

CY 2023 QPP: Doctors and Clinicians Performance Information on the Medicare.gov Compare Tool

Disclaimers (1)

At the time of this presentation's publication, the included information is correct and up to date.

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EUC Considerations (1)

- Extreme and uncontrollable circumstance (EUC) considerations (such as from a public health emergency)
- All calendar year (CY) 2023 Merit-based Incentive Payment System (MIPS) performance information that's publicly reported meets the established statistical public reporting standards

EUC Considerations (2)

- EUC exceptions were available to clinicians and groups who had challenges collecting or submitting CY 2023 performance information because of the public health emergency.
- Performance information under a MIPS performance category that was reweighted to zero through the EUC policy isn't being publicly reported.
- If you submitted a reweighting request that CMS approved, your performance information, including final score, may have changed from what was displayed during the Preview Period.

Presentation Purpose

- Share information about public reporting for MIPS and Alternative Payment Models (APMs)
- Discuss release of CY 2023 performance information for clinicians on the Medicare.gov compare tool and in the Provider Data Catalog (PDC)

Doctors and Clinicians: Public Reporting Background

Purpose of Doctors and Clinicians Public Reporting

Helps people with Medicare
make informed decisions



Incentivizes clinicians to
maximize performance



Doctors and Clinicians Public Reporting: Beginnings

CMS began publicly reporting clinician performance information:

- Under the Affordable Care Act
- Starting with Physician Quality Reporting System (PQRS) measures
- Using a phased approach

With Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), CMS continued the phased approach to public reporting with Quality Payment Program (QPP) performance information.

Doctors and Clinicians Public Reporting: Required Information

CMS is required to publicly report:

- Measure- and attestation-level performance information
- MIPS final scores
- MIPS performance category scores
- Certain APM information
- Aggregate performance information

The Medicare.gov Compare Tool and the PDC (1)

CMS initially publicly reported performance information:

- On 8 websites, each for a different care setting
- On Physician Compare for clinician performance information

CMS now publicly reports performance information:

- On the compare tool on Medicare.gov
- In the Provider Data Catalog (PDC)

The Medicare.gov Compare Tool and the PDC (2)

The **compare tool on Medicare.gov** provides a single-source search-and-compare experience for people to find information about clinicians and other health care providers and settings based on their needs.

Compare tool homepage: [Medicare.gov/care-compare](https://www.medicare.gov/care-compare)

The **PDC** allows researchers and other interested parties to directly access and download the official data used on the Medicare.gov compare tool.

PDC homepage: [Data.cms.gov/provider-data](https://data.cms.gov/provider-data)

Clinicians Public Reporting Standards (1)

Not all performance information submitted through QPP is publicly reported. Only measures and activities that meet the established public reporting criteria are publicly reported.

All clinician performance information on the Medicare.gov compare tool and in the PDC must meet the established public reporting standards, unless otherwise required by statute.

Clinicians Public Reporting Standards (2)

For the PDC, performance information must:

- Be statistically valid, reliable, and accurate
- Be comparable across collection types
- Meet the minimum reliability threshold

Clinicians Public Reporting Standards (3)

To be included on the **profile pages on the Medicare.gov compare tool**, performance information must also resonate with Medicare patients and caregivers, as determined by user testing.

Additionally, quality and cost measures in their first 2 years of use aren't publicly reported (§414.1395(c)).

MIPS Performance Information

The following MIPS performance information is available for public reporting:

- Quality measures
- Promoting Interoperability measures and attestations
- Improvement activities
- Cost measures
- Final scores and performance category scores

MIPS Performance Information: Aggregate

Beginning calendar year (CY) 2018, aggregate MIPS performance information:

- Is periodically publicly reported
- Is published for MIPS eligible clinicians and groups
- Is published for voluntary reporters unless they opted out of public reporting during that year's Preview Period

APM Performance Information

The following APM performance information is available for public reporting, as technically feasible:

- An indicator that clinicians and groups participated in APMs
- Links from group profile pages to Medicare Shared Savings Program Accountable Care Organization (ACO) pop-up modals
- ACO performance information for Shared Savings Program ACOs

Utilization (Procedure Volume) Data

Section 104(e) of MACRA requires the public reporting of services and procedures provided by clinicians.

