

# CMS Update

## Sepsis and Antibiotic Stewardship



**Robert Furno MD, MPH, MBA FACEP**  
*Chief Medical Officer, Region V*  
*Centers for Medicare and Medicaid Services*

Illinois Antibiotic Stewardship Summit  
July 11, 2017



# Disclaimer

*I have no actual or potential conflict of interest in relation to this program or presentation.*

*This presentation was prepared as a tool to assist providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services.*

*This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference*

*The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.*



# Objectives

- **Overview of CMS Priorities**
  - Shifting from Volume to Value-Based payments
  - Program alignment and streamlining
- **Key focus on Patient Safety**
  - Early diagnosis and treatment of sepsis
  - SEP-1 and Antibiotic stewardship
  - Special Innovation Projects and Best Practices
- **The Link to Health System Transformation**
  - MACRA and The Quality Payment Program
  - Key elements that focus on sepsis and stewardship



# Better Care, Smarter Spending, Healthier People

## Focus Areas

## Description

### Incentives

- Promote value-based payment systems
    - Test new alternative payment models
    - Increase linkage of Medicaid, Medicare FFS, and other payments to value
  - Bring proven payment models to scale
- 

### Care Delivery

- Encourage the integration and coordination of services
  - Improve population health
  - Promote patient engagement through shared decision making
- 

### Information

- Create transparency on cost and quality information
- Bring electronic health information to the point of care for meaningful use

## Focus Areas

### Pay Providers

#### Test and expand alternative payment models

- **Accountable Care**
  - Pioneer ACO Model
  - **Medicare Shared Savings Program** (housed in Center for Medicare)
  - Advance Payment ACO Model
  - **Comprehensive ERSD Care Initiative**
  - **Next Generation ACO**
- **Primary Care Transformation**
  - **Comprehensive Primary Care** Initiative (CPC)
  - Multi-Payer Advanced Primary Care Practice (MAPCP) Demonstration
  - Federally Qualified Health Center (FQHC) Advanced Primary Care Practice Demonstration
  - Independence at Home Demonstration
  - Graduate Nurse Education Demonstration
  - **Home Health Value Based Purchasing** (proposed)
- **Bundled payment models**
  - **Bundled Payment** for Care Improvement Models 1-4
  - **Oncology Care Model**
  - Comprehensive Care for Joint Replacement (proposed)
- **Initiatives Focused on the Medicaid population**
  - Medicaid Emergency Psychiatric Demonstration
  - Medicaid Incentives for Prevention of Chronic Diseases
  - Strong Start Initiative
  - **Medicaid Innovation Accelerator** Program
- **Dual Eligible (Medicare-Medicaid Enrollees)**
  - Financial Alignment Initiative
  - Initiative to Reduce Avoidable Hospitalizations among Nursing Facility Residents
- **Other**
  - Medicare Care Choices
  - **Medicare Advantage Value-Based Insurance Design** model

### Deliver Care

#### Support providers and states to improve the delivery of care

- **Learning and Diffusion**
  - Partnership for Patients
  - Transforming Clinical Practice
  - Community-Based Care Transitions
- **Health Care Innovation Awards**
- **State Innovation Models Initiative**
  - SIM Round 1
  - SIM Round 2
  - Maryland All-Payer Model
- **Million Hearts Cardiovascular Risk Reduction Model**

### Distribute Information

#### Increase information available for effective informed decision-making by consumers and providers

- **Information to providers in CMMI models**
- **Shared decision-making required by many models**

# Why focus on Sepsis?

- An increasingly common cause of mortality
  - Between 1999 and 2014, the annual number of all reported sepsis-related deaths (primary and secondary diagnoses combined) increased 31 percent, from 139,086 in 1999 → 182,242 in 2014
  - Data reveal that the sepsis mortality rate is more than eight times higher than mortality rates among patients admitted for other conditions
- Most expensive condition treated in U.S. hospitals
  - Costs associated with the treatment of sepsis alone aggregated to \$20.3 billion, or approximately 5.2 percent of the total cost of all hospitalizations in the country

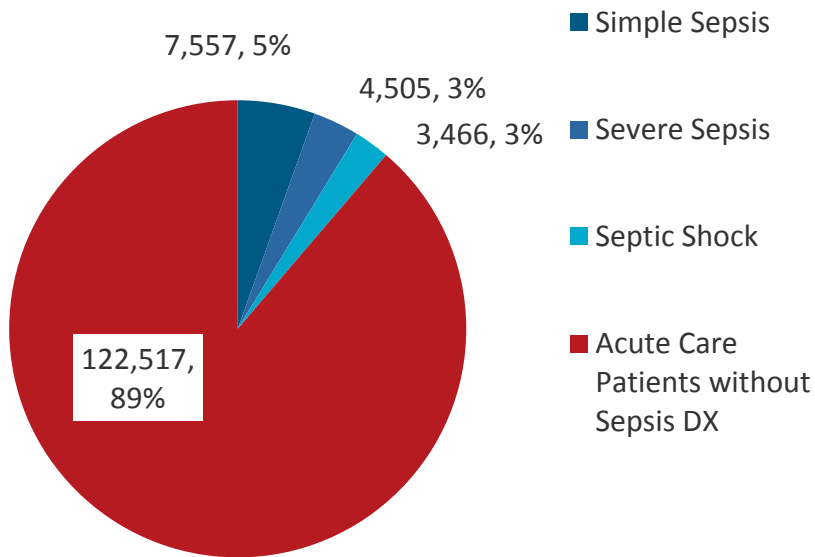
Torio CM, and Roxanne Andrews M. National Inpatient Hospital Costs: The Most Expensive Conditions by Payer, 2011. AHRQ - HCUP, Aug. 2013. Web. Aug. 2016. Available at <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb160.jsp>. Accessed August 2016

