant information to identify patients who should receive reminders for preventive/follow-up care
13. Use certified EHR technology to identify patient-specific education resources
14. Perform medication reconciliation
15. Provide summary of care record for each transition of care or referral
16. Submit electronic data to immunization registries
17. Use secure electronic messaging to communicate with patients on relevant health information

Meaningful use Stage 3 (2016)

Eligible Professionals: 8 Objectives

1. Protect Electronic Health Information
2. Electronic Prescribing (eRx)
3. Clinical Decision Support
4. Computerized Order Entry
5. Patient Electronic Access to Health Information
6. Coordination of Care through Patient Engagement
7. Health Information Exchange
8. Public Health Reporting

Promoting Interoperability: 2017 - Present

2017

Medicare Promoting Interoperability Program only available to eligible hospitals and CAHs (*eligible clinicians begin reporting to the MIPS Promoting Interoperability performance category*)

2018

EHR Incentive Programs renamed to the Medicare & Medicaid Promoting Interoperability Programs

2019

Overhauled Medicare reporting requirements to align with an increased focus on interoperability and improving patient access to health information

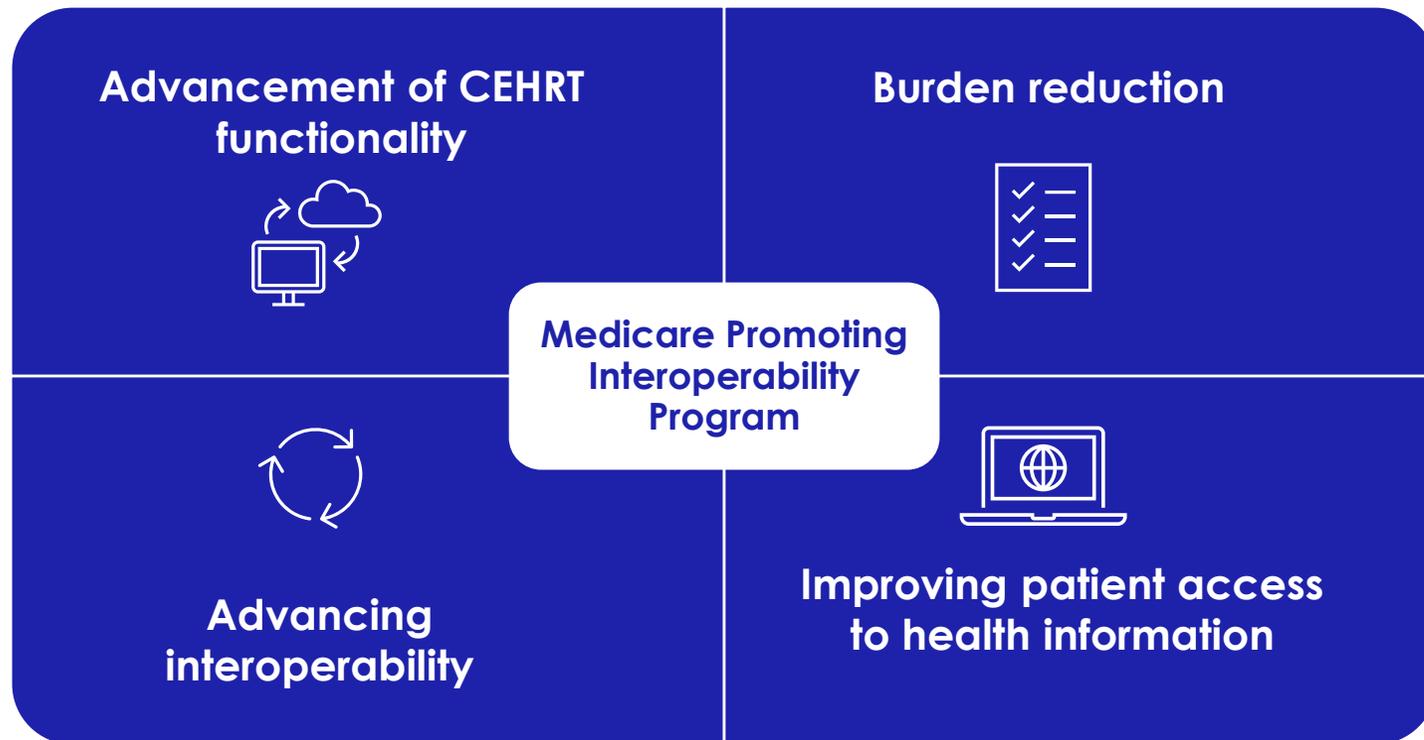
2021

Medicaid Promoting Interoperability Program ended on December 31

***Medicare
Promoting
Interoperability
Program:
Basics***

Medicare Promoting Interoperability Program

Requires eligible hospitals and CAHs to report on objectives, measures, and other requirements to be considered a meaningful EHR user, and to avoid a downward payment adjustment



Medicare Promoting Interoperability Program Eligibility

Who is considered eligible for the Medicare Promoting Interoperability Program?

