# 2026 Cost Measures Field Testing

Acumen, LLC
Winter 2026

# AMA/CPT Copyright Notice

CPT codes, descriptions, and other data only are copyright (2024) American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

# Acronyms in this Presentation

| Acronym | Definition |
|---|---|
| CMS | Centers for Medicare & Medicaid Services |
| CPT | Current Procedural Terminology |
| CY | Calendar Year |
| E/M | Evaluation and Management |
| HCC | Hierarchical Condition Category |
| MIPS | Merit-based Incentive Payment System |
| PFE | Person and Family Engagement |
| QPP | Quality Payment Program |
| TEP | Technical Expert Panel |

# 2026 Cost Measures Field Testing Presentation Outline

| # | Topic |
|---|---|
| 1 | Introduction |
| 2 | Procedural Measure Construction and Specifications: Breast Cancer Screening |
| 3 | Chronic Condition Measure Construction and Specifications: Non-Pressure Ulcers and Parkinsonism Syndromes and MS |
| 4 | Field Testing and Feedback on Draft Measure Specifications |
| 5 | Field Test Report Walkthrough |
| 6 | Resources |

# Outline (Topic 1)

| # | Topic |
|---|---|
| **1** | **Introduction** |
| 2 | Procedural Measure Construction and Specifications: Breast Cancer Screening |
| 3 | Chronic Condition Measure Construction and Specifications: Non-Pressure Ulcers and Parkinsonism Syndromes and MS |
| 4 | Field Testing and Feedback on Draft Measure Specifications |
| 5 | Field Test Report Walkthrough |
| 6 | Resources |

# Cost Measures Introduction

- Cost measures are important to encourage efficient resource use and promote high-value care

- MIPS includes cost measures as one of four performance categories, alongside quality, improvement activities, and Promoting Interoperability
  - Cost measures being field tested **do not impact MIPS scores**
  - Cost measures won't be included in MIPS scores until they have been proposed and finalized through rulemaking, and have been in use in MIPS for 2 years

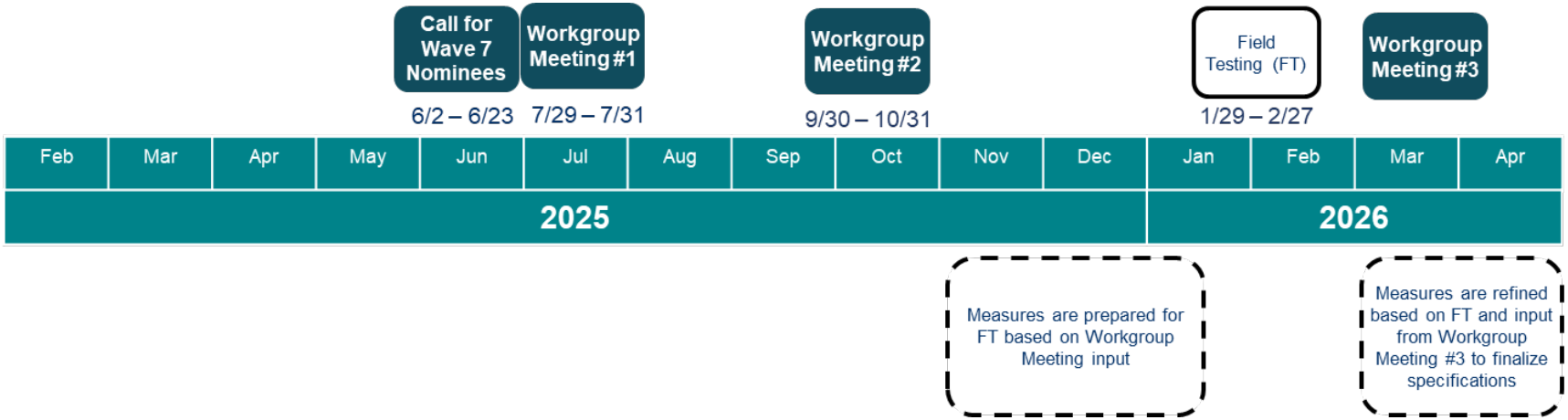
- More information about the MIPS cost performance category is available on the QPP website


ACUMEN

# CMS is Developing 3 Cost Measures

- CMS develops cost measures in cycles, or "waves", with input from clinical experts and other interested parties

- Current development includes Wave 6 and 7
  - **Wave 6**: Continued development of the **Non-Pressure Ulcers** and **Parkinsonism Syndromes and Multiple Sclerosis (MS)** to address prior stakeholder feedback
  - **Wave 7**: New development of a **Breast Cancer Screening** cost measure





ACUMEN

# Measure Development Reflects Extensive Input From Interested Parties

## Technical Expert Panel (TEP)

**20-member panel with diverse and balanced perspective on measure development**

- Includes members affiliated with specialty societies, academia, healthcare administration, and with lived experience
- Provides overarching guidance, such as principles for measure selection, framework, and statistical methods

## Clinical Expert Workgroups

**Panels of ~15 experts with clinical experience relevant to each measure**

- Provide input to build out specifications for each measure
- Review empirical analyses to iteratively test measure construction