HCUP Fast Stats. Healthcare Cost and Utilization Project (HCUP). Rockville, MD: Agency for Healthcare Research and Quality, July 7, 2016. Available at [www.hcup-us.ahrq.gov/faststats/national/inpatientcomondiagnoses.jsp?year1=2013&characteristic1=0&included1=1&year2=&characteristic2=0&included2=1&expansionInfoState=hide&dataTablesState=hide&definitionsState=hide&exportState=hide](http://www.hcup-us.ahrq.gov/faststats/national/inpatientcomondiagnoses.jsp?year1=2013&characteristic1=0&included1=1&year2=&characteristic2=0&included2=1&expansionInfoState=hide&dataTablesState=hide&definitionsState=hide&exportState=hide). Accessed September 2016.

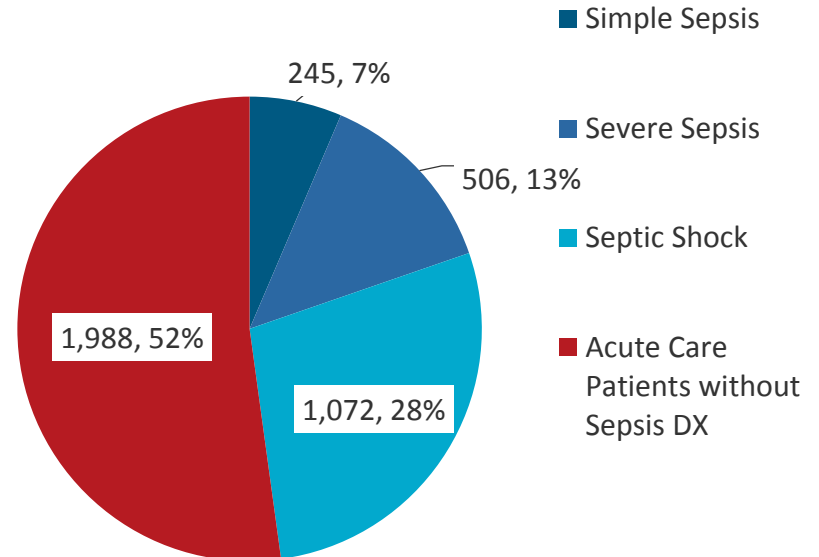
Elixhauser A, Friedman B, Stranges E. *Septicemia in U.S. Hospitals, 2009*. Rep. AHRQ - HCUP, Oct. 2011. Available at <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb122.pdf>. Accessed August 2016.

# Sepsis is the #1 Cause of Inpatient Deaths

## 2014 Acute Care Discharges 11% of Patients Have Sepsis DX



## 2014 Acute Care Deaths 48% of Patients Have Sepsis DX





# Opportunities for intervention

- Reduction in mortality rates have been achieved by implementing a **bundle of interventions** that address the process of care for sepsis.
  - Severe Sepsis and Septic Shock: Management Bundle (Henry Ford Hospital and the Society of Critical Care Medicine, the Infectious Diseases Society of America, and emergency physicians)
  - Creation of the Surviving Sepsis Campaign to revise the measure's specifications on the basis of recently released studies
  - NQF endorsed in 2008
  - CMS adopted this composite measure for the Hospital Inpatient Quality Reporting Program (IQR) and hospitals began submitting measure data beginning with October 1, 2015 discharges

ProCESS Investigators, Yealy DM, Kellum JA, Juang DT, et al. A randomized trial of protocol-based care for early septic shock. *N Engl J Med* 2014; 370(18):1683-1693.

The ARISE Investigators and the ANZICS Clinical Trials Group. Goal-directed resuscitation for patients with early septic shock. *N Engl J Med* 2014; 371:1496-1506.

Mouncey PR, Osborn TM, Power GS, et al. for the ProMISE trial investigators. Trial of early, goal-directed resuscitation for septic shock. *N Engl J Med* 2015. doi:10.1056/NEJMoa1500896.

Levy MM, Rhodes A, Phillips GS, et al. Surviving Sepsis Campaign: Association Between Performance Metrics and Outcomes in a 7.5-Year Study. *Crit Care Med* 2015;43:3-12.

