Physician Quality Reporting System (PQRS): What You Need to Know in 2015

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Three quality improvement organizations:

- MPRO in Michigan
- Stratis Health in Minnesota
- MetaStar in Wisconsin

Collaboration to improve health care for Medicare beneficiaries, share best practices and maximize efficiencies.
LSQIN PQRS Program Leads

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Objectives

• Learn the final reporting requirements for PQRS in 2015
• Learn the methods available for reporting in 2015
• Find out if your organization should be reporting
• Hear specifics about clinical qualified data registry reporting
• Learn about education and technical assistance that is available
2015 CMS Incentive Programs

1) Annual reporting of quality measures to the Centers for Medicare & Medicaid Services (CMS)
   a) Inpatient Quality Reporting (IQR)
   b) PQRS

2) Value-Based Modifier Payment Program

3) EHR Incentive Program
Why PQRS?

• Gives participating eligible professionals (EPs) the opportunity to assess the quality of care they provide to their patients
• Helps to ensure that patients get the right care at the right time
• Helps providers to quantify how often they are meeting a particular quality measure and EPs can compare their results with their peers by using the CMS feedback report
• Reimbursement model is changing from Fee-for-Service (FFS) to pay for reporting, pay for performance and pay for value
Physician Quality Reporting System

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<thead>
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<th>Spotlight</th>
<th>How To Get Started</th>
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<td>CMS Sponsored Calls</td>
<td>Statute Regulations Program Instructions</td>
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<td>ICD-10 Section</td>
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<td>Measures Codes</td>
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<td>CMS-Certified Survey Vendor</td>
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<td>Qualified Clinical Data Registry Reporting</td>
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<td>GPRO Web Interface</td>
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<td>Maintenance of Certification Program Incentive</td>
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<td>Analysis and Payment</td>
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<td>Payment Adjustment Information</td>
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<td>Educational Resources</td>
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<td>PQRS Speaking Request</td>
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<td>2011 Physician Quality Reporting System</td>
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<td>2012 Physician Quality Reporting System</td>
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<td>2013 Physician Quality Reporting System</td>
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2015 General PQRS Guidelines

• Requirements and measures often change from year to year so stay within the current reporting year

• PQRS reporting is a 12 month calendar year

• 2014 was the last year to earn PQRS reporting incentives

• Beginning in 2015:
  • Participation is to avoid the 2017 penalty (2 percent)
  • EPs who bill through their critical access hospital (CAH) using Method II billing may participate in PQRS using all reporting methods
Use the 2015 PQRS quality measures to report except for EPs and group practices who choose to report clinical quality measures (CQMs) electronically. They must use the updated July 2014 version of the eCQMs to report in the 2015 program year

Additional EPs 2015

- Advanced practice registered nurses
- Anesthesiologist assistants
## Eligibility

<table>
<thead>
<tr>
<th>PQRS</th>
<th>Value Modifier</th>
<th>EHR Incentive Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Eligible for Incentive</td>
<td>Subject to Payment Adjustment</td>
</tr>
<tr>
<td><strong>Medicare Physicians</strong></td>
<td></td>
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<tr>
<td>Doctor of Medicine</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Doctor of Osteopathy</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Doctor of Podiatric Medicine</td>
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<td>X</td>
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<tr>
<td>Doctor of Optometry</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Doctor of Oral Surgery</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Doctor of Dental Medicine</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Doctor of Chiropractic</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Practitioners</strong></td>
<td></td>
<td></td>
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<tr>
<td>Physician Assistant</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Certified Registered Nurse</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Anesthetist (10)</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Certified Nurse Midwife</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Clinical Social Worker</td>
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<td>X</td>
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<tr>
<td>Clinical Psychologist</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Registered Dietician</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Nutrition Professional</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Audiologists</td>
<td>X</td>
<td>X</td>
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<tr>
<td><strong>Therapists</strong></td>
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<tr>
<td>Physical Therapist</td>
<td>X</td>
<td>X</td>
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<tr>
<td>Occupational Therapist</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td>Qualified Speech-Language Therapist</td>
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<td>X</td>
</tr>
</tbody>
</table>

**PQRS Eligible Professionals**
2015 Reporting Options

1) Report as an individual EP:
   a) Analyzed at the rendering/individual national provider identifier (NPI) level
   b) No registration is required