Eligible Hospitals and CAHs are eligible to participate in the Medicare Promoting Interoperability Program. Eligible hospitals are subsection (d) hospitals and subsection (d) hospitals in Puerto Rico



Electronic Clinical Quality Measures (eCQMs) Requirements

- To successfully participate in the Medicare Promoting Interoperability Program, CMS requires eligible hospitals and CAHs to report on electronic clinical quality measures (eCQMs)
- In 2024, program participants must report a full calendar year of data on:
 - 3 self-selected eCQMs;
 - The Safe Use of Opioids – Concurrent Prescribing eCQM; AND
 - Severe Obstetric Complications eCQM and Cesarean Birth eCQM

Short Name	Measure Name	CBE No.
Safe Use of Opioids*	Safe Use of Opioids – Concurrent Prescribing	3316e
ePC-07/SMM**	Severe Obstetric Complications	N/A
ePC-02**	Cesarean Birth	N/A
HH-01	Hospital Harm – Severe Hypoglycemia	3503e
HH-02	Hospital Harm – Severe Hyperglycemia	3533e
HH-03	Hospital Harm – Opioid-Related Adverse Events	3501e
STK-02	Discharged on Antithrombotic Therapy	0435
STK-03	Anticoagulation Therapy for Atrial Fibrillation/Flutter	0436
STK-05	Antithrombotic Therapy by End of Hospital Day Two	0438
VTE-1	Venous Thromboembolism Prophylaxis	0371
VTE-2	Intensive Care Unit Venous Thromboembolism Prophylaxis	0372
GMCS	Global Malnutrition Composite Score	3592e

Medicare Promoting Interoperability Program Payment Adjustments

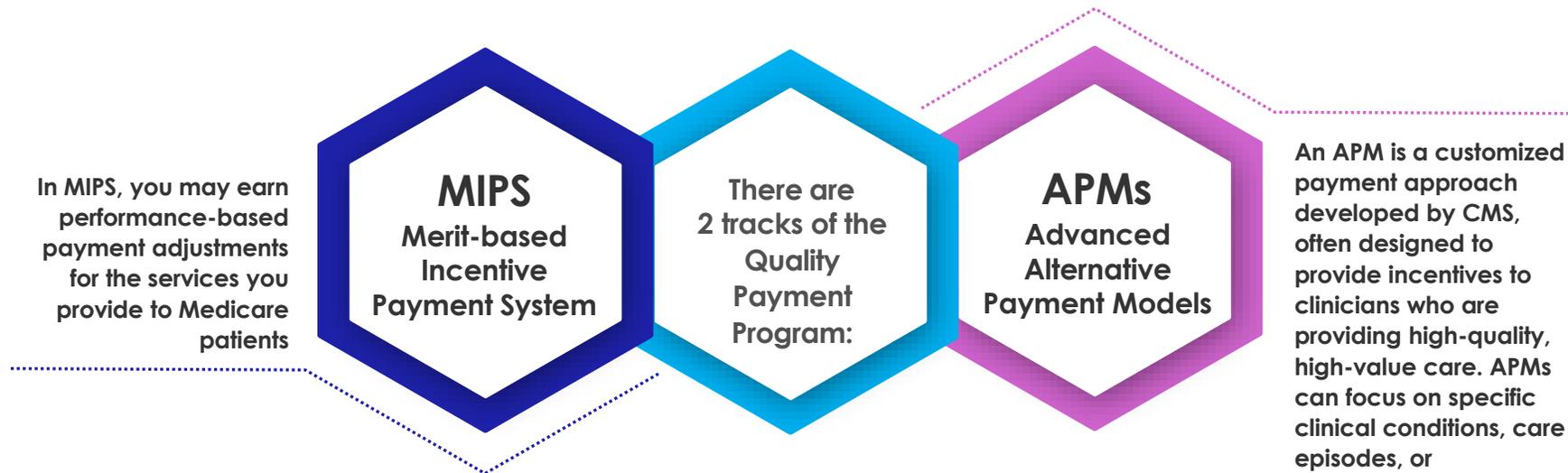
If you're eligible for the Medicare Promoting Interoperability Program in 2024:

