

2020 Cost Measures Field Testing Fact Sheet

Policy Context

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 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 4 performance categories: (i) Quality, (ii) Cost, (iii) Improvement Activities, and (iv) Promoting Interoperability.

The Quality Payment Program is currently in its fourth year. For the 2020 performance period, the Cost performance category is weighted at 15% of the MIPS final score and includes 18 episode-based cost measures and 2 population-based measures.

The Centers for Medicare & Medicaid Services (CMS) has contracted with Acumen, LLC (referred to as “Acumen”) to develop new episode-based cost measures for potential use in MIPS. Throughout the measure development process, Acumen seeks input from clinicians and other stakeholders to inform the development of episode-based cost measures.

Overview of Field Testing

As a part of the measure development process, field testing is an opportunity for clinicians and other stakeholders to learn about episode-based cost measures and provide input on the draft specifications. During field testing, we will:

- distribute Field Test Reports on the [Quality Payment Program website](#)¹ for group practices and solo practitioners who meet the minimum number of cases for each measure;
- post draft measure specifications (i.e., measure methodology and codes list) and supplemental documentation, such as testing results, on the [MACRA Feedback page](#);² and
- collect stakeholder feedback on the draft specifications for each measure.

The feedback from field testing helps inform refinements to the measures before CMS considers them for potential use in the MIPS Cost performance category. Feedback on other aspects of field testing, such as the field test report content, will be considered for future testing periods.

For more information about this field testing period, episode-based cost measures, and past field testing periods, you can refer to the 2020 Cost Measure Field Testing Frequently Asked Questions (FAQ), Episode-Based Cost Measure Development Process document, draft measure specifications, Field Test Report User Access Guide, and other resources available at the start of field testing on the [MACRA Feedback Page](#).

¹ CMS, “Quality Payment Program Account,” Quality Payment Program, <https://qpp.cms.gov/login>.

² CMS, “Cost Measure Field Testing”, MACRA Feedback Page, <https://www.cms.gov/Medicare/Quality-Payment-Program/Quality-Payment-Program/Give-Feedback>.



What's New for 2020 Field Testing

We have heard your feedback from previous testing in 2017 and 2018. This year:

- you can access Field Test Reports on the Quality Payment Program website using the same account information that you use to submit data and view performance feedback;
- we extended the length of field testing to a 5-week period to give you more time to review and provide input on the draft specifications; and
- we updated the structure and format of the Field Test Report to portable document format (PDF) to streamline the information and make it accessible on both phone and computer platforms. An accompanying comma-separated values (CSV) file provides episode-level details for attributed clinicians and groups interested in more granular data. The report also contains a summary of the measure specifications for quick reference.

Cost Measures Undergoing Field Testing

In Wave 3, Acumen is developing 5 episode-based cost measures based on 3 types of episode groups, as listed in Table 1 below. Episode groups: (i) represent a clinically cohesive set of medical services rendered to treat a given medical condition, (ii) aggregate all items and services provided for a defined patient cohort to assess the total cost of care, and (iii) are defined around treatment for a condition (i.e., acute inpatient or chronic) or performance of a procedure.

Table 1. Cost Measures Undergoing Field Testing

| Episode Group Type | Clinical Subcommittee | Episode-Based Cost Measure |
|-----------------------------------|--|---|
| Procedural | Dermatologic Disease Management | Melanoma Resection |
| Procedural | General and Colorectal Surgery | Colon and Rectal Resection |
| Acute Inpatient Medical Condition | Hospital Medicine | Sepsis |
| Chronic Condition | Chronic Condition and Disease Management | Asthma/Chronic Obstructive Pulmonary Disease (COPD) |
| Chronic Condition | Chronic Condition and Disease Management | Diabetes |

This third wave of measure development began in May 2019 and is scheduled to conclude in October 2020. The episode-based cost measures are being developed with extensive input from a Technical Expert Panel (TEP), Clinical Subcommittees, Clinician Expert Workgroups, and a Person and Family Committee (PFC). The TEP serves a high-level advisory role and provides guidance on the overall direction of measure development. The 4 Clinical Subcommittees make recommendations on which episode groups are best suited for cost measure development and the composition of the 5 Clinician Expert Workgroups. These 5 Workgroups make recommendations on clinical specifications for each cost measure. The PFC comprises Medicare patients and caregiver/family members of a Medicare patient who have experience with health care and/or patient advocacy, health care delivery, concepts of value, and outcomes that are important to patients across care delivery and trajectory and disease management. The field testing period offers all stakeholders an opportunity to provide input on the draft measure specifications.



