

Quality Payment PROGRAM

COOPERATIVE AGREEMENT

Funding Opportunity for MACRA
Measure Development for the Quality
Payment Program

March 27, 2018



Disclaimer



This presentation was prepared as a tool to assist prospective applicants for the Cooperative Agreement and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of application materials lies with the applicant.

This publication is a general summary that explains certain aspects of the Cooperative Agreement, but is not a legal document. The official application instructions are contained in the Funding Opportunity Announcement.

The Centers for Medicare & Medicaid Services (CMS) employees make no representation, warranty, or guarantee that this compilation of information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide.

Presentation Outline



- Introduction of the Cooperative Agreement
 - Purpose
 - Background
 - Regulatory Authority
- Program Eligibility, Requirements, Priority Domain and Specialties
- Funding, Budgets, Awards & Study Duration
- Application and Selection of Award Recipients
- Technical Assistance
- Overview of Grants and Application Process

Acronyms



MACRA	Medicare Access and CHIP Reauthorization Act of 2015
QPP	Quality Payment Program
MIPS	Merit-based Incentive Payment System
APMS	Alternative Payment Model
PQRS	Physician Quality Reporting System
VM	Physician Value-Based Payment Modifier
EHR	Electronic Health Record
MDP	Measures Development Plan
Blueprint	CMS Measures Management System Blueprint
QCDR	Qualified Clinical Data Registry
ACO	Accountable Care Organization

INTRODUCTION

Introduction: Cooperative Agreement

MACRA Funding Opportunity



Purpose

This Funding Opportunity is to provide technical and funding assistance in the form of cooperative agreements to entities to develop, improve, update, or expand quality measures for use in the QPP.

Background

The Centers for Medicare & Medicaid Services (CMS) recognizes the benefits of measure development by external stakeholders with specific knowledge of clinician and patient perspectives. CMS believes clinical specialty societies, clinical professional organizations, patient advocacy organizations, educational institutions, independent research organizations, health systems, and other entities may be well suited for this development. On March 2, 2018 CMS published the “Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Funding Opportunity: Measure Development for the Quality Payment Program” on [Grants.gov](https://www.grants.gov).

Background – MACRA Snapshot



Medicare and CHIP Reauthorization Act (MACRA)

Section 101

**Advanced
Alternative
Payment
Models
(APMs)**

**Merit-based
Incentive
Payment
System
(MIPS)**

Section 102

**Measure
Development
Plan (MDP)**

**MDP Annual
Report**

**Quality Payment
Program (QPP)**



Clinician Measures

Meaningful Measures



● Promote Effective Communication & Coordination of Care

Meaningful Measure Areas:

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

● Promote Effective Prevention & Treatment of Chronic Disease

Meaningful Measure Areas:

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

● Work with Communities to Promote Best Practices of Healthy Living

Meaningful Measure Areas:

- Equity of Care
- Community Engagement

● Make Care Affordable

Meaningful Measure Areas:

- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

● Make Care Safer by Reducing Harm Caused in the Delivery of Care

Meaningful Measure Areas:

- Healthcare-associated Infections
- Preventable Healthcare Harm

● Strengthen Person & Family Engagement as Partners in their Care

Meaningful Measure Areas:

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Patient Reported Functional Outcomes



PROGRAM ELIGIBILITY, REQUIREMENT, PRIORITY DOMAIN AND SPECIALTIES

Program Eligibility



Who can apply?*

- Patient Advocacy Organizations
- Clinical Specialty Societies
- Educational Institutions
- Clinical Professional Organizations
- Independent Research Organizations
- Independent Health Systems
- Other entities engaged in measure development

*Not limited to.

Program Eligibility

Eligibility vs Ineligibility



Eligible entities must...

- Demonstrate quality measure development technical expertise for the entire measure development lifecycle
- Entities without quality measure development technical expertise for the entire measure development lifecycle are required to partner with one or more organizations, referred to as subrecipients, with such expertise, to meet the requirements of this Funding Opportunity.