- Your neutral or downward payment adjustment is determined by your total program score, and whether all program requirements have been met
 - Neutral payment adjustments for eligible hospitals and CAHs with a final score of ≥ 60 points, and successfully completing all program requirements
 - Negative payment adjustment for eligible hospitals and CAHs with a final score <60 points, and/or not completing all program requirements
- Payment adjustment for eligible hospitals is based on your performance during the CY 2024 EHR reporting period and applied to payments beginning on October 1, 2025 (FY 2026)
- Payment adjustment for CAHs is based on your performance during the CY 2024 EHR reporting period and applied to payments beginning October 1, 2024
- The downward payment adjustment for eligible hospitals is a 75% reduction in the annual market basket update
- The downward payment adjustment for CAHs is a reduction from 101% to 100% of reasonable costs

***MIPS Promoting
Interoperability
Performance
Category:
Basics***

Quality Payment Program

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) advanced a forward-looking and coordinated framework for clinicians to successfully participate in the Quality Payment Program (QPP), which is composed of 2 tracks:



What is the Merit-based Incentive Payment System?

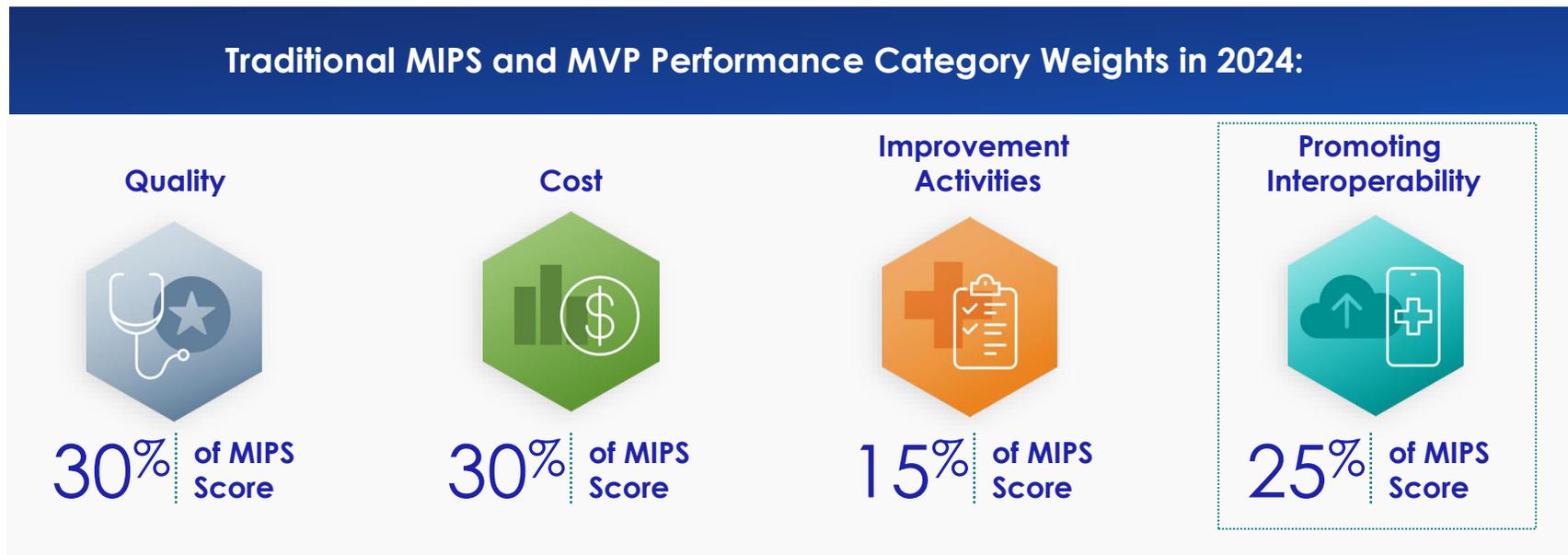
There are 3 reporting options available to MIPS eligible clinicians to meet MIPS reporting requirements:

Traditional MIPS	MIPS Value Pathways (MVPs)	APM Performance Pathway (APP)
<ul style="list-style-type: none">The original reporting option for MIPS.Visit the Traditional MIPS Overview webpage to learn more.	<ul style="list-style-type: none">The newest reporting option, offering clinicians a more meaningful and reduced grouping of measures and activities relevant to a specialty or medical condition.Visit the MIPS Value Pathways (MVPs) webpage to learn more.	<ul style="list-style-type: none">A streamlined reporting option for clinicians who participate in a MIPS Alternative Payment Model (APM).Visit the APM Performance Pathway webpage to learn more.
<ul style="list-style-type: none">You select the quality measures and improvement activities that you'll collect and report from all of the quality measures and improvement activities finalized for MIPS.	<ul style="list-style-type: none">You select an MVP that's applicable to your practice.Then you choose from the quality measures and improvement activities available in your selected MVP.You'll report a reduced number of quality measures and improvement activities as compared to traditional MIPS.	<ul style="list-style-type: none">You'll report a predetermined set of quality measures.MIPS APM participants currently receive full credit in the improvement activities performance category, though this is evaluated on an annual basis.
<ul style="list-style-type: none">You'll report the complete Promoting Interoperability measure set.	<ul style="list-style-type: none">You'll report the complete Promoting Interoperability measure set (the same as reported in traditional MIPS).	<ul style="list-style-type: none">You'll report the complete Promoting Interoperability measure set (the same as reported in traditional MIPS).
<ul style="list-style-type: none">We collect and calculate data for the cost performance category for you.	<ul style="list-style-type: none">We collect and calculate data for the cost performance category and population health measures for you.	<ul style="list-style-type: none">Cost isn't evaluated under the APP.

What is the MIPS Promoting Interoperability Performance Category?

- The MIPS Promoting Interoperability performance category emphasizes the electronic exchange of health information using CEHRT to improve:
 - Patient access to their health information;
 - The exchange of information between clinicians and pharmacies; and
 - The systematic collection, analysis, and interpretation of healthcare data.
- The MIPS performance categories have different “weights” and the scores from each of the categories are added together to give you a MIPS final score.

Individual, Group, and Virtual Group* Participation



*Available for traditional MIPS reporting only.

Merit-based Incentive Payment System Eligibility

If you're eligible for MIPS in 2024:

- You must report measure and activity data for the quality, improvement activities, and Promoting Interoperability performance categories
- We collect and calculate data for the cost performance category for you, if applicable
- Your performance across the MIPS performance categories, each with a specific weight, will result in a MIPS final score of 0 to 100 points

Merit-based Incentive Payment System Payment Adjustments

If you're eligible for MIPS in 2024:

- Your MIPS final score will determine whether you receive a negative, neutral, or positive MIPS payment adjustment
 - Positive payment adjustment for clinicians with a 2024 final score above 75
 - Neutral payment adjustment for clinicians with a 2024 final score equal to 75
 - Negative payment adjustment for clinicians with a 2024 final score below 75
- Your MIPS payment adjustment is based on your performance during the 2024 performance year and applied to payments for your Medicare Part B-covered professional services beginning on January 1, 2026

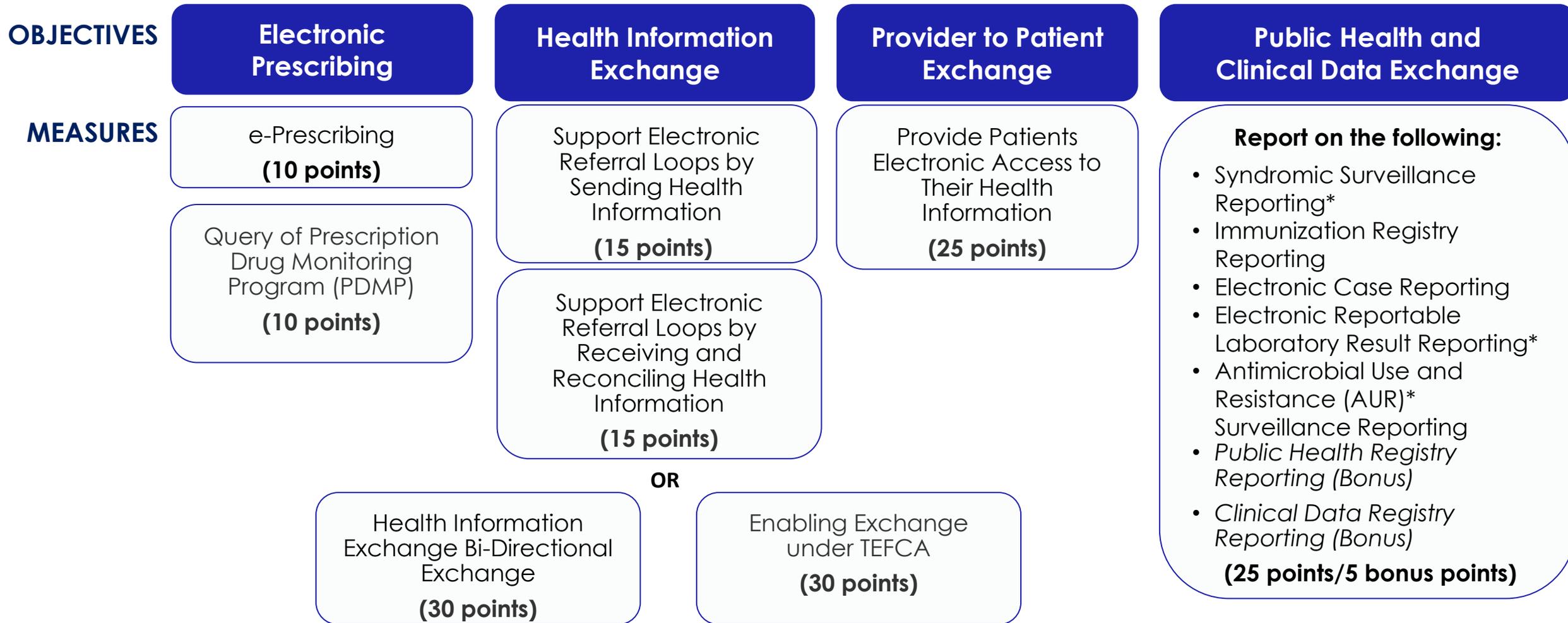
***Medicare Promoting
Interoperability Program
vs MIPS Promoting
Interoperability
Performance Category:
Similarities***