2) Report as a group (Group Practice Reporting Option):
   a) Analyzed at the Tax Identification Number (TIN) of organization
3) Report through participation in other programs:
   a) Medicare Shared Savings Program (MSSP)
   b) Pioneer Accountable Care Organization Model (ACO)
   c) Comprehensive Primary Care Initiative (CPC)
National Quality Strategy Domains

1) Patient Safety
2) Effective Clinical Care
3) Person and Caregiver-Centered Experience and Outcomes
4) Community/Population Health
5) Communication and Care Coordination
6) Efficiency and Cost Reduction
1) Claims (Medicare Part B)
2) Qualified Registry
3) Direct electronic health record (EHR) product that is certified EHR technology (CEHRT) by the Office of the National Coordinator for Health Information Technology (ONC)
4) EHR data submission vendor that is CEHRT by the ONC
5) Qualified Clinical Data Registry
### 2015 GPRO Options

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>• Qualified registry.</td>
<td>• Qualified registry.</td>
<td>• Qualified registry.</td>
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<tr>
<td>• Direct EHR product that is CEHRT.</td>
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<td>• Direct EHR product that is CEHRT.</td>
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<tr>
<td>• EHR data submission vendor that is CEHRT.</td>
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<td>• EHR data submission vendor that is CEHRT.</td>
</tr>
<tr>
<td>• CMS-certified Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey vendor and report at least six additional CQMs covering at least two additional National Quality Strategy (NQS) domains by one of the methods above (optional).</td>
<td>• Web interface. If choose to also register for PQRS CAHPS, then must report on all required web interface measures.</td>
<td>• Web interface. Must report all measures in interface.</td>
</tr>
<tr>
<td></td>
<td>• CMS-certified CAHPS survey vendor and report at least six additional CQMs covering at least two additional NQS domains by one of the methods above (optional).</td>
<td>• CMS-certified PQRS CAHPS survey is a requirement for PQRS satisfactory reporting.</td>
</tr>
</tbody>
</table>
The Consumer Assessment of Healthcare Providers and Systems is a patient experience survey, not a patient satisfaction survey.

CAHPS oversight is provided by the Agency for Healthcare Research and Quality (AHRQ).

CMS has a “family” of CAHPS surveys.

Only the PQRS CAHPS survey can be used for satisfactory PQRS reporting.

The PQRS CAHPS survey is equal to three individual measures and one NQS domain.
• Beginning in the 2015 reporting year, CMS will not bear the cost of administering CAHPS for PQRS reporting
• PQRS CAHPS is required for groups of 100+ EPs, but is optional for groups of 2-99 EPs
• Beginning in 2015 the PQRS CAHPS survey will have three options for group practices to satisfactorily report:
  • 2+ EPs reporting via qualified registry with PQRS CAHPS  
  • 2+ EPs reporting via EHR with PQRS CAHPS  
  • 25-99 EPs reporting via Group Practice Reporting Option (GPRO) Web Interface
1) Getting timely care, appointments and information  
2) Access to specialists  
3) Stewardship of patient resources  
4) How well providers communicate  
5) Patient’s rating of provider  
6) Helping you take medication as directed  
7) Shared decision making  
8) Health status/functional status  
9) Between visit communication  
10) Health promotion and education  
11) Courteous and helpful office staff  
12) Care coordination

Selecting PQRS Measures

**Step 1:** Review the 2015 PQRS Measures List (Measures Codes link)

**Step 2:** Consider the following important factors.

a) Clinical conditions usually treated  
b) Types of care typically provided (preventive, chronic, acute)  
c) Settings where care is usually delivered (office, ED, surgery)  
d) Quality Improvement goals for 2015  
e) Other quality reporting programs in use or being considered

**Step 3:** Review the specifications for each measure considered. Select measures that apply to services provided to Medicare patients
1) New requirement in 2015

2) EPs who report individual measures using either:
   a) Claims reporting (individual reporting option)
   b) Registry reporting (individual and group reporting option)

3) Are required to report one cross-cutting measure if they have at least one Medicare patient with a face-to-face visit (19 Cross-Cutting Measures)