# SEP-1 Bundle

- The Centers for Medicare & Medicaid Services (CMS) has incorporated a composite measure for assessing the degree to which sepsis care in hospitals meets recommended guidelines.
  - Evaluates the processes associated with high quality care for patients with severe sepsis and septic shock
  - Facilitates the “efficient, effective, and timely delivery of high quality sepsis care in support of the Institute of Medicine’s aims for quality improvement.”
  - Aims to lower complication and mortality rates while making sepsis care more affordable by focusing on early intervention, which leads to the use of fewer resources

# SEP-1

To be completed within **three hours** of time of presentation\*:

1. Measure lactate level
2. Obtain blood cultures prior to administration of antibiotics
3. Administer broad spectrum antibiotics
4. Administer 30ml/kg crystalloid for hypotension or lactate  $\geq 4$ mmol/L

---

\* “Time of presentation” is defined as the time of earliest chart annotation consistent with all elements of severe sepsis or septic shock ascertained through chart review.

# SEP-1

To be completed within **six hours** of time of presentation\*:

1. Administer vasopressors (for hypotension that does not respond to initial fluid resuscitation) to maintain a mean arterial pressure (MAP)  $\geq 65$ mmHg
2. In the event of persistent hypotension after initial fluid administration (MAP  $< 65$  mm Hg) or if initial lactate was  $\geq 4$  mmol/L, re-assess volume status and tissue perfusion and document findings according to Table 1
3. Re-measure lactate if initial lactate elevated

---

\* “Time of presentation” is defined as the time of earliest chart annotation consistent with all elements of severe sepsis or septic shock ascertained through chart review.

# SEP-1: Completing The Bundles

Required Action	Severe Sepsis		Septic Shock	
	Three Hour Bundle	Six Hour Bundle	Three Hour Bundle	Six Hour Bundle
Initial Lactate Collection	Yes	Must be completed within three hours of Severe Sepsis Presentation	Must be completed within three hours of Severe Sepsis Presentation	
Blood Culture Collection	Yes			
Initial Antibiotic Started	Yes			
Repeat Lactate Collection (if Initial Lactate greater than 2)	Yes		Must be completed within six hours of Severe Sepsis presentation	
30mL/kg Crystalloid Fluids Started	N/A	N/A	Yes	Must be completed within three hours of Septic Shock
Vasopressor Given (if decreasing BP persists)	N/A	N/A	Must be completed within six hours of Septic Shock	Yes
Repeat Volume Status/ Tissue Perfusion Assessment	N/A	N/A		Yes

# Takeaways

- SEP-1 measure refinement is an ongoing and iterative process
- The process involves engaging with multiple stakeholders
- Refinement is driven by these goals:
  - Maximizing beneficiary sepsis care
  - Minimizing clinician documentation burden
  - Minimizing hospital abstraction burden
- Performance is poised for improvements in future analyses (v5.2) on feedback effective January 1, 2017

# The other side of the coin: Antibiotic Stewardship

- Update to SEP-1
  - Specifications changed in v5.2 → allow cases with known culture results and known sensitivities to use *targeted antibiotic choice*

Hospital XXX <u>Antibiogram</u>										
		% of n isolates susceptible to each antibiotic listed								
Bacteria	Number of isolates tested (n)	TOB	CFP	CTZ	PTZ	IMI	CIP	OXA	VAN	DAP
<i>E. cloacae</i>	192	65	77	66	79	96	85			
<i>E. coli</i>	1462	86	94	90	90	99	65			
<i>K. pneumoniae</i>	379*	78	80	79	86	97	81			
<i>A. baumannii</i>	117	63	61	57	69	73	66			
<i>P. aeruginosa</i>	928	65	73	71	88	76	44			
<i>S. aureus</i>	1178						44	41	100*	100
<i>E. faecalis</i>	572								99	100
<i>E. faecium</i>	206								43	96

\*20% of isolates are ESBL-positive  
 \*23% of isolates have vancomycin MIC = 2mcg/mL  
 TOB = tobramycin; CFP = cefepime; CTZ = ceftazidime; PTZ = piperacillin/tazobactam; IMI = imipenem;  
 CIP = ciprofloxacin; OXA = oxacillin; VAN = vancomycin; DAP = daptomycin  
 Example adapted from Utilization of the Antibiogram in Clinical Practice accessed at <http://www.bugsvsdrugs.com>

- Alignment with other reimbursement policy
  - Quality Payment Program
  - Improvement Activity related to promoting antibiotic stewardship programs

# QIN/QIO efforts on Stewardship: Telligen

- Combating Antibiotic Resistant Bacteria through Antibiotic Stewardship in Communities → Key components:
  - Develop a multidisciplinary advisory team with expertise in the topic area
  - Increase the number of outpatient facilities with AS programs
  - Educate recruited outpatient settings including **healthcare leadership and patients** on the fundamentals of antimicrobial stewardship and the risks of misuse/overuse of antibiotics
  - Build and sustain robust partnerships to promote and educate the community about antibiotic stewardship
  - By the end of the scope of work, 80% of recruited settings will have implemented the Core Elements for Antibiotic Stewardship → will **potentially represent 32% of Medicare FFS beneficiaries** benefiting from implementation of this initiative.