Objectives

For both the Medicare Promoting Interoperability Program and the MIPS Promoting Interoperability performance category, there are 4 scored objectives:

- e-Prescribing
- Health Information Exchange (HIE)
- Provider to Patient Exchange
- Public Health and Clinical Data Exchange

Objectives and Measures for 2024



Objectives and Measures for 2024

Objective	Measure	Exclusion – Medicare Promoting Interoperability Program	Exclusion – MIPS Promoting Interoperability Performance Category
e-Prescribing	e-Prescribing	Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions, and there are no pharmacies that accept electronic prescriptions within 10 miles at the start of their EHR reporting period	Any MIPS eligible clinician who writes fewer than 100 permissible prescriptions during the performance period
	Query of Prescription Drug Monitoring Program (PDMP) Measure	<ul style="list-style-type: none"> Any eligible hospital or CAH that does not have an internal pharmacy that can accept electronic prescriptions for controlled substances that include Schedule II opioids or Schedule III or IV drugs and is not located within 10 miles of any pharmacy that accepts electronic prescriptions for controlled substances at the start of their EHR reporting period Any eligible hospital or CAH that could not report on this measure in accordance with applicable law 	<ul style="list-style-type: none"> Any MIPS eligible clinician who is unable to electronically prescribe Schedule II opioids and Schedule III and IV drugs in accordance with applicable law during the performance period Writes fewer than 100 permissible prescriptions during the performance period
Provider to Patient Exchange	Provide Patients Electronic Access to Their Health Information	No exclusion	No exclusion

Objectives and Measures for 2024

Objective	Measure	Exclusion – Medicare Promoting Interoperability Program	Exclusion – MIPS Promoting Interoperability Performance Category
Health Information Exchange (HIE)	Support Electronic Referral Loops by Sending Health Information (option 1)	Alternative measure, no exclusion	Any MIPS eligible clinician who transfers a patient to another setting or refers a patient fewer than 100 times during the performance period
	Support Electronic Referral Loops by Receiving and Reconciling Health Information (option 1)	Alternative measure, no exclusion	Any MIPS eligible clinician who receives transitions of care or referrals or has patient encounters in which the MIPS eligible clinician has never before encountered the patient fewer than 100 times during the performance period
	HIE Bi-Directional Exchange (option 2)	Alternative measure, no exclusion	Alternative measure, no exclusion
	Enabling Exchange Under the Trusted Exchange Framework and Common Agreement (TEFCA) (option 3)	Alternative measure, no exclusion	Alternative measure, no exclusion

Additional Requirements for 2024

Attestation/Measure	Required	Intent
Actions to Limit or Restrict the Compatibility or Interoperability of CEHRT Attestation	Yes	Requires eligible hospitals, CAHs, and MIPS eligible clinicians to self-report by attestation that they haven't knowingly and willfully limited or restricted the compatibility or interoperability of their CEHRT
ONC Direct Review Attestation	Optional	Eligible hospitals, CAHs, and MIPS eligible clinicians can attest to whether they have acted in good faith and would cooperate with an ONC review of their health IT practices to confirm compliance with requirements
Security Risk Analysis Measure	Yes	Addresses the security of electronic personal health information data created and maintained by CEHRT
SAFER Guides Attestation Measure*	Yes	A set of self-assessment tools aimed at helping healthcare organizations evaluate their EHR safety practices, identify potential risks, and mitigate those risks