4) Please see 2015 PQRS List of Face-to-Face encounters described on Measures Codes link on PQRS website for the purposes of reporting PQRS
1) EPs and groups (of all sizes) could be subject to the MAV process if they choose to report by:
   a) Individual claims method
   b) Qualified Registry

2) Objective of MAV is for CMS to validate if there were additional measures or domains that may have been applicable to report by the EP or group

3) MAV is a two step process:
   Step 1: Clinical/Domain Relation Test
   Step 2: Minimum Threshold Test
4) The process may benefit some EPs and group practices

5) The process may validate that some EPs and group practices should be reporting more measures

6) The 2017 payment adjustment may apply
Physician Compare Website

- Site was launched in Dec. 2011 as part of the Affordable Care Act
- You can access the site at: www.Medicare.gov/physiciancompare
- Purpose is to provide information for consumers to encourage informed health care decisions and to create explicit incentives for physicians to maximize performance
- CMS has planned a phased-in approach of information on physicians, group practices and quality measure outcomes, including the PQRS CG-CAHPS survey results from MSSP and ACO reporting
- Physician Compare uses feedback from the public and other stakeholders to make improvements to the website
Resources

CMS PQRS Website
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS

CMS Value-Based Payment Modifier (VM) Website
http://www.cms.gov/Medicare/Medicare-Fee-for-ServicPayment/PhysicianFeedbackProgram/Value BasedPaymentModifier.html

Frequently Asked Questions (FAQs)
https://questions.cms.gov/

Medicare and Medicaid EHR Incentive Programs

MLN Connects Provider eNews
http://cms.gov/Outreach-and-Education/Outreach/FFSProvPartProg/Index.html

PQRS Listserv
Where to Call for Help

**QualityNet Help Desk:**
866-288-8912 (TTY 877-715-6222)
8/7 a.m. - 8/7 p.m. EST/CST M-F or qnetsupport@hcqis.org
You will be asked to provide basic information such as name, practice, address, phone and email.

**Provider Contact Center:**
Questions on status of 2013 PQRS Incentive Program incentive payment (during distribution timeframe)

**EHR Incentive Program Information Center:**
888-734-6433 (TTY 888-734-6563)

**VM Help Desk:**
888-734-6433 (Option 3) or pvhelpdesk@cms.hhs.gov

**Physician Compare Help Desk:**
Email: PhysicianCompare@Westat.com
The Facts About MNCM’s PQRS 2015 Program

Presented by: Nathan Hunkins & Jen Schnabel
Two main takeaways from this webinar

• **Overview of MNCM’s PQRS Services**
  • How does the program work?
  • What are the requirements to participate?

• **Next Steps for Interested Groups**
  • Webinar in fall
  • Timeline
MNCM & PQRS Reporting: It works like this...

- PQRS partnership with the Wisconsin Collaborative for Healthcare Quality (WCHQ) since 2008

- Qualified to submit data on behalf of:
  - Group Practices (GPRO-Group Reporting Option)
  - Individual providers

- Follow MNCM’s PQRS data submission process
4 Step PQRS Reporting Process

• Select measures and program

• Submit validation information regarding your data extraction process to verify accuracy

• Create and submit data files according to the MNCM PQRS Submission Guide

• Be an active participant in the validation process
Step 1: Choose the PQRS program and measures

- **Group Practice Reporting Option (GPRO)**
  - Groups interested in utilizing MNCM’s GPRO services must first register with CMS.
  - For more information about registering for GPRO, visit the CMS site linked [here](#).

- **Individual Provider Reporting**
  - Groups opting to report on individual providers do **not** need to register with CMS prior to submitting data to MNCM.
  - MNCM utilizes the methods of Direct EHR and Data Submission Vendor (DSV) options.
Select appropriate measures

• Must choose nine measures that cover at least three quality domains unless you are working with PQRS CAHPS vendor

• Select measures that apply to your type of providers
  • e.g. most preventative measures apply to primary care

• Review MNCM’s measure list to determine if there are appropriate measures for your providers
## Example - MNCM’s 2014 PQRS DSV Measures