To meet this requirement, CMS publicly reports the volume for procedures performed by clinicians on patients on their profile pages on the Medicare.gov compare tool and in the PDC.

Utilization (Procedure Volume) Data (1)

Procedure volume data on clinician profile pages includes 19 procedures (updated on a continual basis). Additional procedures will be added periodically (as feasible). **A procedure can appear on a clinician profile page if the clinician performed it for Original Medicare and Medicare Advantage patients over a recent 12-month observation window. Note that this data is updated every 3 months and is also available in the PDC.**

Utilization (Procedure Volume) Data (2)

Here is an example of how utilization procedure volume data would appear for a procedure on a clinician's profile page. It shows that the hernia repair (minimally invasive) procedure was one of the procedures performed by the clinician in the last 12 months, that the clinician performed the procedure 26 times during that time, and that they are in the 95th percentile for this procedure for the period.

Medicare procedures performed in the last 12 months

This page includes procedures that this clinician performed for patients with Original Medicare and Medicare Advantage in the last 12 months. This clinician may also perform more types of procedures within Medicare and may perform procedures for patients with other types of health insurance, like commercial insurance plans not shown here.

Hernia repair (minimally invasive)

Annual number of procedures: 26

This clinician's percentile: 95th



Utilization (Procedure Volume) Data: Resources

Available on the **Care Compare: Doctors and Clinicians Initiative** webpage ([CMS.gov/medicare/quality/physician-compare-initiative](https://www.cms.gov/medicare/quality/physician-compare-initiative)):

- More information about the 19 possible procedures that can appear on clinician profile pages

CY 2023 QPP Performance Information

Publicly Reported CY 2023 MIPS Performance Information for Clinicians (1)

CY 2023 MIPS Performance Information

Performance Information	Medicare.gov Compare Tool Profile Pages	PDC
Quality measures	Yes	Yes
Quality performance category scores	No	Yes
Improvement activities	Yes	Yes
Improvement activities performance category scores	No	Yes
Promoting Interoperability measures and attestations	Yes	Yes

Publicly Reported CY 2023 MIPS Performance Information for Clinicians (2)

CY 2023 MIPS Performance Information

Performance Information	Medicare.gov Compare Tool Profile Pages	PDC
Promoting Interoperability performance category scores	No	Yes
Cost performance category scores	No	Yes
Final scores	No	Yes

Note that CY 2023 cost measures aren't publicly reported. Starting with CY 2024, cost measures will be included in the PDC. CMS will continue to evaluate ways to publicly report cost measures on profile pages in future years.

CY 2023 Profile Page Indicators (1)

The table on the following slide provides a summary of the four CY 2023 indicator icons and how they are interpreted on profile pages.

CMS displays CY 2023 publicly reported performance information on clinician and group profile pages as either star ratings or indicator icons. The indicator icons are either check marks or caution symbols and are each accompanied by a plain language description.

The 4 possible indicators include the telehealth services indicator, the information-blocking indicator, the Promoting Interoperability indicator, and the APM participation indicator. Note that a profile page can't display both the Promoting Interoperability indicator and the information-blocking indicator.

CY 2023 Profile Page Indicators (2)

Icon	Indicator Description
	A green check mark and plain language description if a clinician provided some services through telehealth CY 2023.
	A yellow caution symbol and plain language description if a clinician or group attested negatively to 1 or more of the CY 2023 prevention of information-blocking attestations.
	A green check mark and plain language description if a clinician or group reported the Promoting Interoperability performance category successfully by achieving a CY 2023 Promoting Interoperability performance category score above zero.
	A green check mark and plain language APM description if a clinician or group participated in selected APMs in CY 2023.

Quality Performance Category: MIPS Quality Measures (1)

- A subset of CY 2023 MIPS quality measures is publicly reported as star ratings on the profile pages of clinicians and groups.
- Quality measures only appear on profile pages if a clinician or group submitted CY 2023 performance information for measures selected for public reporting.
- Clinicians who get a facility-based score receive either a green check mark or a yellow caution symbol indicator.
- Not all clinicians and groups have performance information on their profile pages.