# Best Practice Resource: [www.survivingsepsis.org](http://www.survivingsepsis.org)



STORE     
Forgot username or password? | New User? Sign Up Free




- ABOUT SSC ▾
- GUIDELINES
- BUNDLES
- DATA COLLECTION
- RESOURCES ▾
- IMPLEMENT/IMPROVE ▾
- CONTACT




 **Congress Session Addresses Antibiotic Stewardship in Sepsis**  
A session during the 46th Critical Care Congress addressed balancing early antibiotic administration and stewardship in sepsis. Learn more and access related materials here.

 **Statement on Maternal Sepsis**  
SCCM has endorsed a Statement on Maternal Sepsis released by the World Health Organization.

 **Updated Surviving Sepsis Campaign Guidelines**  
A consensus committee of 55 international experts in sepsis has updated recommendations to help guide clinicians caring for their adult patients with sepsis and septic shock.

 **SSC Listserv**  
The Campaign's listserv provides an active forum for professionals to share experiences and ask questions. [Join SSC Listserv](#)

 **Patients and Families**  
[MyICUCare.org](#) and the THRIVE Initiative offer resources, including information on post-intensive care syndrome.

# Additional resources



- Upcoming Events
- Education
- News and Literature
- Protocols and Checklists**
- Surviving Sepsis App

Surviving Sepsis Campaign > Resources

## Protocols and Checklists

Colleagues share the tools they have developed as they implement the Surviving Sepsis Campaign. Some documents you may not have to start from scratch. If you have created protocols, checklists, policies, and guidelines and bundles, please email PDFs to [info@survivingsepsis.org](mailto:info@survivingsepsis.org). Permissions from your institution may be required.

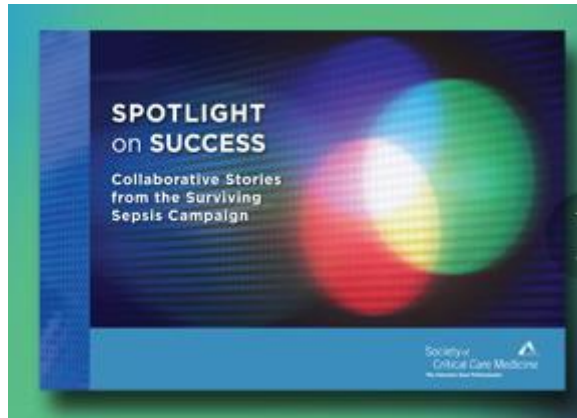
- UPCOMING EVENTS
- EDUCATION
- NEWS AND LITERATURE
- PROTOCOLS AND CHECKLISTS**
- SURVIVING SEPSIS APP

### Campaign Screening Tool Sample

The Surviving Sepsis Campaign provides a paper [screening tool](#) to assist when evaluating patients in the medical/surgical/telemetry wards, or in the ICU.

### Community Resources

- [Severe Sepsis/Septic Shock Progress Note](#) - Cookeville Regional Medical Center
- [Severe Sepsis/Septic Shock Clinical Pathway](#) - Cookeville Regional Medical Center
- [Pediatric Initial Sepsis Response Plan](#) - Wesley Children's Hospital
- [Sepsis Screen Flowchart](#) - Wesley Children's Hospital
- [Sepsis Alert Checklist](#) - Wesley Healthcare
- [Adult Sepsis Management Pathway](#) - St. Helens and Knowsley Hospitals
- [ICU Severe Sepsis Screening Tool](#) - Saint Joseph Mercy Health System
- [Patient Units Severe Sepsis Screening Tool](#) - Saint Joseph Mercy Health System
- [Sepsis Pocket Card](#) - Saint Joseph Mercy Health System
- [Sepsis Recognition and Treatment Protocols](#) - Stony Brook
- [Sepsis Pediatric Order Set](#) - Stony Brook
- [Pediatric ICU Screening Tool](#) - Stony Brook
- [Perinatal Screening Tool](#) - Dignity Health




# The Quality Payment Program

The Quality Payment Program policy will:

- Reform Medicare Part B payments for more than 600,000 clinicians
- Improve care across the entire health care delivery system



Clinicians have two tracks to choose from:




**MIPS**

**The Merit-based Incentive  
Payment System (MIPS)**

*If you decide to participate in traditional  
Medicare, you may earn a performance-based  
payment adjustment through MIPS.*