<table>
<thead>
<tr>
<th>NQF #</th>
<th>Measure Title</th>
<th>Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>0018</td>
<td>Controlling High Blood Pressure</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>0022</td>
<td>Use of High-Risk Medications in the Elderly</td>
<td>Patient Safety</td>
</tr>
<tr>
<td>0028</td>
<td>Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention</td>
<td>Population/Public Health</td>
</tr>
<tr>
<td>0031</td>
<td>Breast Cancer Screening</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>0034</td>
<td>Colorectal Cancer Screening</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>0041</td>
<td>Preventative Care and Screening: Influenza Immunization</td>
<td>Population/Public Health</td>
</tr>
<tr>
<td>0043</td>
<td>Pneumonia Vaccination Status for Older Adults</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>0052</td>
<td>Use of Imaging Studies for Low Back Pain</td>
<td>Efficient Use of Healthcare Resources</td>
</tr>
<tr>
<td>0059</td>
<td>Diabetes: Hemoglobin A1c Poor Control</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>0068</td>
<td>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>0101</td>
<td>Falls: Screening for Future Fall Risk</td>
<td>Patient Safety</td>
</tr>
<tr>
<td>0418</td>
<td>Preventative Care and Screening: Screening for Clinical Depression and Follow Up Plan</td>
<td>Population/Public Health</td>
</tr>
<tr>
<td>0421</td>
<td>Preventative Care and Screening: Body Mass Index (BMI) Screening and Follow Up</td>
<td>Population/Public Health</td>
</tr>
<tr>
<td>0710</td>
<td>Depression Remission at Twelve Months</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>0712</td>
<td>Depression Utilization of PHQ-9 Tool</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>TBD</td>
<td>Hypertension: Improvement in Blood Pressure</td>
<td>Clinical Process/Effectiveness</td>
</tr>
<tr>
<td>TBD</td>
<td>Closing the Referral Loop: Receipt of Specialist Report</td>
<td>Care Coordination</td>
</tr>
<tr>
<td>TBD</td>
<td>Preventative Care and Screening: Screening for High Blood Pressure and Follow-up Documented</td>
<td>Clinical Process/Effectiveness</td>
</tr>
</tbody>
</table>
### Example - MNCM’s 2014 PQRS Registry Measures

<table>
<thead>
<tr>
<th>NQF #</th>
<th>Measure Title</th>
<th>Domain</th>
</tr>
</thead>
<tbody>
<tr>
<td>0028</td>
<td>Preventative Care and Screening: Tobacco Use: Screening and Cessation Intervention</td>
<td>Population/Public Health</td>
</tr>
<tr>
<td>0031</td>
<td>Breast Cancer Screening</td>
<td>Effective Clinical Care</td>
</tr>
<tr>
<td>0034</td>
<td>Colorectal Cancer Screening</td>
<td>Effective Clinical Care</td>
</tr>
<tr>
<td>0041</td>
<td>Preventative Care and Screening: Influenza Immunization</td>
<td>Community/Population Health</td>
</tr>
<tr>
<td>0043</td>
<td>Pneumonia Vaccination Status for Older Adults</td>
<td>Effective Clinical Care</td>
</tr>
<tr>
<td>0046</td>
<td>Screening for Osteoporosis in Women 65 and older</td>
<td>Effective Clinical Care</td>
</tr>
<tr>
<td>0059</td>
<td>Diabetes: Hemoglobin A1c Poor Control</td>
<td>Effective Clinical Care</td>
</tr>
<tr>
<td>0062</td>
<td>Diabetes: Medical Attention for Nephropathy</td>
<td>Effective Clinical Care</td>
</tr>
<tr>
<td>0064</td>
<td>Diabetes: LDL Control (&lt;100 mg/dL)</td>
<td>Effective Clinical Care</td>
</tr>
<tr>
<td>0068</td>
<td>Ischemic Vascular Disease (IVD): Use of Aspirin or Another Antithrombotic</td>
<td>Effective Clinical Care</td>
</tr>
<tr>
<td>0268</td>
<td>Perioperative Care: Selection of Prophylactic Antibiotic – 1st or 2nd Generation Cephalosporin</td>
<td>Effective Clinical Care</td>
</tr>
<tr>
<td>0270</td>
<td>Perioperative Care: Timing of Prophylactic Parenteral Antibiotic – Ordering Physician</td>
<td>Patient Safety</td>
</tr>
<tr>
<td>0271</td>
<td>Perioperative Care: Discontinuation of Prophylactic Parenteral Antibiotics (Non-cardiac)</td>
<td>Patient Safety</td>
</tr>
<tr>
<td>0421</td>
<td>Preventative Care and Screening: BMI Screening and Follow Up</td>
<td>Population/Public Health</td>
</tr>
<tr>
<td>1668</td>
<td>Adult Kidney Disease: Laboratory Testing (Lipid Profile)</td>
<td>Effective Clinical Care</td>
</tr>
<tr>
<td>TBD</td>
<td>Adult Kidney Disease: Blood Pressure Management</td>
<td>Effective Clinical Care</td>
</tr>
<tr>
<td>TBD</td>
<td>Breast Cancer Screening</td>
<td>Effective Clinical Care</td>
</tr>
</tbody>
</table>
Step 2: Pre-data submission activities