## Person & Family Engagement (PFE)

**Individuals with lived experience of medical conditions and procedures**

- Provide input to ensure that measures can capture care that is important to patients
- Highlight aspects of care experience that could have been improved

## All Interested Parties

**Members of the public, specialty societies, professional organizations**

- Provide input on which measures to develop, and feedback on existing measures
- Participate in field testing by sharing feedback on draft specifications
- Provide comments during pre-rulemaking and rulemaking processes

# Non-Pressure Ulcers Measure

- Chronic condition episode-based cost measure that assesses costs related to ongoing treatment and management of non-pressure ulcers
- Selected for development because it affects many patients, captures a large number of clinicians, and there are opportunities for improvement (e.g., services related to wound care, debridement, supportive durable medical equipment (DME), and consequences of care)
- Would result in podiatrists having an applicable episode-based cost measure, a current gap in MIPS

| Metric | Value |
|---|---|
| # of Beneficiaries | 293,342 |
| # of Episodes | 361,333 |
| # of Groups* | 3,730 |
| # of Clinicians* | 3,809 |
| Most Frequently Attributed Specialties | Podiatry, nurse practitioner, family practice |

*At 20-episode testing volume threshold

# Parkinsonism Syndromes and Multiple Sclerosis (MS) Measure

- Chronic condition episode-based cost measure that assesses costs related to ongoing treatment and management of chronic neurologic conditions
- Selected for development because it affects many patients, captures a large number of clinicians, and there are opportunities for improvement (e.g., the high costs associated with fall-related treatment)
- Would result in neurologists having an applicable episode-based cost measure in outpatient settings, a current gap in MIPS

| Metric | Value |
|---|---|
| # of Beneficiaries | 294,337 |
| # of Episodes | 437,716 |
| # of Groups* | 3,115 |
| # of Clinicians* | 2,884 |
| Most Frequently Attributed Specialties | Neurology, Family Practice, Internal Medicine, Nurse Practitioner |

*At 20-episode testing volume threshold

# Breast Cancer Screening Measure

- Procedural episode-based cost measure that assesses costs related to screening for breast cancer
- Selected for development because it affects many patients, captures a large number of clinicians, and there are opportunities for improvement (e.g., improvements in diagnostic and screening accuracy to improve cost efficiency)
- Would result in diagnostic radiologists having an applicable episode-based cost measure, a current gap in MIPS

| Metric | Value |
|---|---|
| # of Beneficiaries | 4,150,266 |
| # of Episodes | 4,164,160 |
| # of Groups* | 2,369 |
| # of Clinicians* | 17,464 |
| Most Frequently Attributed Specialties | Diagnostic Radiology, Family Practice, and Obstetrics/ Gynecology |

*At 10-episode testing volume threshold


ACUMEN

# Field Testing Overview

- Field testing, also known as beta testing, is part of the measure development and testing process

- Field testing occurs after development of initial technical specifications and is an opportunity to assess:
  - Scientific acceptability (i.e., the extent to which the measure produces valid and reliable results about the intended area of measurement)
  - Usability (i.e., whether people or organizations can effectively use a measure)

- Field testing also provides additional evidence to support importance and feasibility evaluations

# Wave 6 and 7 Field Testing

- The Waves 6 and 7 Field Testing Period occurs between January 29 to February 27, 2026

- During this time, interested parties can:
  - Review draft measure specifications (i.e., measure methodology and codes lists) and measure testing results on the Cost Measure Information Page
  - Provide feedback on the draft technical specifications through an online survey for clinicians, specialty societies, and all other interested parties
  - Provide feedback on relevant lived experiences through an online survey for patients and caregivers

- Clinicians and groups meeting the testing volume threshold also receive Field Test Reports, available for download on the QPP website

# Outline (Topic 2)

| # | Topic |
|---|---|
| 1 | Introduction |
| **2** | **Procedural Measure Construction and Specifications: Breast Cancer Screening** |
| 3 | Chronic Condition Measure Construction and Specifications: Non-Pressure Ulcers and Parkinsonism Syndromes and MS |
| 4 | Field Testing and Feedback on Draft Measure Specifications |
| 5 | Field Test Report Walkthrough |
| 6 | Resources |

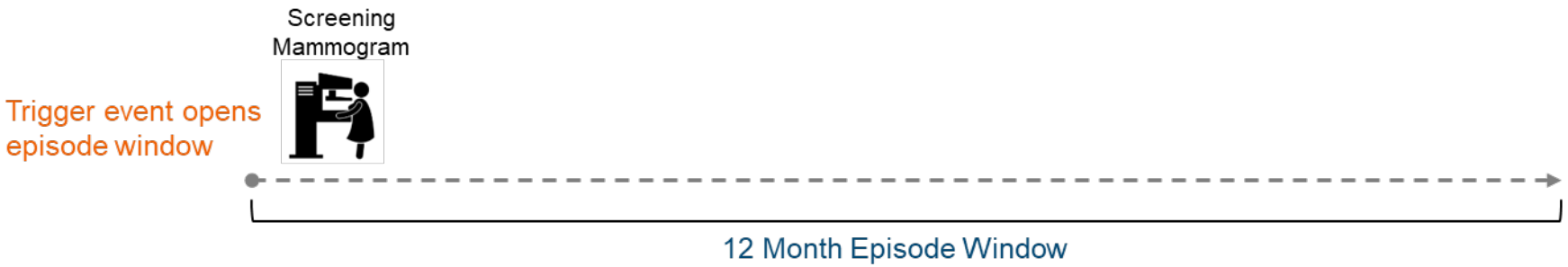
# Overview of Procedural Measure Construction Steps