Quality Performance Category: MIPS Quality Measures (2)

Example of a MIPS quality measure on the profile page of a clinician or group.

Giving antiplatelet blood thinners to patients with heart disease ★★★★★ ▼

↑ *More stars are better*

Quality Performance Category: MIPS Quality Measures (3)

Star ratings:

- Are received by clinicians and groups
- Range from 1 to 5 stars, with more being better
- Are always reported for all measures

Plain language:

- Measure title and description are shown with the star rating
- Used instead of technical language so information on profile pages is understandable to people.

MIPS Quality Measures: Resources

Available for download on the **Care Compare: Doctors and Clinicians Initiative** webpage ([CMS.gov/medicare/quality/physician-compare-initiative](https://www.cms.gov/medicare/quality/physician-compare-initiative)):

- Full list of publicly reported MIPS quality measures
- CY 2023 Doctors and Clinicians Star Ratings Fact Sheet

Quality Performance Category: QCDR Measures

Qualified Clinical Data Registry (QCDR) measures are publicly reported as star ratings on the profile pages of clinicians and groups.

Screening for tobacco use in emergency department patients with asthma and COPD and providing help quitting when needed.  

 *More stars are better*

Quality Performance Category: QCDR Measures: Resources

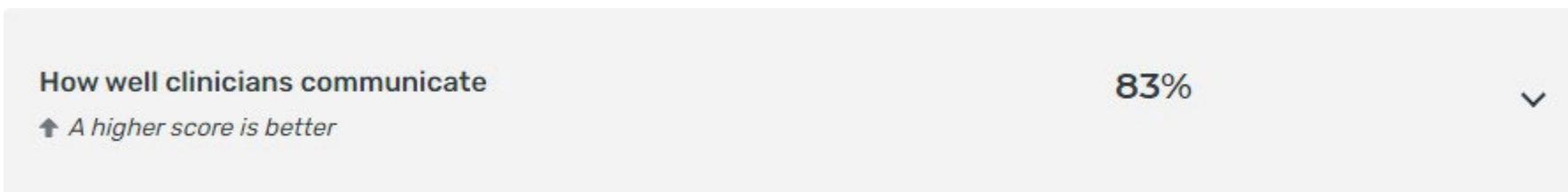
Available for download on the **Care Compare: Doctors and Clinicians Initiative** webpage ([CMS.gov/medicare/quality/physician-compare-initiative](https://www.cms.gov/medicare/quality/physician-compare-initiative)):

- Full list of publicly reported QCDR measures

Quality Performance Category: CAHPS for MIPS Summary Survey Measures (1)

Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS summary survey measure scores:

- Final type of publicly reported performance information for CY 2023
- Collected for groups only and reported only on group profile pages
- Displayed similarly to MIPS quality and QCDR measures
- Reported with top-box scores rather than star ratings



Quality Performance Category: CAHPS for MIPS Summary Survey Measures (2)

Top-box scores:

- Are a percent performance score
- Are better understood for CAHPS for MIPS summary survey measures than start ratings
- Represent the percentage of patients who reported the most positive responses on the survey question

How well clinicians communicate

83%

↑ *A higher score is better*



CAHPS for MIPS Summary Survey Measures: Resources

Available for download on the **QPP Resource Library**

([QPP.cms.gov/resources/resource-library](https://qpp.cms.gov/resources/resource-library)):

- CAHPS for MIPS Survey Quality Assurance Guidelines Version 2025

Quality Performance Category for Clinicians: CY 2022 Versus CY 2023

Number of quality measures publicly reported under each quality measure type on clinician profile pages for CY 2022 and CY 2023. The statistical public reporting standards are the major drivers of this variation, which require performance information to be valid, reliable, and comparable. It's expected that there will be slight changes between each calendar year.

Quality Measure Type	CY 2022	CY 2023
MIPS quality	60	62
QCDR	6	8
Total	66	74

Quality Performance Category for Groups: CY 2022 Versus CY 2023

Number of quality measures publicly reported under each quality measure type on group profile pages for CY 2022 and CY 2023. The statistical public reporting standards are the major drivers of this variation, which require performance information to be valid, reliable, and comparable. It's expected that there will be slight changes between each calendar year.