***Medicare Promoting
Interoperability Program
vs MIPS Promoting
Interoperability
Performance Category:
Differences***



**MIPS Promoting
Interoperability
Performance
Category**

Conduct an annual self-assessment of the High Priority Practices SAFER Guide at any point in the calendar year

***SAFER Guides
Measure
2024***

**Medicare Promoting
Interoperability
Program**

Conduct an annual self-assessment using all nine SAFER Guides at any point in the calendar year

MIPS Promoting Interoperability Performance Category

Report on the following:

- Immunization Registry Reporting
 - Electronic Case Reporting
- (25 Points)**

Bonus: Report on one or more

- Public Health Registry Reporting
 - Clinical Data Registry Reporting
 - Syndromic Surveillance Reporting
- (5 Bonus Points)**

Public Health and Clinical Data Exchange 2024

Medicare Promoting Interoperability Program

Report on the following:

- Syndromic Surveillance Reporting
 - Immunization Registry Reporting
 - Electronic Case Reporting
 - Electronic Reportable Laboratory Result Reporting
 - * Antimicrobial Use and Resistance (AUR) Surveillance
- (25 Points)**

Bonus: Report on one or both

- Public Health Registry Reporting
 - Clinical Data Registry Reporting
- (5 Bonus Points)**

MIPS Promoting Interoperability Performance Category

- Weighted at 25% of the MIPS final score
- 105 total points available, but any score above 100 points will be capped at 100 points
- Must submit a complete numerator/denominator (≥ 1), or yes/no, for all required measures

Scoring 2024

Medicare Promoting Interoperability Program

- Can receive up to 100 total points
- Must earn a minimum of 60 points, out of 100
- Must submit a complete numerator/denominator (≥ 1), or yes/no, for all required measures

MIPS Promoting Interoperability Performance Category

- Hardship exception applications are available prior to the data submission period
- No limit
- Approved hardship results in 25 points being reweighted to another performance category

Hardship Exception

Medicare Promoting Interoperability Program

- Hardship exception applications are available after the data submission period has ended
- Limited to 5 years
- Approved hardships result in no downward payment adjustment

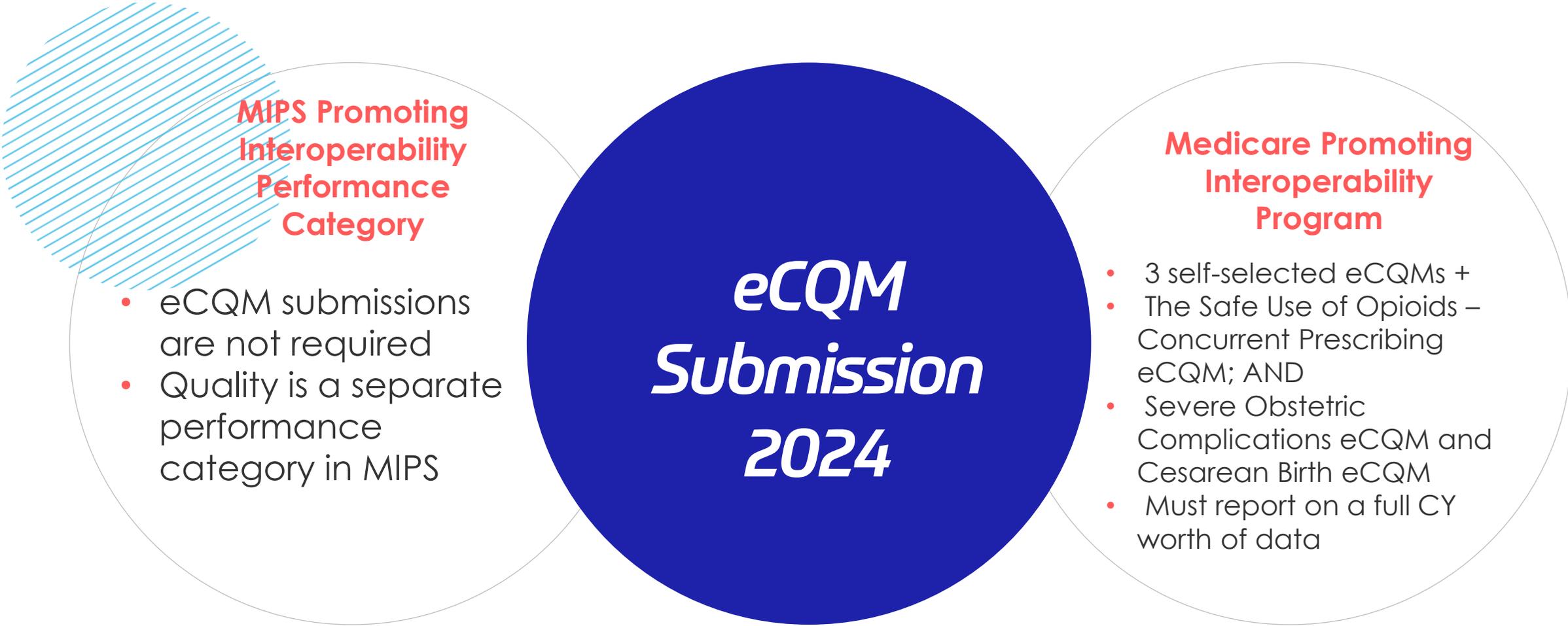
MIPS Promoting Interoperability Performance Category