- Procedural measures, including Breast Cancer Screening, use the following framework as a starting point:
  1. **Trigger** and define episodes
  2. **Attribute** episodes to clinicians and clinician groups
  3. **Assign** costs to the episode and calculate the episode observed cost
  4. **Exclude** episodes from measure
  5. **Risk-adjust** cost to account for risk factors
  6. **Calculate** the measure score

Refer to the Breast Cancer Screening Draft Measure Codes List and Draft Measures Methodology for the full set of draft technical specifications.

# Step 1A: Trigger and Define Episodes

- Episodes are defined by billing a service code that opens, or "triggers," an episode during which services/costs are assessed
  - Breast Cancer Screening trigger event (i.e., screening mammography) opens a 12-month (360-day) episode window




Refer to the Breast Cancer Screening Draft Measure Codes List "Triggers" tab for information on specific trigger codes.

# Step 1B: Trigger and Define Episodes

- Episodes are then divided into sub-groups based on patient cohorts for more meaningful clinical comparisons

- Breast Cancer Screening sub-groups episodes based on whether cancer is detected in an episode or not:
  - **No Breast Cancer Detected** during episode
  - **Breast Cancer Detected** during episode (defined as breast cancer treatment or two evaluation and management [E/M] services with a breast cancer diagnosis on two separate days)

Refer to the Breast Cancer Screening Draft Measure Codes List "Sub_Group" and "Sub_Group_Details" tabs for more information.

# Step 2: Attribute Episodes to Clinicians and Groups

- Attribute an episode to the clinician billing the trigger code
- Attribute episodes to the group by aggregating all episodes attributed to clinicians that bill to that group
  - If the same episode is attributed to more than one clinician within a group, the episode is attributed only once to that group

# Step 3: Assign Costs to the Episode and Calculate the Episode Observed Cost

- Costs of clinically related services that are within the reasonable influence of the attributed clinician and occur during the episode window are assigned to the episode
- The costs of the assigned services are then summed to determine each episode's standardized observed cost
- The Breast Cancer Screening measure includes unique service assignment rules to incentivize efficient screening mammography and timely cancer detection
  - Costs of advanced diagnostic services and oncology treatment aren't included for episode with no cancer detection or early cancer detection, but are included for episodes with late cancer detection
  - Oncology treatment costs are included as a fixed cost for late cancer detection episodes, reflecting that attributed clinicians aren't reasonably able to influence cost variation in this service category

Refer to the Breast Cancer Screening Draft Measure Codes List "Service_Assignment" tab for additional information about specific service assignment rules.

# Step 3: Cancer Detection and Timing Determine What Costs are Included

| EARLY DETECTION OR NO DETECTION EPISODES<br>Cancer detected within 8 months of screening mammogram or no cancer detected within 12 months of screening mammogram | | |
|---|---|---|
| **Basic Diagnostic Services** | • Mammography<br>• Diagnostic ultrasound<br>• Breast biopsy | • Magnetic resonance imaging (MRI)<br>• E/M services (encounter for screening mammogram) |
| **ED Services** | • Emergency department visit | • Critical care services |

| LATE DETECTION EPISODES<br>Cancer detected between 8-12 months of screening mammogram | | |
|---|---|---|
| **Basic Diagnostic Services** | • Mammography<br>• Diagnostic ultrasound<br>• Breast biopsy | • Magnetic resonance imaging (MRI)<br>• E/M services (encounter for screening mammogram) |
| **ED Services** | • Emergency department visit | • Critical care services |
| **Advanced Diagnostic Services** | • Laboratory (chemistry and hematology)<br>• Pathology | • Computed tomography (CT) scan<br>• Therapeutic procedures (physician dialysis services, desensitization, etc.) |
| **Treatment Services (Assigned as a Fixed Cost)** | • E/M services (with breast cancer diagnosis)<br>• Breast biopsy, local excision, and other breast procedures<br>• Mastectomy<br>• Lumpectomy, quadrantectomy of breast<br>• Cancer chemotherapy<br>• Anesthesia<br>• Non-hospital based care | • Therapeutic radiology<br>• Therapeutic procedures (skin and breast, female organs)<br>• Ancillary services<br>• Medications (injections, infusions, etc.)<br>• Durable medical equipment and supplies<br>• Hospitalizations (malignant breast disorders; septicemia or severe sepsis)<br>• Complications of treatment (including hemorrhage) |

# Step 4: Exclude Episodes from the Measure

- Exclusions remove unique groups of patients from cost measure calculation in cases where it may be impractical or unfair to compare these patients to the cohort at large

- Cost measures include a standard set of exclusions to ensure data completeness (e.g., removing episodes where a beneficiary is not continually enrolled in Medicare) and measure-specific exclusions
  - Breast Cancer Screening measure-specific exclusions: male patients, patients under 40 years of age, and patients with a history of breast cancer

Refer to the Breast Cancer Screening Draft Measure Codes List "Exclusions" and "Exclusions_Details" tabs for additional information about exclusion variable definitions.