Quality Measure Type	CY 2022	CY 2023
MIPS quality	72	68
QCDR	21	17
CAHPS for MIPS summary survey	5	7
Total	98	101

Promoting Interoperability Performance Category: Submitted CY 2023 Information Indicator

Clinicians and groups who successfully submitted CY 2023 Promoting Interoperability information have an indicator on their profile pages.

Electronic Health Record technology participation

✓ This group is a successful performer in the Electronic Health Record Technology performance category.

Promoting Interoperability Performance Category: Negatively Attested to Prevention of Information-Blocking Attestations CY 2023 Indicator

Clinicians and groups also have an indicator for if they attested negatively to 1 or more of the prevention of information-blocking attestations for CY 2023.



Promoting Interoperability Performance Category: Overall Performance Indicator

The overall performance indicator appears on clinician and group profile pages with a green check mark and associated plain language description.

Electronic Health Record technology participation

- ✓ This group is a successful performer in the Electronic Health Record Technology performance category.

Promoting Interoperability Performance Category: Measures

A subset of CY 2023 Promoting Interoperability measures is publicly reported as star ratings on the profile pages of clinicians and groups.

Electronic Health Record Technology performance

The Electronic Health Record Technology (EHR) star ratings are based on performance information this group reported to Medicare based on a s... [Read more](#)

Electronic prescribing of medicines ★★★★☆ ∨

↑ *More stars are better*

Promoting Interoperability Performance Category: Attestations

A subset of CY 2023 Promoting Interoperability attestations is publicly reported as check marks on the profile pages of clinicians and groups.

Electronic Health Record Technology activities

- ✓ Analyzes security risk and implements electronic security updates.
- ✓ Uses an electronic health information exchange to securely share and receive patient health information with other clinicians for referrals and record-keeping.

Promoting Interoperability Performance Category: Measures and Attestations: Resources

Available for download on the **Care Compare: Doctors and Clinicians Initiative** webpage ([CMS.gov/medicare/quality/physician-compare-initiative](https://www.cms.gov/medicare/quality/physician-compare-initiative)):

- Full list of publicly reported Promoting Interoperability measures and attestations

Improvement Activities Performance Category (1)

MIPS improvement activities attestations are displayed as check marks on the profile pages of clinicians and groups.

Improvement activities

- ✓ Collecting and following-up on patient experience and satisfaction data related to patient engagement.
- ✓ Establishing standard operations to ensure smooth transitions of care.

[Show more](#)

Improvement Activities Performance Category (2)

- All CY 2023 MIPS improvement activities attestations meet the established public reporting standards.
- Upward of 100 activities could be reported on a given profile page.
- Maximum of 10 attestations per profile page is reported.
- 10 most highly reported attestations by entity are reported on profile pages.
- All MIPS improvement activities that meet the public reporting standards are publicly available in the PDC.

Improvement Activities: Resources

Available for download on the **Care Compare: Doctors and Clinicians Initiative** webpage ([CMS.gov/medicare/quality/physician-compare-initiative](https://www.cms.gov/medicare/quality/physician-compare-initiative)):

- Full list of publicly reported improvement activities attestations

Publicly reported in the **PDC** ([Data.cms.gov/provider-data](https://data.cms.gov/provider-data)):

- CY 2023 MIPS improvement activities performance category scores

Cost Performance Category

- CY 2023 cost measures aren't publicly reported
- CY 2024 (and future year) cost measures will be included in the PDC

MIPS Performance Information: Clinicians in APMs (1)

Whether clinicians in APMs in CY 2023 have their performance information publicly reported depends on:

- Which type of APM they participated in
- Which measures were selected for public reporting

MIPS Performance Information: Clinicians in APMs (2)

Measure-level performance scores for groups participating in Medicare Shared Savings Program ACOs:

- Are displayed on a pop-up modal on the group profile page
- For a subset of their quality measures submitted through the APM Performance Pathway (APP)

MIPS Performance Information: Clinicians in APMs (3)

Qualifying clinicians in Advanced APMs:

- Don't have their clinician-level performance information publicly reported

MIPS eligible clinicians in APMs (that are neither an Advanced nor a MIPS APM):

- May have their clinician-level MIPS performance information publicly reported, unless they received an EUC exception

Clinicians in APMs (1)

Clinicians who participated in the APMs have a participation indicator on their profile page. The indicator is a green check mark, a plain language description noting that the clinician participated in an innovative model, and a link to a page with more information about the specific model.