OR



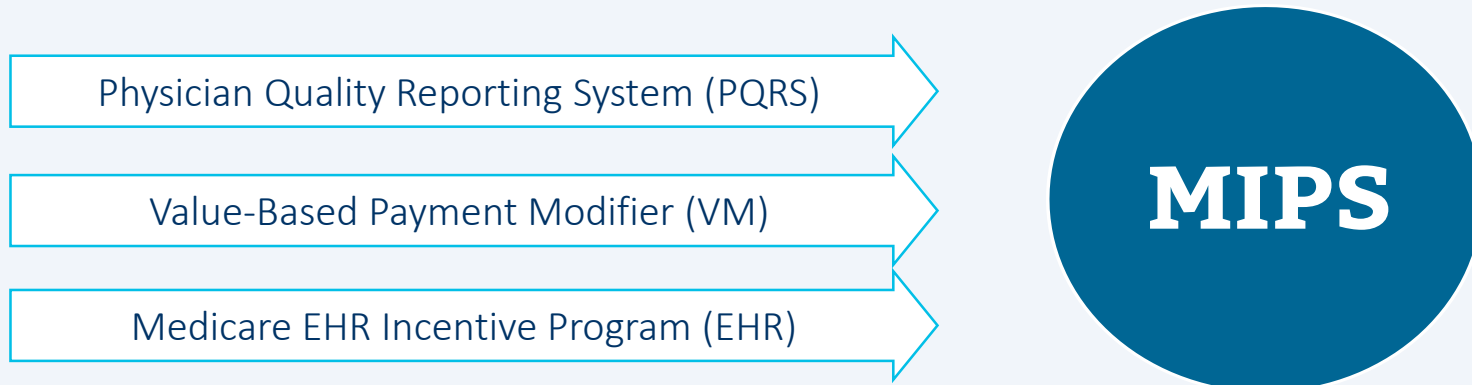
**Advanced  
APMs**

**Advanced Alternative Payment  
Models (APMs)**

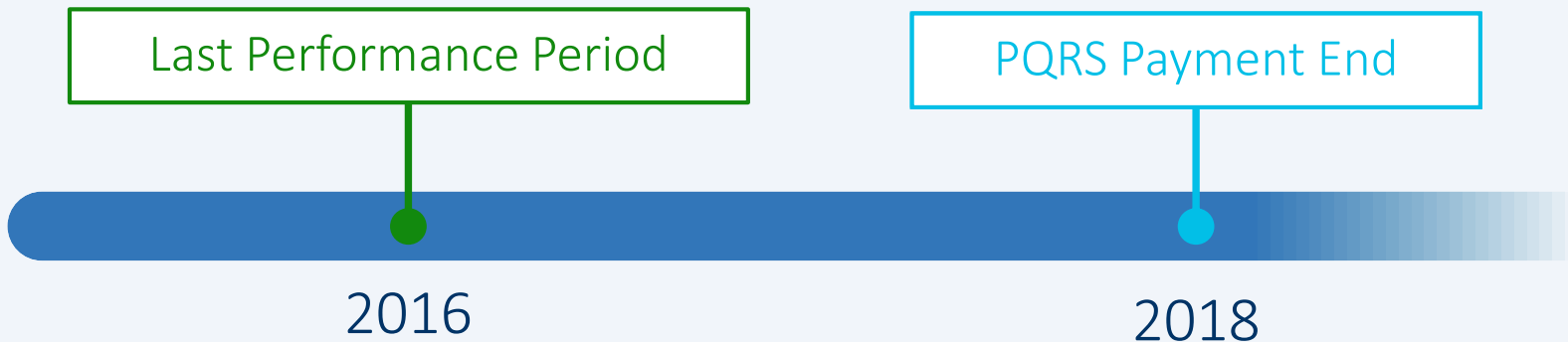
*If you decide to take part in an Advanced APM, you  
may earn a Medicare incentive payment for  
participating in an innovative payment model.*

# What is the Merit-based Incentive Payment System?

Combines legacy programs into single, improved reporting program



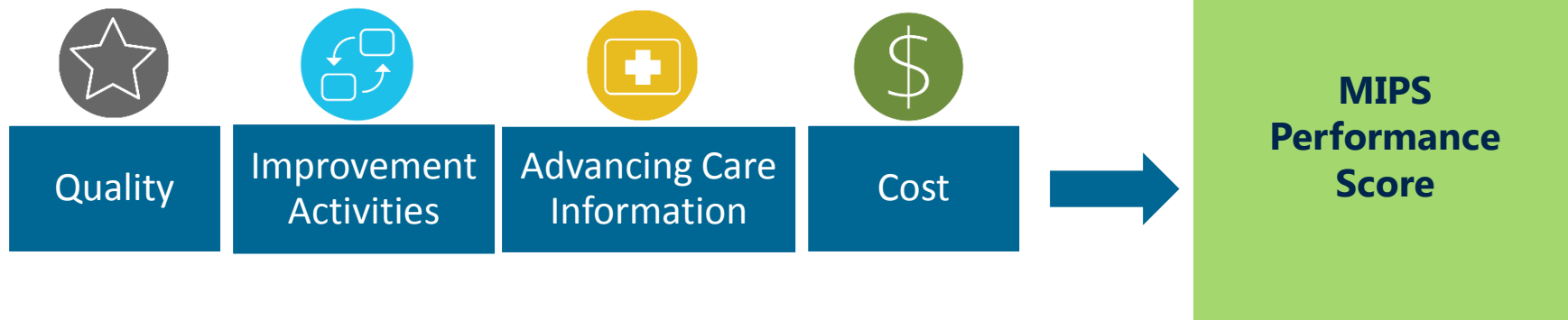
## Legacy Program Phase Out



# What Is MIPS?

<https://qpp.cms.gov>

## Performance Categories:



- Reporting standards align with Alternative Payment Models when possible
- Many measures align with those being used by private insurers