# Step 5: Risk Adjust Cost to Account for Risk Factors

- Risk adjustment predicts the expected cost for an episode by adjusting for factors outside of the clinician's or clinician group's reasonable influence

- Cost measures include a standard set of risk adjustor for patient characteristics and (e.g., removing episodes where a beneficiary is not continually enrolled in Medicare) and measure-specific risk adjustment variables
  - Breast Cancer Screening measure-specific variables: history of BRCA carrier status, dense breast tissue, abnormal mammogram, or family history of breast cancer

- Risk adjustment is run separately for each sub-group, and statistical techniques are applied to reduce the effect of extreme outliers on measures scores

Refer to the Breast Cancer Screening Draft Measure Codes List "RA" and "RA_Details" tabs for additional information about risk adjustment variable definitions.

# Step 6: Calculate Measure Score

- For each episode, the ratio of total standardized observed cost (from Step 3) to risk-adjusted expected cost (from Step 5) is calculated and averaged across all of a clinician's or group's attributed episodes to obtain the average episode cost ratio

- The average episode cost ratio is multiplied by the national average observed episode cost to generate a dollar figure for the cost measure score
  - A **lower** measure score indicates that the observed episode costs are lower than or similar to expected costs for the care provided for the particular patients and episodes included in the calculation
  - A **higher** measure score indicates that the observed episode costs are higher than expected for the care provided for the particular patients and episodes included in the calculation

Refer to the Breast Cancer Screening Draft Measures Methodology for more information about measure calculation.

# Outline (Topic 3)

| # | Topic |
|---|---|
| 1 | Introduction |
| 2 | Procedural Measure Construction and Specifications: Breast Cancer Screening |
| **3** | **Chronic Condition Measure Construction and Specifications: Non-Pressure Ulcers and Parkinsonism Syndromes and MS** |
| 4 | Field Testing and Feedback on Draft Measure Specifications |
| 5 | Field Test Report Walkthrough |
| 6 | Resources |

# Overview of Chronic Condition Measure Construction Steps

- Chronic condition measures, including Non-Pressure Ulcers and Parkinsonism Syndromes and MS, use the following framework as a starting point:
  1. **Trigger:** Identify a clinician-patient relationship
  2. **Reaffirm:** Identify the total length of care
  3. **Define** an episode during which cost will be assessed
  4. **Attribute** the episode to the clinician group and clinician(s)
  5. **Assign** the cost of clinically related services
  6. **Account for patient heterogeneity** through exclusions, sub-grouping, and risk adjustment
  7. **Calculate** the measure score

Refer to the Non-Pressure Ulcers and Parkinsonism Syndromes and MS Draft Measure Codes List and Draft Measures Methodology for the full set of draft technical specifications.

# Step 1: Identify Care Relationship

- The start or continuation of a care relationship is identified by a trigger event (i.e., a pair of trigger and confirming services) billed by the same group with a relevant diagnosis code and within a specific time frame (i.e., trigger window)

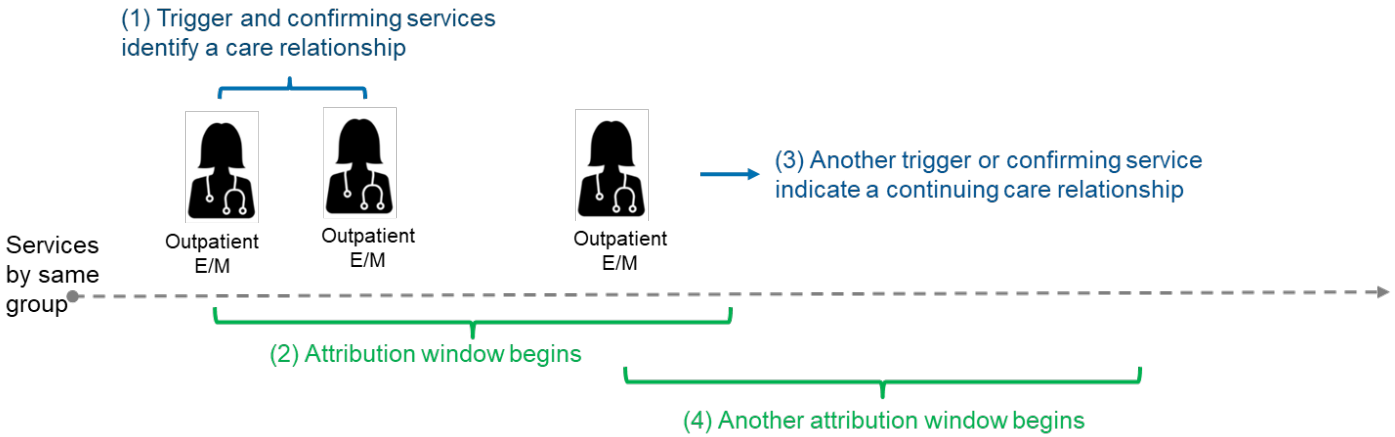
| Trigger Logic | Non-Pressure Ulcers | Parkinsonism Syndromes and MS |
|---|---|---|
| **Trigger Window** | 45 days | 180 days |
| **Trigger Services** | Outpatient E/M, measure-specific E/M | Outpatient E/M, rehabilitation services |
| **Confirming Services** | Outpatient E/M, measure-specific E/M, debridement, rehabilitation services, wound dressing products, wound modalities | Outpatient E/M, rehabilitation services, drug infusions |

Refer to the Non-Pressure Ulcers and Parkinsonism Syndromes and MS Draft Measure Codes List "Triggers_HCPCS" and "Triggers_DGNs" tabs for information on specific trigger codes.