Clinicians in APMs (2)

- ACO REACH Model
- Bundled Payment for Care Improvement Advanced Model
- Comprehensive Care for Joint Replacement Payment Model
- Enhancing Oncology Model
- Independence at Home Demonstration
- Kidney Care Choices Model
- Maryland Total Cost of Care Model
- Medicare Shared Savings Program
- Primary Care First
- Value in Opioid Use Disorder Treatment Demonstration Program
- Vermont Medicare ACO Initiative

Groups in APMs

Each profile page for groups in Shared Savings Program ACOs includes:

- An innovative model participation indicator
- A link to more information about the Shared Savings Program models
- A link to a pop-up modal for their specific ACO

Innovative model participation

✓ Yes

Medicare Shared Savings Program – Participates through Commonwealth Primary Care ACO

ACO Performance Information: CY 2023 Shared Savings Program

CY 2023 Shared Savings Program
ACO performance information is publicly reported through a pop-up modal on each participating group's profile page on the Medicare.gov compare tool.

Innovative Primary Care LLC

Accountable Care Organization performance & patient survey scores

[Commonwealth Primary Care ACO](#)

Print

Performance scores

These performance scores are based on information this ACO reported to Medicare using a set of specific criteria and guidelines about the be... [Read more](#)

Preventive care: Cancer screening

Some ACOs do a better job than others screening patients for cancer. Medicare gave this ACO a score on each measure based on how well the AC... [Read more](#)

Screening for breast cancer ↑ A higher score is better	82.11%	▼
Screening for colorectal (colon or rectum) cancer ↑ A higher score is better	81.57%	▼

ACO Performance Information: Pop-Up Modals

The ACO pop-up modals have:

- 8 MIPS quality measures
- 7 publicly reported CAHPS for MIPS summary survey measures

Note that the 7 CAHPS for MIPS summary survey measures are components of the CAHPS for MIPS Survey measure. The total CAHPS measure score is a roll-up of 9 CAHPS for MIPS summary survey measures with benchmarks.

Innovative Primary Care LLC

Accountable Care Organization performance & patient survey scores

[Commonwealth Primary Care ACO](#)

Print

Performance scores

These performance scores are based on information this ACO reported to Medicare using a set of specific criteria and guidelines about the be... [Read more](#)

Preventive care: Cancer screening

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Screening for breast cancer ↑ A higher score is better	82.11%	▼
Screening for colorectal (colon or rectum) cancer ↑ A higher score is better	81.57%	▼

ACO Performance Information: Resources

Available for download on the **Care Compare: Doctors and Clinicians Initiative** webpage ([CMS.gov/medicare/quality/physician-compare-initiative](https://www.cms.gov/medicare/quality/physician-compare-initiative)):

- Full list of publicly reported ACO quality measures, including CAHPS for MIPS summary survey measures

The PDC

For CY 2023, the PDC includes:

- All performance information from clinician and group profile pages
- Measures that met statistical public reporting standards but weren't selected for public reporting on profile pages
- Measure denominators
- Measure benchmarks (if applicable)
- Final scores and performance category scores
- Aggregate MIPS performance information (updated periodically)

PDC for Clinicians: CY 2022 Versus CY 2023

Performance Information Type	CY 2022	CY 2023
MIPS quality measures	127	126
QCDR measures	23	25
MIPS Promoting Interoperability measures	4	4
MIPS Promoting Interoperability attestations	22	35
MIPS improvement activity attestations	105	103

PDC for Groups: CY 2022 Versus CY 2023

Performance Information Type	CY 2022	CY 2023
MIPS quality measures	135	142
QCDR measures	56	83
CAHPS for MIPS summary survey measures	6	8
MIPS Promoting Interoperability measures	4	4
MIPS Promoting Interoperability attestations	22	35
MIPS improvement activity attestations	105	103

Medicare.gov Compare Tool

General Information and FAQs

What Are the Criteria for Clinicians to Have a Profile Page on the Medicare.gov Compare Tool?