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How to Participate in Field Testing

Acumen is collecting feedback on the draft measure specifications of the 5 episode-based cost measures, during the field testing period, between August 17 and September 18, 2020. Specific questions eliciting feedback about the measure specifications are available in the Questions for Field Testing Measure Specifications document,³ which stakeholders can use as a reference while reviewing the field testing materials, and via an [online survey](#).⁴ When submitting feedback through the online survey, stakeholders can also attach a PDF or Word document with their comments. Comments may be submitted anonymously if preferred.

Clinicians Who May Receive Field Test Reports

Field Test Reports will be available at the clinician group practice and solo practitioner (or clinician) levels. Clinicians are identified by a unique Taxpayer Identification Number (TIN) and National Provider Identifier (NPI) combination (TIN-NPI), while clinician groups are identified by their TIN. For clinician group practices, the group practice must meet the minimum number of cases for the measures across all clinicians billing under the group practice TIN. For solo practitioners, the individual clinician must meet the minimum number of cases.

Table 2. Field Test Report Information

| | Procedural Episode Group | Acute Inpatient Medical Condition Episode Group | Chronic Condition Episode Group |
|---|--|--|--|
| Types of clinicians likely to receive a Field Test Report | Clinicians who perform melanoma resection or colon and rectal resection procedures | Clinicians who manage the acute inpatient hospitalization for the treatment of sepsis | Clinicians who manage the ongoing treatment of chronic COPD or diabetes |
| Number of cases clinicians and clinician groups need to receive a Field Test Report* | 10 episodes | 10 episodes | 20 episodes |
| Measurement period | January 1 to December 31, 2019 | January 1 to December 31, 2019 | January 1 to December 31, 2019 |
| Field Test Reports will be available for download in a zip file containing: | <ul style="list-style-type: none"> • Measure-specific report (PDF file format) • Episode-level information (CSV file format) | <ul style="list-style-type: none"> • Measure-specific report (PDF file format) • Episode-level information (CSV file format) | <ul style="list-style-type: none"> • Measure-specific report (PDF file format) • Episode-level information (CSV file format) |

* If you meet the criteria for receiving a Field Test Report for more than one cost measure, you will receive more than one measure-specific report.

³ This document will be available on the MACRA Feedback Page once field testing begins, <https://www.cms.gov/Medicare/Quality-Payment-Program/Quality-Payment-Program/Give-Feedback>

⁴ The field testing online survey will be open beginning August 17, 2020 at this link: <https://www.surveymonkey.com/r/2020-cost-measures-field-testing>.



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How to Access Field Test Reports

Field Test Reports for group practices and solo practitioners who meet the minimum number of cases for each measure will be available on the [Quality Payment Program website](#). Information on how to sign up for a Quality Payment Program website account or how to connect with the appropriate organization is available in this [Quality Payment Program Access User Guide](#)⁵ and information on how to access the Field Test Reports will be available in the Field Test Report User Access Guide on the [MACRA Feedback Page](#) once field testing begins.

Contact Us

The Quality Payment Program Service Center is available via the following methods:

- Email: gpp@cms.hhs.gov
- Telephone: 1-866-288-8292, Monday – Friday; 8:00 a.m. – 8:00 p.m. Eastern Time

⁵ CMS, “Quality Payment Program Access User Guide,” Quality Payment Program, <https://gpp.cms.gov/resource/2019%20QPP%20Access%20User%20Guide>.