ACUMEN

# Step 2: Identify the Total Length of Care Relationships

- Once the trigger event occurs, it opens an attribution window when the group is measured on related costs
- The attribution window can be extended, or reaffirmed, if there is evidence of continuing care
- The attribution window for each measure is:
  - Non-Pressure Ulcers: 90 days
  - Parkinsonism Syndromes and MS: 365 days



# Step 3: Divide the Overall Period of Care into Episodes

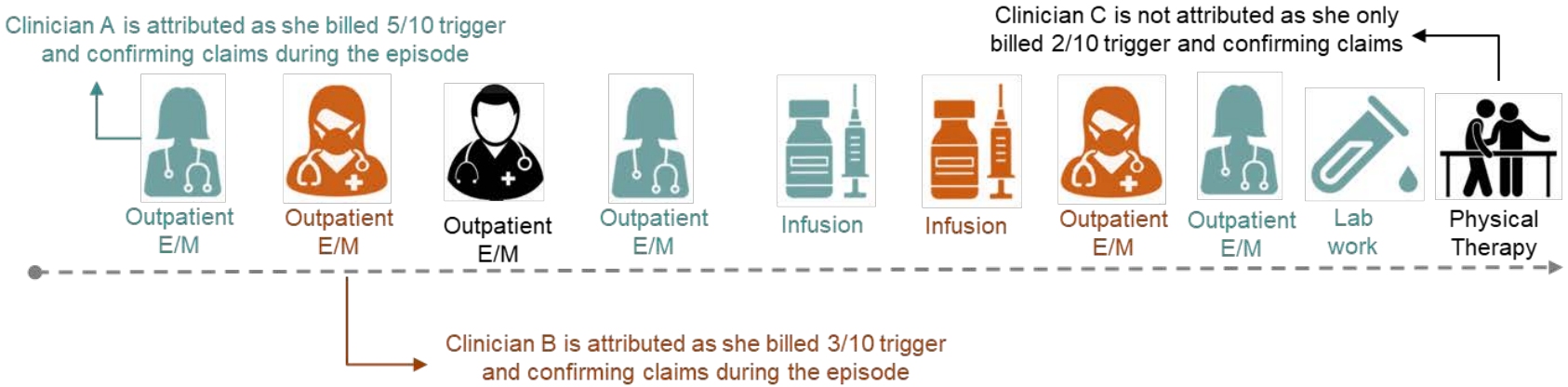
- The total attribution window is then **divided into episodes** or segments that allow a clinician to be assessed in a performance period
- Episodes that end within a performance period are included in the measure (e.g., a CY 2026 performance period would include episodes ending in CY 2026)
- Episodes can have different lengths, so episode costs are scaled to allow episodes to be compared with each other
  - The minimum episode length for Non-Pressure Ulcers is 90 days, and the minimum episode length for Parkinsonism Syndromes and MS is 365 days

# Step 4: Attribute the Episode to a Group

- Attribute the episode to the group that billed the trigger and confirming claim

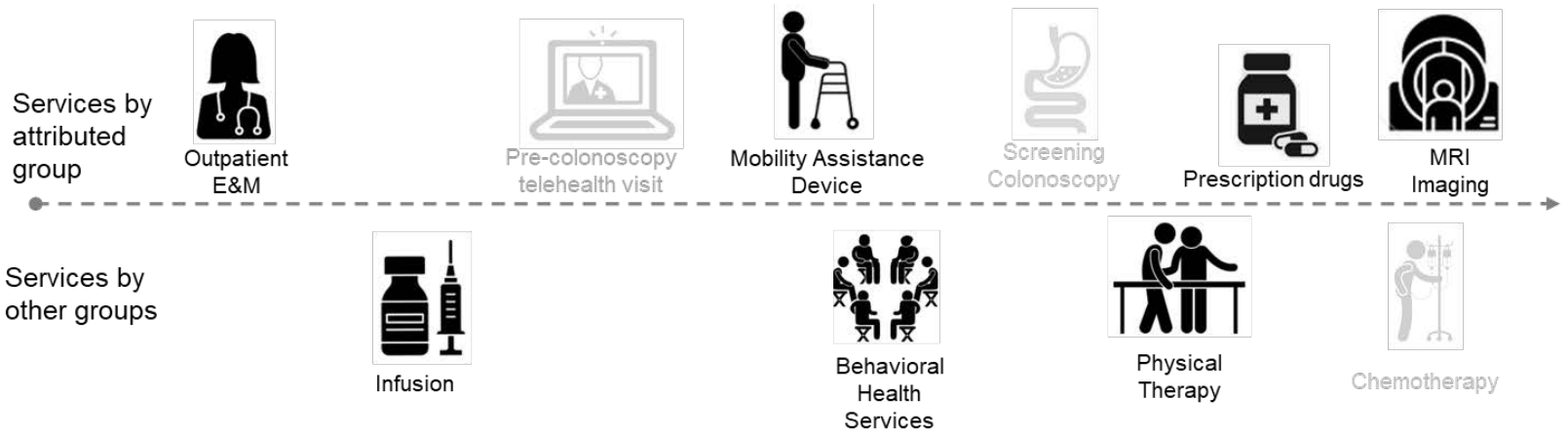
# Step 4: Attribute the Episode to Clinician(s)