Clinicians

- Be in approved status in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)
- Have at least 1 valid practice location address
- Have submitted a Medicare fee-for-service claim or be newly enrolled in PECOS in the last 6 months
- Have at least 1 specialty noted in PECOS

What Are the Criteria for Groups to Have a Profile Page on the Medicare.gov Compare Tool?

Groups

- Be in approved status in PECOS
- Have at least 1 valid practice location address
- Have submitted a Medicare fee-for-service claim or be newly enrolled in PECOS in the last 6 months
- Have a legal business name
- Have at least 2 active Medicare health care professionals reassign their benefits to the group's Taxpayer Identification Number (TIN)

What General Information Is on Clinician Profile Pages?

- Name
- Addresses and phone numbers
- Medical specialties
- Medicare assignment status
- Board certifications
- Education
- Gender
- Group affiliation
- Facility affiliation(s)
- Telehealth services
- Utilization (procedure volume) data
- APM affiliations

What General Information Is on Group Profile Pages?

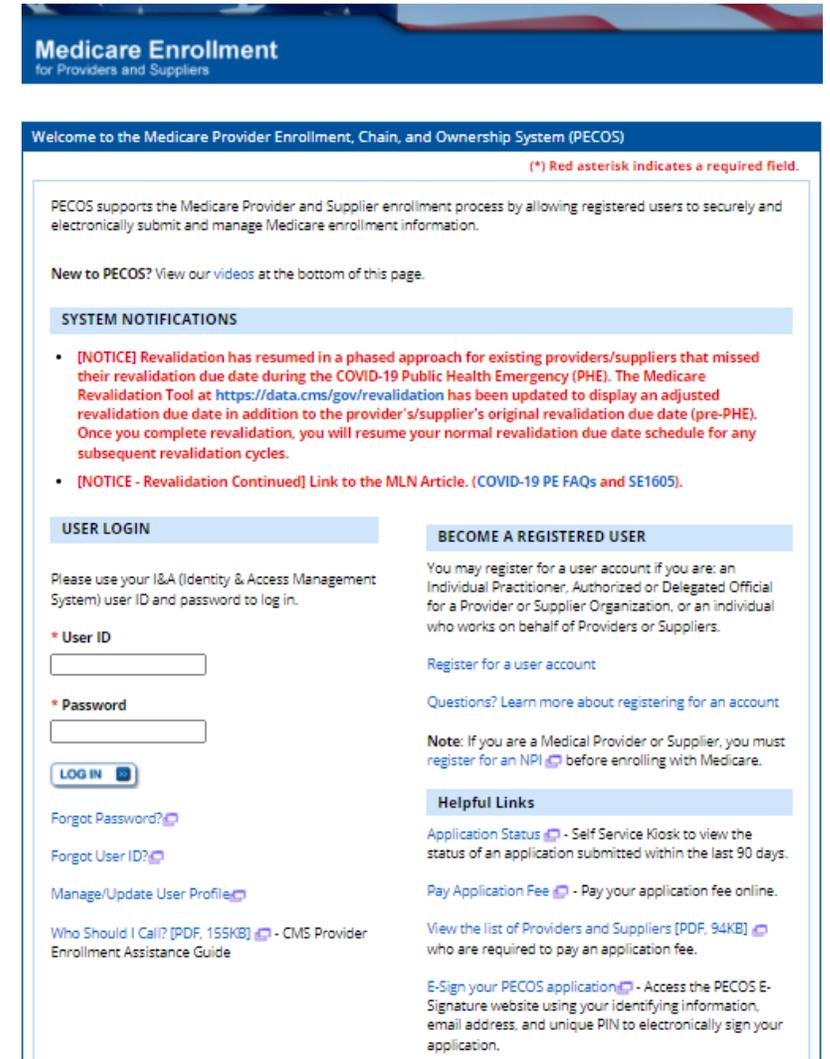
- Name
- Addresses and phone numbers
- Medical specialties
- Medicare assignment status
- Affiliated clinicians
- Shared Savings Program ACO affiliations

What General Information Is on ACO Profile Pages?