Clinicians will be **reimbursed under Medicare Part B**  
**based on this Performance** Score

# Pick Your Pace for Participation for the Transition Year

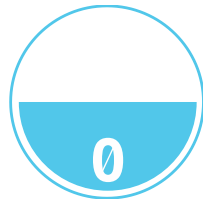
## Participate in an Advanced Alternative Payment Model



- Some practices may choose to participate in an Advanced Alternative Payment Model in 2017

## MIPS

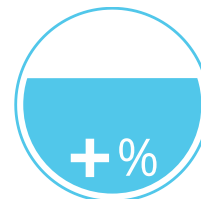
### Test



#### Submit Something

- Submit **some** data after January 1, 2017
- Neutral payment adjustment

### Partial Year



#### Submit a Partial Year

- Report for 90-day period after January 1, 2017
- Neutral or positive payment adjustment

### Full Year



#### Submit a Full Year

- Fully participate starting January 1, 2017
- Positive payment adjustment

Note: Clinicians do not need to tell CMS which option they intend to pursue.

**Not participating in the Quality Payment Program for the Transition Year will result in a negative 4% payment adjustment.**

# Part III: Checklist for Preparing and Participating in MIPS



# Preparing and Participating in MIPS: A Checklist

- ❑ Determine your eligibility and understand the requirements.
- ❑ Choose whether you want to submit data as an individual or as a part of a group.
- ❑ Choose your submission method and verify its capabilities.
- ❑ Verify your EHR vendor or registry's capabilities before your chosen reporting period.
- ❑ Prepare to participate by reviewing practice readiness, ability to report, and the Pick Your Pace options.
- ❑ Choose your measures. Visit [qpp.cms.gov](http://qpp.cms.gov) for valuable resources on measure selection and remember to review your current billing codes and Quality Resource Use Report to help identify measures that best suit your practice.
- ❑ Verify the information you need to report successfully.
- ❑ Care for your patients and record the data.
- ❑ Submit your data by March 31, 2018.



# ☐ Prepare to Participate

## *How Do I Do This?*

1. Consider your practice readiness.
  - Have you previously participated in a quality reporting program?
2. Evaluate your ability to report.
  - What is your data submission method?
  - Are you prepared to begin reporting data between January 1, 2018 and March 31, 2018?
3. Review the Pick Your Pace options for Transition Year 2017.
  - Test
  - Partial Year
  - Full Year

# ☐ Choose Your Measures/Activities

## *How Do I Do This?*

1. Go to [qpp.cms.gov](http://qpp.cms.gov).
2. Click on the **Explore Measures** tab at the top of the page.
3. Select the performance category of interest.

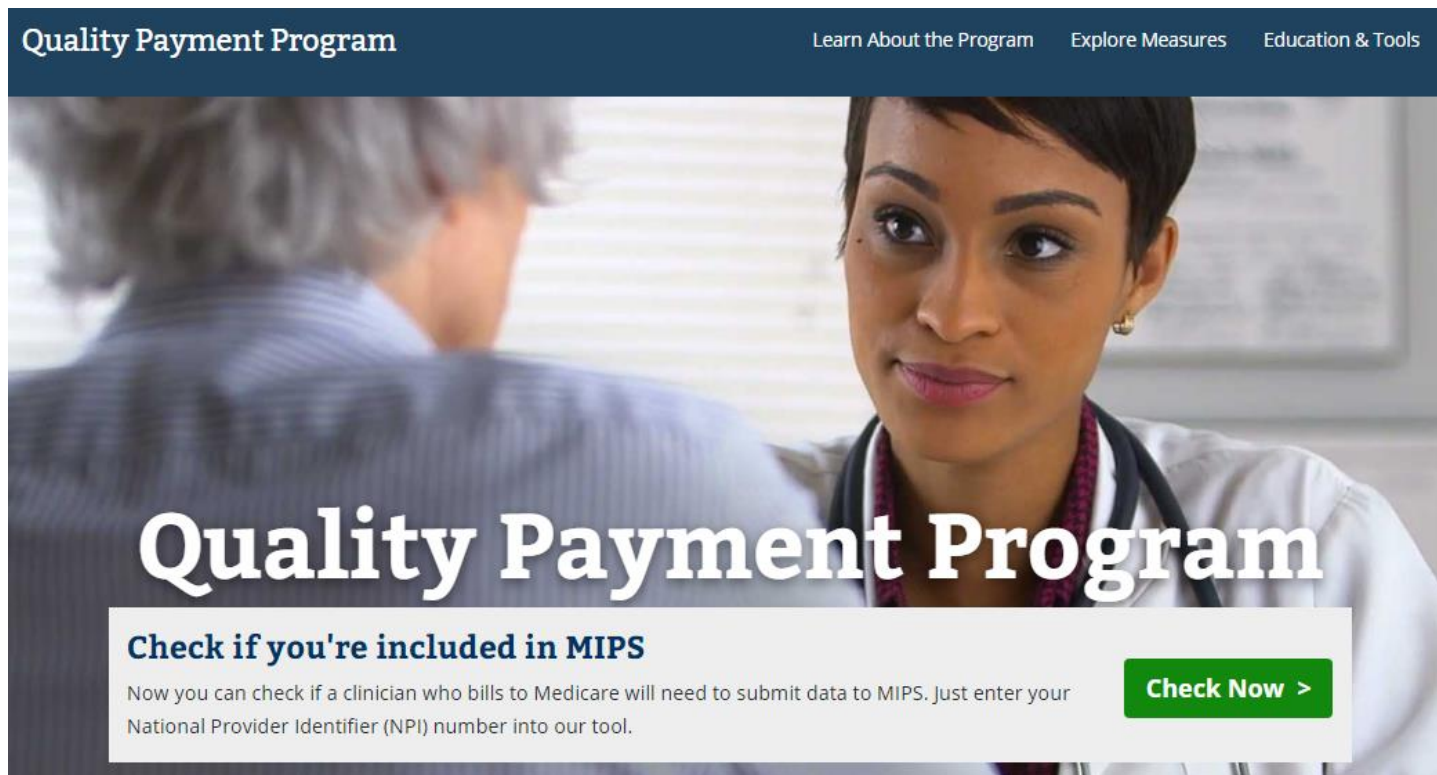
Quality Measures    Advancing Care Information    Improvement Activities