- Submit data through any of the following ways:
 - Manually submit (attest) through qpp.cms.gov
 - Upload a file with your data to qpp.cms.gov
 - Use a third party to submit your data
- * Submissions accepted from Jan 2 – April 1 annually

Data Submission

Medicare Promoting Interoperability Program

- Submit data/attest through the CMS Hospital Quality Reporting System (previously the QualityNet Secure Portal)
- Submissions accepted from Jan 1 – Feb 28 annually



MIPS Promoting Interoperability Performance Category

- eCQM submissions are not required
- Quality is a separate performance category in MIPS

eCQM Submission 2024

Medicare Promoting Interoperability Program

- 3 self-selected eCQMs +
- The Safe Use of Opioids – Concurrent Prescribing eCQM; AND
- Severe Obstetric Complications eCQM and Cesarean Birth eCQM
- Must report on a full CY worth of data

Rulemaking Updates

Recent Developments to Enhance Interoperability

Starting in 2023, the Enabling Exchange under the Trusted Exchange Framework and Common Agreement (TEFCA) measure became one of three reporting options for the Health Information Exchange Objective

Requires the eligible hospital or CAH to attest to the following:

- (1) Participating as a signatory to a Framework Agreement (as that term is defined by the Common Agreement for Nationwide Health Information Interoperability as published in the **Federal Register** and on ONC's website) in good standing (that is, not suspended) and enabling secure, bi-directional exchange of information to occur, in production, for all unique patients discharged from the eligible hospital or CAH inpatient or emergency department (POS 21 or 23), and all unique patient records stored or maintained in the EHR for these departments, during the EHR reporting period in accordance with applicable law and policy.
- (2) Using the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement.

Requires the MIPS eligible clinician to attest to the following:

- * (1) Participating as a signatory to a Framework Agreement (as that term is defined by the Common Agreement for Nationwide Health Information Interoperability as published in the **Federal Register** and on ONC's website) in good standing (that is, not suspended) and enabling secure, bi-directional exchange of information to occur, in production, for every patient encounter, transition or referral, and record stored or maintained in the EHR during the performance period, in accordance with applicable law and policy.
- (2) Using the functions of CEHRT to support bi-directional exchange of patient information, in production, under this Framework Agreement.



Updates to the Definitions of CEHRT

- The Medicare Promoting Interoperability Program and the MIPS Promoting Interoperability performance category updated the Base EHR definition to align with ONC's regulations (HTI-1 final rule, 88 FR 23759)(CY 2024 PFS final rule, 88 FR 79307)
- ONC finalized their proposals to move away from a yearly “edition” construct for certification criteria; instead, all certification criteria will be “edition-less”
- All references to the “2015 Edition health IT certification criteria” have been replaced with “ONC health IT certification criteria”
- Certification criteria will be maintained and updated at [45 CFR 170.315](#)
- Future updates to the definition of Base EHR (45 CFR 170.102 and 170.315) will be incorporated into the CEHRT definition, without additional regulatory action by CMS

Recent Developments to Enhance Interoperability

HHS Disincentives for Information Blocking Proposed Rule – Published on November 1, 2023 (88 FR 74955 through 74963)

- In efforts to promote interoperability, HHS's proposed rule would establish the following disincentives for providers determined by OIG to have committed information blocking:
 - Under the Promoting Interoperability Program, an eligible hospital or CAH would not be a meaningful EHR user within an applicable reporting period
 - Eligible hospitals would lose 75% of their annual market basket increase, and CAHs would see a payment reduction from 101% to 100% of reasonable costs
 - Under the Promoting Interoperability performance category of MIPS, an eligible clinician or group would not be considered a meaningful EHR user and would receive a zero score in the Promoting Interoperability performance category