- Within the attributed group, attribute the episode to the clinician(s) who billed at least 30% of trigger/confirming claims and:
  - Billed at least one trigger or confirming code within 1 year prior to or on the episode start date, and
  - Prescribed at least 2 condition-related prescriptions on different days to 2 different patients during the measurement period plus a one-year lookback period (for Parkinsonism Syndromes and MS only)



# Step 5: Assign Costs of Clinically Related Services to the Episode

- Clinically related services include treatment, monitoring, complications, and other services where the attributed clinician has reasonable influence on:
  - Occurrence
  - Frequency
  - Intensity
- Sum the cost of all assigned services and scale: this is the episode observed cost



# Step 5: Non-Pressure Ulcers Clinically Related Services

| Service Category | Example Services |
|---|---|
| Outpatient E/M, rehabilitation, and diagnostic services | Physical and occupational therapy, imaging, laboratory and pathology |
| Major/minor procedures | Lower extremity amputations, vascular procedures, wound debridement, skin grafts and flaps, hyperbaric oxygen therapy |
| Related inpatient hospitalizations, post-acute care, and emergency department visits | Hospitalizations for lower extremity amputations, cellulitis, osteomyelitis, skin grafts, wound debridement and related services |
| Part B and D medications | Antibiotics, antimicrobial washes, wound care dressings, platelet rich plasma treatments |
| Durable medical equipment (DME) and supplies | Orthotic devices, compression supplies, wound care dressings, skin substitutes |

Refer to the Non-Pressure Ulcers Draft Measure Codes List "Service_Assignment_AB" and "Service_Assignment_D" tabs for additional information about specific service assignment rules.

# Step 5: Parkinsonism Syndromes and MS Clinically Related Services

| Service Category | Example Services |
|---|---|
| Routine provider visits, lab/imaging services | General check-ups, blood tests, X-rays, MRIs, CT scans |
| Medications (Part B and D) and interventional procedures or therapies | Prescription medications, IV infusion therapies |
| Rehabilitative/therapy services, durable medical equipment | Physical therapy, occupational therapy, speech therapy, wheelchairs, walkers, oxygen tanks |
| Management of related conditions | Pulmonary services, sleep-related studies, nutrition services, gastrointestinal services, behavioral health services |
| Management of complications | UTI treatments, wound care for pressure injuries, pneumonia treatment, managing medication toxicity, hip fractures and joint replacements, other fall-related care |
| Related hospitalizations, post-acute care, home health services, emergency department (ED) visits | Hospital stays for surgeries or acute conditions, rehabilitation, home health care services, emergency room visits |

Refer to the Parkinsonism Syndromes and MS Draft Measure Codes List "Service_Assignment_AB" and "Service_Assignment_D" tabs for additional information about specific service assignment rules.

# Step 6: Account for Patient Heterogeneity (Exclusions)

- In addition to the standard exclusions, the following measure-specific exclusions are applied:
  - **Non-Pressure Ulcers**: history of calciphylaxis, pyoderma gangrenosum, scleroderma, sickle cell anemia, vasculitis, hidradenitis suppurativa, or recent hospice use
  - **Parkinsonism Syndromes and MS**: history of microvascular decompression, spinal cord injury, or stereotactic radiosurgery

Refer to the Non-Pressure Ulcers and Parkinsonism Syndromes and MS Draft Measure Codes List "Exclusions" and "Exclusions_Details" tabs for additional information about exclusion variable definitions.

# Step 6: Account for Patient Heterogeneity (Sub-Groups)

- Episodes are then divided into sub-groups based on patient cohorts for more meaningful clinical comparisons
  - **Non-Pressure Ulcers** sub-groups by ulcer type (arterial, diabetic, venous, non-specific, and multiple ulcer types)
  - **Parkinsonism Syndromes and MS** sub-groups by condition (Parkinson's and Related Conditions, Multiple Sclerosis)

- Episodes are also stratified (sub-grouped) by Part D enrollment to account for expected cost differences

Refer to the Non-Pressure Ulcers and Parkinsonism Syndromes and MS Draft Measure Codes List "Sub_Groups" and "Sub_Groups_Details" tabs for additional information about sub-group definitions.