4. Review the individual Quality and Advancing Care Information measures as well as Improvement Activities.

# Getting Started: MIPS Participation Look-Up Tool

You could also check your participation status by:

- Using the MIPS Participation Look-up Tool on [qpp.cms.gov](https://qpp.cms.gov).



The screenshot shows the top of the Quality Payment Program website. At the top left is the text "Quality Payment Program". To the right are three navigation links: "Learn About the Program", "Explore Measures", and "Education & Tools". Below the navigation is a large image of a female doctor in a white coat with a stethoscope, looking at an elderly patient whose back is to the camera. Overlaid on the bottom of the image is a white box with the following text:

**Quality Payment Program**

**Check if you're included in MIPS**



Now you can check if a clinician who bills to Medicare will need to submit data to MIPS. Just enter your National Provider Identifier (NPI) number into our tool.

[Check Now >](#)

## MIPS Overview

Use this tool to browse the different MIPS measures and activities.

**Note:** This tool is only for informational and estimation purposes. You can't use measures or activities.

Category	What do you need to do?
 <p><b>Quality</b> Replaces the Physician Quality Reporting System (PQRS).</p>	<p><b>Most participants:</b> Report up to 6 quality measures for a minimum of 90 days.</p> <p><b>Groups using the web interface:</b> Report quality measures through your APM.</p> <p><b>Groups in APMs qualifying for special scoring standards under MIPS, such as Shared Savings Program Track 1 or the Oncology Care Model:</b> Report quality measures through your APM. You do not need to do anything additional for the MIPS quality category.</p>
 <p><b>Improvement Activities</b> New category.</p>	<p><b>Most participants:</b> Attest that you completed a minimum of 90 days.</p> <p><b>Groups with fewer than 15 participants in a professional shortage area:</b> Attest that you completed a minimum of 90 days.</p> <p><b>Participants in certified patient-centered medical homes, practices, or an APM designated as a patient-centered medical home:</b> Earn full credit.</p>

## Quality Measures

### Instructions

1. Review and select measures that best fit your practice.
2. Add up to six measures from the list below, including one outcome measure. You can use the search and filters to help find the measures that meet your needs or specialty.
3. If an outcome measure is not available that is applicable to your specialty or practice, choose another high priority measure.
4. Download a CSV file of the measures you have selected for your records.

**Groups in APMs qualifying for special scoring standards 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 the MIPS quality category.

**Note:** This tool is only for informational and estimation purposes. You can't use it to submit or attest to measures or activities.

### Select Measures

Search All by Keyword:

All Search for... **SEARCH**

Filter By:

High Priority Measure Data Submission Method Specialty Measure Set

Showing 271 Measures

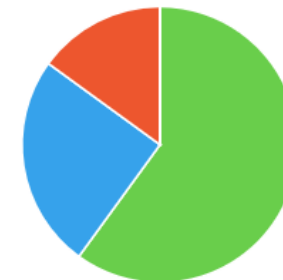
- > Acute Otitis Externa (AOE): Systemic Antimicrobial Therapy - Avoidance of Inappropriate Use **ADD**
- > Acute Otitis Externa (AOE): Topical Therapy **ADD**
- > ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication **ADD**

#### Selected Measures

0 Measures Added

Once you select measures they will appear here

### 2017 MIPS Performance



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

# MIPS Improvement Activity related to Antibiotic Stewardship

## Select Improvement Activities

**Search All by keyword** **Filter by:**

All  **SEARCH** Subcategory Name  Activity Weighting

Showing **1** Activities

Implementation of antibiotic stewardship program



[www.qpp.cms.gov/measures/ia](http://www.qpp.cms.gov/measures/ia)

# MIPS Improvement Activity related to Antibiotic Stewardship

▼ [Implementation of antibiotic stewardship program](#)

ADD

Implementation of an antibiotic stewardship program that measures the appropriate use of antibiotics for several different conditions (URI Rx in children, diagnosis of pharyngitis, Bronchitis Rx in adults) according to clinical guidelines for diagnostics and therapeutics

Activity ID	Subcategory Name	Activity Weighting
IA_PSPA_15	Patient Safety & Practice Assessment	Medium

[www.qpp.cms.gov/measures/ia](http://www.qpp.cms.gov/measures/ia)

# NEXT STEPS

Where can I go to get help?