Recent Developments to Enhance Interoperability

Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) Final Rule – **Published on January 9, 2024 (89 FR 1192 through 1438)**

- **USCDI Version 3:** Adopts the United States Core Data for Interoperability (USCDI) Version 3 (v3) as the new baseline standard within the ONC Health IT Certification Program (Certification Program) as of January 1, 2026. Developers of certified health IT will also have the ability to move to USCDI v3 sooner. USCDI v3 includes updates to prior USCDI versions focused on advancing more accurate and complete patient characteristics data that could help promote equity, reduce disparities, and support public health data interoperability.
- **Enhanced Information Blocking Requirements:** Revises certain information blocking definitions and exceptions to support information sharing, and adds a new exception to encourage secure, efficient, standards-based exchange of electronic health information under the Trusted Exchange Framework and Common AgreementSM (TEFCASM).
- **New Interoperability-Focused Reporting Metrics for Certified Health IT:** Implements the 21st Century Cures Act's requirement to adopt a Condition of Certification (the "Insights Condition") for developers of certified health IT to report certain metrics as part of their participation in the Certification Program. These metrics will give more insight into how certified health IT is used in support of care delivery.



Recent Developments to Enhance Interoperability

CMS Interoperability and Prior Authorization Final Rule – Published on February 8, 2024 (89 FR 8910 through 8927)

- To encourage providers to adopt electronic prior authorization processes, the final rule adds a new measure for eligible hospitals and CAHs under the Medicare Promoting Interoperability Program. Yes/No measure required starting in CY 2027.
 - Measure Description: For at least one hospital discharge and medical item or service (excluding drugs) ordered during the EHR reporting period, the prior authorization is requested electronically via a Prior Authorization API using data from CEHRT.
 - Exclusions: Any eligible hospital or CAH that:
 - (1) Does not order any medical items or services (excluding drugs) requiring prior authorization during the applicable EHR reporting; or
 - (2) Only orders medical items or services (excluding drugs) requiring prior authorization from a payer that does not offer an API that meets the Prior Authorization API requirements during the applicable EHR reporting period.



Recent Developments to Enhance Interoperability

CMS Interoperability and Prior Authorization Final Rule – Published on February 8, 2024 (89 FR 8910 through 8927)

- To encourage providers to adopt electronic prior authorization processes, the final rule adds a new measure for MIPS eligible clinicians under the Promoting Interoperability performance category of MIPS. Yes/No measure required starting in CY 2027
 - Measure Description: For at least one medical item or service (excluding drugs) ordered by the MIPS eligible clinician during the performance period, the prior authorization is requested electronically from a Prior Authorization API using data from CEHRT
 - Exclusions: Any MIPS eligible clinician who:
 - (1) Does not order any medical items or services (excluding drugs) requiring prior authorization during the applicable performance period; or
 - (2) Only orders medical items or services (excluding drugs) requiring prior authorization from a payer that does not offer an API that meets the Prior Authorization API requirements during the applicable performance period.



Resources & Where to go for Help

Medicare Promoting Interoperability Program

For questions regarding the Medicare Promoting Interoperability Program, you can submit your questions directly to the CMS Questions & Answers tool at

https://cmsqualitysupport.servicenowservices.com/qnet_qa?id=ask_a_question

You can also contact the CCSQ help desk for assistance at QnetSupport@cms.hhs.gov or 1-866-288-8912

Visit the [Promoting Interoperability Programs](#) website for more information on the Medicare Promoting Interoperability Program. Additional resources may be downloaded from the [Promoting Interoperability Resource Library](#).

Quality Payment Program

Eligible clinicians may contact the Quality Payment Program Service Center by email at QPP@cms.hhs.gov, by creating a [QPP Service Center ticket](#), or by phone at 1-866-288-8292 (Monday through Friday, 8 a.m. - 8 p.m. ET). To receive assistance more quickly, please consider calling during non-peak hours—before 10 a.m. and after 2 p.m. ET.

- People who are deaf or hard of hearing can dial 711 to be connected to a TRS Communications Assistant.

Visit the [Quality Payment Program website](#) for other [help and support information](#), to learn more about [MIPS](#) and the [Promoting Interoperability performance category](#), and to check out the resources available in the [Quality Payment Program Resource Library](#).



Questions?

You may also submit questions to Elizabeth.Holland@cms.hhs.gov or Jessica.Warren@cms.hhs.gov.

Thank You!