# Step 6: Account for Patient Heterogeneity (Risk Adjustment)

- In addition to the standard risk adjustment variables, the following risk adjustment variables are applied:
  - **Non-Pressure Ulcers**: history of smoking, frailty, lymphedema, or sleep apnea; site or service
  - **Parkinsonism Syndromes and MS**: history of frailty, wheelchair dependence, falling, difficulty swallowing, cognitive status impairment/decline/deficit, dysphonia, dysarthria and anarthria, other degenerative diseases of basal ganglia, past contracture diagnoses, sleep apnea, bowel or bladder incontinence, dependence on respirator

- Risk adjustment is run separately for each sub-group, and statistical techniques are applied to reduce the effect of extreme outliers on measures scores

Refer to the Non-Pressure Ulcers and Parkinsonism Syndromes and MS Draft Measure Codes List "RA" and "RA_Details" tabs for additional information about risk adjustment variable definitions.

# Step 7: Calculate Measure Score

- For each episode, the ratio of total standardized observed cost (from Step 5) to risk-adjusted expected cost (from Step 6) is calculated and averaged across all of a clinician's or group's attributed episodes to obtain the average episode cost ratio

- The average episode cost ratio is multiplied by the national average observed episode cost to generate a dollar figure for the cost measure score
  - A **lower** measure score indicates that the observed episode costs are lower than or similar to expected costs for the care provided for the particular patients and episodes included in the calculation
  - A **higher** measure score indicates that the observed episode costs are higher than expected for the care provided for the particular patients and episodes included in the calculation

Refer to the Non-Pressure Ulcers and Parkinsonism Syndromes and MS Draft Measures Methodology for more information about measure calculation.

# Non-Pressure Ulcers Measure Refinements

- The following refinements have been made as part of continued development, in response to workgroup and interested party input
  - Removed flaps and grafts as confirming services
  - Shortened the trigger window from 180 days to 45 days
  - Shortened the attribution window from 365 days to 90 days
  - Modified the Venous Ulcer Type sub-group to use i) ulcer-specific I83 and I87 ICD-10 diagnosis codes and/or ii) any I83 and I87 ICD-10 diagnosis code paired with a non-specific ulcer diagnosis code (i.e., L97, L98) to specify this sub-group in alignment with Arterial and Diabetic Ulcer Type sub-group definitions.
  - Added MRIs, MRAs, bacterial fluorescence imaging, fluorescence angiography, and inpatient hospitalizations for amputations of the lower limb for endocrine, nutritional, and metabolic disorders to service assignment
  - Excluded ulcers associated with fistulae
  - Added risk adjustors for radiation, gunshot wounds, ulcer severity and multiple instances of ulcers

Refer to the Non-Pressure Ulcers Draft Measure Methodology, Appendix G, for more information on measure refinements.

# Parkinsonism Syndromes and MS Measure Refinements

- The following refinements have been made as part of continued development, in response to workgroup and interested party input
  - Removed Amyotrophic Lateral Sclerosis (ALS) from the patient cohort
    - Subsequently, the measure name was changed from "Parkinson's Syndromes, MS, and ALS" to "Parkinsonism Syndromes and MS"
  - Removed Deep Brain Stimulation (DBS) services from service assignment and risk adjustment
  - Removed Intrathecal Pump services from service assignment and risk adjustment

Refer to the Parkinsonism Syndromes and MS Draft Measure Methodology, Appendix F, for more information on measure refinements.

# Outline (Topic 4)

| # | Topic |
|---|---|
| 1 | Introduction |
| 2 | Procedural Measure Construction and Specifications: Breast Cancer Screening |
| 3 | Chronic Condition Measure Construction and Specifications: Non-Pressure Ulcers and Parkinsonism Syndromes and MS |
| **4** | **Field Testing and Feedback on Draft Measure Specifications** |
| 5 | Field Test Report Walkthrough |
| 6 | Resources |

# Field Testing is an Opportunity to Provide Feedback on Draft Measures

- Anyone interested in these measures can review the field testing materials and provide feedback on specifications
  - Field Test Reports provide information about clinician performance that may be useful for feedback (QPP Website)
  - Measure Testing Forms, Draft Methodology, and Draft Measure Codes Lists contain detailed measure testing results and specifications (Cost Measure Information Page)
  - Supplemental documentation provide testing results and additional information (Cost Measure Information Page)

- Feedback is considered throughout the measure development process
  - Workgroups will consider a summary of feedback in post-field testing refinement webinar

# Field Test Reports are Available for Qualifying Clinicians and Groups

- Field Test Reports present information about the types of services included in an episode's costs and the variation in cost measure performance across different types of services or Medicare settings
- Clinicians and groups receive a Field Test Report if they meet or exceed the minimum number of episodes for at least one of the measures

| Episode-Based Cost Measure | Case Minimum | # Groups | # Clinicians |
|---|---|---|---|
| Breast Cancer Screening | 10 | 2,369 | 17,464 |
| Non-Pressure Ulcers | 20 | 3,730 | 3,809 |
| Parkinsonism Syndromes and MS | 20 | 3,115 | 2,884 |

# Field Test Reports Are Available for Download on the QPP Website

- **Field Test Report:** Provides information about how you would have performed on this measure as currently specified, available via the QPP website:
  - Anyone who did not receive field test reports can view a **Mock Field Test Report** that is posted on the Cost Measure Information Page
- **Field Test Report Access User Guide:** Provides instructions to access field test report, available on the Cost Measure Information Page
- **Measure-Specific Field Test Report Walk-Through recordings:** Provides information about field test reports specific to each measures, available on the Cost Measure Information Page

# Testing Results and Draft Specifications are Publicly Posted

- **Measure Testing Forms:** Provide detailed testing results based on the current draft specifications to help inform feedback on the measure specifications

- **Draft Measure Methodologies:** Provide narrative description of cost measure specifications and calculation

- **Draft Measure Codes Lists:** Provide detailed, code-level information to support the methodology documents

Documents are available for download on the Cost Measure Information Page.

