

**Merit-based Incentive Payment System (MIPS):
Cost Measure Development
Opportunities for Providing Stakeholder Input**

June 2019

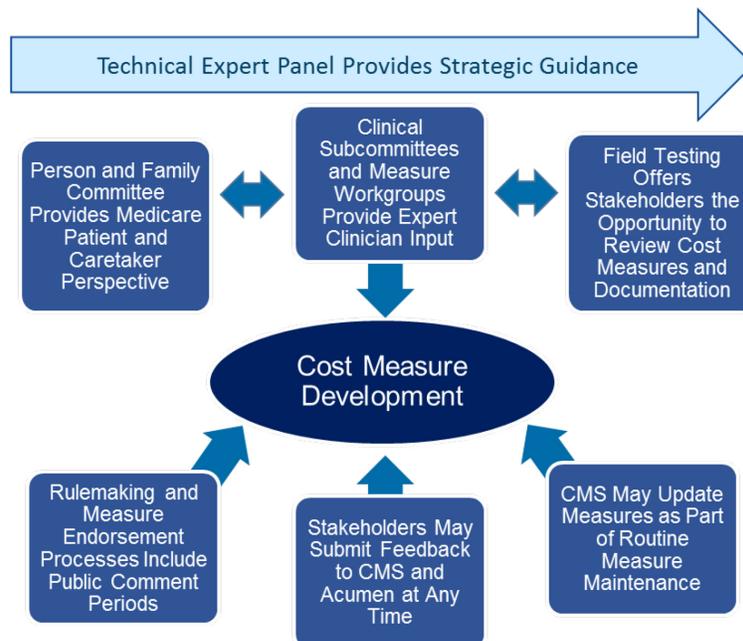
Introduction

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) established the Quality Payment Program. Under the Quality Payment Program, clinicians are incentivized to provide high-quality and high value care through Advanced Alternative Payment Models (APMs) or the Merit-based Incentive Payment System (MIPS). MIPS eligible clinicians will receive a performance-based adjustment to their Medicare payments. This payment adjustment is based on a MIPS final score that assesses evidence-based and practice-specific data in the following categories: (i) Quality, (ii) Cost, (iii) Improvement Activities, and (iv) Promoting Interoperability. The Centers for Medicare & Medicaid Services (CMS) has contracted with Acumen, LLC (referred to as “the measure development contractor”) to develop episode-based cost measures and re-evaluate cost measures for potential use in the cost performance category of MIPS.

Stakeholder input is critical to the development of robust, meaningful, and actionable episode-based cost measures. Throughout the measure development process, the measure development contractor seeks input from clinicians and other stakeholders to inform the development of episode-based cost measures and re-evaluation of existing cost measures. This process relies on input from a large number of stakeholders, including multiple groups of clinicians affiliated with a broad range of professional societies and is detailed in the Episode-Based Cost Measure Field Testing Measure Development Process document, available for download from the [CMS MACRA Feedback Page](#).¹

This document details the opportunities available to stakeholders to provide feedback during cost measure development or re-evaluation. Opportunities exist on a continuous basis through the channels described in this document and depicted in Figure 1 below.

Figure 1. Diagram Illustrating the Continuous Integration of Stakeholder Input throughout the Development and Re-Evaluation Processes



¹ CMS, “Episode-Based Cost Measure Field Testing Measure Development Process,” *MACRA Feedback Page*, <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/2018-measure-development-process.pdf>.

Stakeholder Opportunities to Provide Input

This section details the various opportunities for stakeholders to provide feedback in the measure development and re-evaluation processes, including through measure development stakeholder engagement activities and public comment periods.

Measure Development Activities

Technical Expert Panel (TEP)

The TEP serves a high-level advisory role and provides guidance on the overall direction of measure development and re-evaluation. The measure development contractor currently convenes a standing TEP comprising 19 members, with diverse experience and perspectives, including representatives from physician and nursing specialty societies, academia, health administration, and person and family organizations.

While the measure development contractor convenes a standing TEP that meets throughout the development process, there may be instances where there is a change in membership in the TEP and additional members need to be recruited, or there is a need for additional members with specific expertise. In these instances, recruitment for the TEP may open and a Call for TEP Nominations will be posted at [this CMS page](#). To join the measure development contractor's mailing list and to receive information about when the public Call for TEP Nominations becomes available, please complete the [MACRA Cost Measures Mailing List survey](#).

Clinical Subcommittees and measure-specific workgroups

The measure development contractor convenes Clinical Subcommittees, each focused on a clinical area, to select episode groups for development and to provide input on the cost measures' specifications. The measure-specific workgroups then convene to provide detailed input into each component of the cost measure that the Clinical Subcommittees selected for development. The workgroups comprise clinicians with expertise directly relevant to the selected episode groups. Workgroup membership is composed by drawing from Clinical Subcommittee membership, and supplemented by additional clinicians from a standing pool of nominees and with additional outreach when necessary.