• QUERIES: A copy of the SQL queries/statement used to put the file(s) together.

• NARRATIVE: A detailed explanation of the data collection process.

• DICTIONARY: A data dictionary to aid in understanding the field names included in your queries (optional).
Step 3: Prepare and submit data files

- Data submission requires a combination of billing and clinical data broken into different data files
- CSV file format or QRDA level 1 or 3
  - Patient file
  - Encounter file
  - Clinical data file
  - Measure specific file
Step 4: Data validation and final submission

- Participate in data quality checks
- Submit data on time
- Be available and ready if your organization is selected for audit
MNCM’s PQRS Data Submission Timeline

- Now – End of September 2015: Discuss eligibility and reporting requirements
- October – December 2015: Provider and Measure Registration
- Now – Mid-January 2016: Pre-data validation and code cross-mapping
- End of January 2016: Deadline for creating and uploading data files
- February 2016: Validation period following data upload and calculation
- End of February 2016: Data submitted to CMS
Next Steps

• Email opportunities@mncm.org if you have specific questions about MNCM’s PQRS 2015 program

• MNCM will send updates throughout the fall for those who indicate they would like to receive updates

• MNCM will host a webinar in the fall to review the process and requirements
During the next five years, the LSQIN will focus on health care quality improvement initiatives that include:

- Improving cardiac health and reducing cardiac health care disparities
- Reducing disparities in diabetes care
- Improving prevention coordination through health information technology (HIT)
- Reducing healthcare-associated infections in hospitals
- Reducing healthcare-acquired conditions in nursing homes
- Improving the coordination of care between health care settings
- Improving quality through performance-based incentives and reporting systems
Benefits of Provider Participation

Quality improvement
• Utilize improvement strategies to improve quality metrics

Network with similar facilities/practices for support and best practices

Collaborate with the LSQIN cardiac, diabetes and Meaningful Use initiatives sharing education and interventions
Benefits of Provider Participation

Receive technical assistance:

- Assistance with Individuals Authorized Access to the CMS Computer Services (IACs) registration
- Measure selection and improvement strategies
- Selection of clinical decision support (CDS) alerts in EHR related PQRS measures
- PQRS submission education
  - Optional: align with Meaningful Use CQMs to “report once”
- Pull Quality and Resource Use Report (QRUR) report from QualityNet and review
  - Provide feedback regarding cost and quality composite scores
Benefits of Provider Participation

Access to learning sessions
  • Creating an “all teach, all learn” environment

Education
  • Quality improvement
  • VBM
  • PQRS
  • QRUR
  • Cross initiative education
Expectations of Participating Providers

• Create quality improvement goals
• Provide quarterly submissions of PQRS reports
• Review feedback reports and implement agreed upon improvements
• Provide QRUR to LSQIN annually for review
• Participate in learning events
• Participate in individual technical assistance
• Ongoing participation
How do I sign up to Participate?

Laura Sawyer
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lsawyer@mpro.org
248-465-7384

Candy Hanson
Program manager, Stratis Health
chanson@stratishealth.org
952-853-8524

Marni Anderson
Health IT specialist, Quality Consultant, MetaStar
manderso@metastar.com
608-441-8253
Webinar slides will be posted at:
https://www.youtube.com/user/LSQIN

Upcoming webinars:
June 3: PQRS Group Reporting Option
We look forward to working with you!

www.lsqin.org

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