- Name
- ACO/APM website URL

Keep Your Information Updated

- Make sure your information is up to date in PECOS.
- Clinician information is pulled from PECOS to create clinician profile pages.
- It may take up to 4 months for changes made in PECOS to be reflected on the Medicare.gov compare tool.



Medicare Enrollment
for Providers and Suppliers

Welcome to the Medicare Provider Enrollment, Chain, and Ownership System (PECOS)

(*) Red asterisk indicates a required field.

PECOS supports the Medicare Provider and Supplier enrollment process by allowing registered users to securely and electronically submit and manage Medicare enrollment information.

New to PECOS? View our [videos](#) at the bottom of this page.

SYSTEM NOTIFICATIONS

- [NOTICE] Revalidation has resumed in a phased approach for existing providers/suppliers that missed their revalidation due date during the COVID-19 Public Health Emergency (PHE). The Medicare Revalidation Tool at <https://data.cms.gov/revalidation> has been updated to display an adjusted revalidation due date in addition to the provider's/supplier's original revalidation due date (pre-PHE). Once you complete revalidation, you will resume your normal revalidation due date schedule for any subsequent revalidation cycles.
- [NOTICE - Revalidation Continued] [Link to the MLN Article. \(COVID-19 PE FAQs and SE1605\).](#)

USER LOGIN

Please use your I&A (Identity & Access Management System) user ID and password to log in.

* User ID

* Password

[LOG IN](#)

[Forgot Password?](#)

[Forgot User ID?](#)

[Manage/Update User Profile](#)

[Who Should I Call? \[PDF, 155KB\]](#) - CMS Provider Enrollment Assistance Guide

BECOME A REGISTERED USER

You may register for a user account if you are an Individual Practitioner, Authorized or Delegated Official for a Provider or Supplier Organization, or an individual who works on behalf of Providers or Suppliers.

[Register for a user account](#)

[Questions? Learn more about registering for an account](#)

Note: If you are a Medical Provider or Supplier, you must register for an NPI before enrolling with Medicare.

Helpful Links

[Application Status](#) - Self Service Kiosk to view the status of an application submitted within the last 90 days.

[Pay Application Fee](#) - Pay your application fee online.

[View the list of Providers and Suppliers \[PDF, 94KB\]](#) who are required to pay an application fee.

[E-Sign your PECOS application](#) - Access the PECOS E-Signature website using your identifying information, email address, and unique PIN to electronically sign your application.

Keep Your Information Updated: Resources

Available through the **About the Data** tab on the **Care Compare: Doctors and Clinicians Initiative** webpage ([CMS.gov/medicare/quality/physician-compare-initiative](https://www.cms.gov/medicare/quality/physician-compare-initiative)):

- What information can be updated through PECOS

For answers to questions about updating information on your profile page on the Medicare.gov compare tool, email:

- **QPP Service Center** (QPP@cms.hhs.gov)

Resources

- Medicare.gov compare tool: [Medicare.gov/care-compare](https://www.Medicare.gov/care-compare)
- Provider Data Catalog: Data.cms.gov/provider-data
- Care Compare: Doctors and Clinicians Initiative webpage: CMS.gov/medicare/quality/physician-compare-initiative
- QPP website: QPP.cms.gov
- QPP and Care Compare: Doctors and Clinicians Listservs: Public.govdelivery.com/accounts/USCMS/subscriber/new?preferences=true&tab1

Questions?

Contact the QPP Service Center by:

- Emailing QPP@cms.hhs.gov
- Submitting a ticket at [CMSQualitySupport.servicenow.com](https://www.cms.gov/QualitySupport)
- Calling **1-866-288-8292** (Monday–Friday, 8 a.m.–8 p.m. ET)

People who are deaf or hard of hearing can call 711 to connect with a Telecommunications Relay Services (TRS) Communications Assistant.