# Additional Development and Testing Information is Also Available

- **At-A-Glance Measure Summaries:** Provide plain language overviews of the Wave 6 and Wave 7 measure specifications and testing results
- **Measure Development Process document:** Provides details of the convened panels that have shared input on the Wave 6 and Wave 7 measures, as well as other development processes
- **Frequently Asked Questions:** Provides common questions and answers about field testing and cost measures

Documents are available for download on the Cost Measure Information Page.

# Anyone Can Submit Feedback through an Online Survey or Comment Letter

- These surveys are open from **January 29 to February 27, 2026 (11:59pm ET)**:
  - Provide measure-specific feedback on the measures by February 27, 2026 here: https://acumen.qualtrics.com/jfe/form/SV_bydizySYqslUifs
  - Provide person and family engagement feedback on the measures by February 27, 2026 here: https://acumen.qualtrics.com/jfe/form/SV_cGg6Zd5WPWWdn6e
- To submit a comment letter, you can skip all questions in the survey and upload a PDF or Word document
- We welcome feedback on all aspects of the draft measures as this will help finalize their development, before they are considered for use in MIPS

# Outline (Topic 5)

| # | Topic |
|---|---|
| 1 | Introduction |
| 2 | Procedural Measure Construction and Specifications: Breast Cancer Screening |
| 3 | Chronic Condition Measure Construction and Specifications: Non-Pressure Ulcers and Parkinsonism Syndromes and MS |
| 4 | Field Testing and Feedback on Draft Measure Specifications |
| **5** | **Field Test Report Walkthrough** |
| 6 | Resources |

# Field Test Reports Include Three Components

- If you meet the minimum volume of cases for one or more measures, you can download a zip file for each measure:
  - One PDF report
    - This contains a summary of your score, how it compares to other clinicians or groups, and different breakdowns of what costs are included in the measure
  - One CSV episode-level file
    - This contains details of each episode for this measure to provide the most granular information about care practice
  - One data dictionary
    - This excel workbook explains each of the metrics in the episode-level file

# Field Test Reports Provide Information about How You Would Have Performed On This Measure as Currently Specified

- Section 1: Measure Score
  - Provides your or your group's cost measure performance and national average performance
- Section 2: Breakdown of Cost Measure Performance
  - Provides information on what types of costs are included in the measure and contributing to your or you group's score, how your performance on these compare to other clinicians or groups, and which other clinicians are involved in your patients' care
- Section 3: Episode Cost
  - Provides information on how to compare your or your group's score to the national average and the share of your episodes in each of the measure sub-groups
- Section 4: Additional Information
  - Includes appendices with a glossary for terms used in each table throughout the report
- CSV Episode-Level Data File and Data Dictionary
  - Provides granular information for each episode (e.g., identifying episode information, beneficiary information, sources of episode cost)
  - Provides a definition for each metric

# Field Test Report Walk Through

- The following presentation will demonstrate:
  - How to navigate your field test report and supplemental materials
  - Provide guidance on how to interpret the data

# Outline (Topic 6)

| # | Topic |
|---|---|
| 1 | Introduction |
| 2 | Procedural Measure Construction and Specifications: Breast Cancer Screening |
| 3 | Chronic Condition Measure Construction and Specifications: Non-Pressure Ulcers and Parkinsonism Syndromes and MS |
| 4 | Field Testing and Feedback on Draft Measure Specifications |
| 5 | Field Test Report Walkthrough |
| **6** | **Resources** |

# Field Testing Resources

- **CMS.gov QPP Cost Measure Information Page**
  - Find field testing materials and resources posted here: https://www.cms.gov/medicare/quality/value-based-programs/cost-measures
- **Assistance with Accessing Field Test Reports**
  - Sign up for a new Quality Payment Program account using this guide: https://www.cms.gov/files/document/2023-user-access-guide.pdf
- **Field Testing Feedback Survey**
  - Provide measure-specific feedback on the measures by February 27, 2026 here: https://acumen.qualtrics.com/jfe/form/SV_bydizySYqslUifs
  - Provide person and family engagement feedback on the measures by February 27, 2026 here: https://acumen.qualtrics.com/jfe/form/SV_cGg6Zd5WPWWdn6e
- **Join Our Mailing List**
  - Sign up for updates on Wave 6 continued/Wave 7 of measure development here: https://survey.zohopublic.com/zs/Fbzc07

# Contact Information for Additional Questions

- If you have questions, please contact: qpp@cms.hhs.gov or you can call at 1-866-288-8292

# Thank You