Clinical Subcommittee and measure-specific workgroup members are nominated through a Call for Clinical Subcommittee Nominations. To join the measure development contractor's mailing list and to receive information about when the public Call for Clinical Subcommittee Nominations becomes available, please complete the [MACRA Cost Measures Mailing List survey](#).

Person and Family Committee (PFC)

The measure development contractor convenes a PFC to gather feedback that could inform key components of the cost measure development process with patient and family/caregiver perspectives. The PFC comprises Medicare beneficiaries and caregiver/family members of a Medicare beneficiary who have experience with health care and/or patient advocacy, health care delivery, concepts of value, and outcomes that are important to patients across delivery/disease/episodes of care. The measure development contractor performs PFC recruitment activities based on the specific needs of each PFC topic using their existing network of stakeholders and supplementing it with networking efforts, as needed, to identify individuals with experience relevant to the measures being developed.

Field Testing

Field testing allows CMS to gather feedback on newly developed episode-based cost measures and re-evaluated measures from clinicians and other stakeholders. The measure development contractor conducts education and outreach efforts for clinicians that meet case minima criteria for the cost measures being tested and have Field Test reports available for their review.

Additionally, all clinicians and interested stakeholders are encouraged to review and provide feedback on publicly available mock reports and supplemental materials.

CMS and the measure development contractor seek feedback from all stakeholders on field testing materials, which typically include: Field Test Reports or mock Field Test Reports, the Draft Cost Measure Methodology for each measure, the Draft Measure Codes List file for each measure, an FAQ document, and a field testing Fact Sheet. Field testing feedback is collected through an online survey through which stakeholders have the opportunity to submit formal comment letters as well.

Additional information about field testing is available in the following resources, available for download from the CMS MACRA Feedback page and QPP Resource Library:

- [2018 Field Testing Fact Sheet](#)
- [2018 Field Testing FAQ](#)
- [2017 Field Testing materials](#)
- [Field Testing Feedback Summary Report for Eight MACRA Episode-Based Cost Measures](#) (June 2018), includes stakeholder feedback received during October – November 2017 field testing

To join the measure development contractor's mailing list to receive information about any field testing activities, please complete the [MACRA Cost Measures Mailing List survey](#)

Public Comment Opportunities

Pre-Rulemaking Process

Pre-rulemaking is an annual process for the selection of quality and cost measures for use by the Department of Health and Human Services (HHS). Stakeholder input opportunities are available through two main venues during the pre-rulemaking process: (i) Measures Under Consideration List and (ii) Measure Applications Partnership.

Measures Under Consideration (MUC) List

The episode-based cost measures developed for potential use in MIPS are submitted for consideration in the MUC List. CMS reviews submissions and selects the measures to be included following measure submissions in June of each year, and the MUC list is published at the beginning of the following December. A public comment period is held once the MUC List is published in December. Additional information about the MUC List is available from the [CMS website](#).

Measure Applications Partnership (MAP)

The MAP is a public-private partnership convened by the National Quality Forum (NQF). MAP was created to provide input to HHS on the selection of performance measures. The MAP Clinician Workgroup meets annually in December, following the publication of the MUC List, and offers preliminary recommendations on the measures included in the list. The MAP Coordinating Committee meets annually in January to review the measures in greater detail and to offer the MAP's final recommendations.

Both MAP meetings are open to the public, in-person and via telephone, and each provide a public comment period prior to the meetings for MAP members to consider in making their recommendations. Public comments are additionally solicited during both MAP meetings.

More information about the MAP is available here:

- [NQF MAP website](#)
- [NQF Event Calendar](#), listing upcoming meetings and opportunities for public comment

Rulemaking Process

Rulemaking includes a public comment period during which time stakeholders are encouraged to review all aspects of a proposed rule and to submit comment letters with their feedback, including on any cost measures proposed for potential use in MIPS.

NQF Endorsement

CMS intends to submit all episode-based cost measures developed for NQF endorsement. The NQF endorsement process includes two opportunities for public comment: (i) as the measures are reviewed by the expert standing committee to ensure they reflect sound science, will be useful to providers and patients, and will make a difference in improving quality, and (ii) during public commenting. During public commenting, the NQF solicits input from anyone who wishes to respond to a draft report that outlines the standing committee's assessment of measures for possible endorsement.²

More information on NQF's Consensus Development Process for evaluating and endorsing measures is available on the [NQF website](#).

Additional Opportunities for Input

Stakeholder comments are welcomed at any time via the following channels:

- Quality Payment Program (QPP) Service Center: QPP@cms.hhs.gov
- Project Inbox: macra-cost-measures-info@acumenllc.com

The cost measures will follow the standard 3-year maintenance cycle, as outlined in the [CMS Measures Management System Blueprint](#). Any stakeholder comments received through the channels outlined above will be considered for routine measure maintenance.

² Additional information about submitting public comments is available on the NQF [Public Commenting with Member Support](#) webpage.