# Technical Support Available to Clinicians

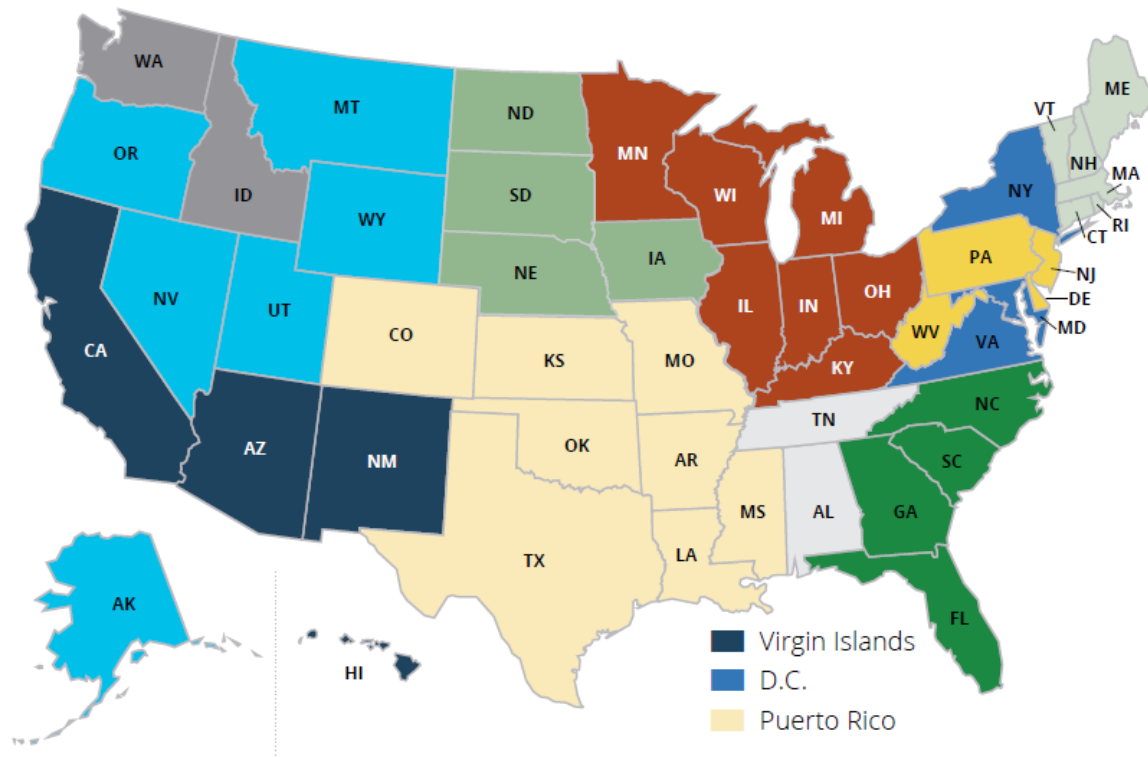
## Integrated Technical Assistance Program

- Full-service, expert help
  - Quality Payment Program Service Center
  - Quality Innovation Network/Quality Improvement Organizations
  - Quality Payment Program — Small, Underserved, and Rural Support
  - Transforming Clinical Practice Initiative
  - APM Learning Networks
- Self-service
  - QPP Online Portal

All support is FREE to clinicians



For general information or for help getting connected, contact [QPPSURS@IMPAQINT.COM](mailto:QPPSURS@IMPAQINT.COM)



### Coverage by Organization

## Additional Resources

#### Quality Payment Program:

[qpp.cms.gov](http://qpp.cms.gov)  
 1-866-288-8292  
 TTY: 1-877-715-6222  
[QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)

#### APM Learning Model Support List:

<http://innovation.cms.gov>

#### Transforming Clinical Practice Initiative (TCPI):

PTN Map: <https://innovation.cms.gov/initiatives/Transforming-Clinical-Practices>

To enroll in TCPI, contact:  
[TCPI.ISC@Truvenhealth.com](mailto:TCPI.ISC@Truvenhealth.com)

#### Quality Improvement Organizations:

QIN-QIO Map:  
<http://qioprogram.org/>

# Quality Payment Program: How to get help

## Need Help

---

The Quality Payment Program Service  
Center is available to help.

**1-866-288-8912**

**TTY: 1-877-715-6222**

Available Monday-Friday; 8:00AM -  
8:00PM Eastern Time

## Questions

---

Send us your questions about the  
Quality Payment Program to

**[QPP@cms.hhs.gov](mailto:QPP@cms.hhs.gov)**