Ineligible entities are...

- Entities with active grants, cooperative agreements, and/or contracts from CMS for quality measure development, implementation, maintenance, alignment, and/or public reporting activities where CMS is the measure steward
 - This excludes entities only receiving funding and/or support from CMS for their measures where CMS is not the measure steward
- Entities that are involved in accreditation of health care providers
- However, these entities may be subrecipients.

Priority Domain and Specialties



Measure development work should align with the priorities identified in the CMS MDP*

Priority Domain

- Clinical Care
- Safety
- Care Coordination
- Patient & Caregiver Experience
- Population Health & Prevention

Specialty Gap Areas

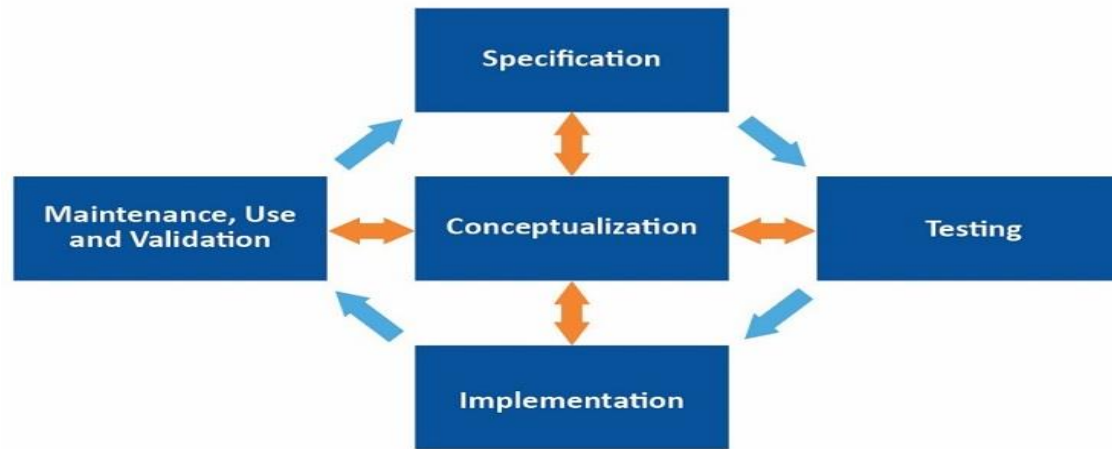
- Orthopedic Surgery
- Pathology
- Radiology
- Mental Health
- Oncology
- Emergency Medicine

CMS will accept applications for other specialty or cross-cutting measures which are high impact measures and/or fill a demonstrated existing gap

* https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MDP_EScan_GapAnalysis_Report.pdf.

Measure Requirements

- Funding recipients will produce one or more fully developed, specified, and tested quality measures using CMS' standards as illustrated in the Blueprint* for potential use in the QPP.
- Technical expertise in the full measure development lifecycle from measure conceptualization through implementation is required.
- The measure development must follow a core set of business processes and decision criteria which are outlined in the CMS Measures Management System Blueprint



* <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Blueprint.html>

Measure Requirements

Basic Measure Development Requirements



- Measures should address a performance gap where there is a known variation in performance, not just a measure gap, and there has been quantitative evidence of opportunities for improvement. Patient/caregiver input is equally important to clinician input in the development of measures.
- Rigorous development of the business case for an evidence-based measure concept is a critical first step in the development cycle.
- Measures should be developed in a rapid-cycle fashion.

Measure Requirements

Basic Measure Development Requirements



- Develop measures meaningful to patients/caregivers and health care providers, focusing on outcomes.
- Meaningful quality measures increasingly will transition away from setting-specific, narrow snapshots.
- Reorient and align measures around patient-centered outcomes that span across settings – this may require different “versions” of the same measure (i.e., different cohorts, but same definition of the numerator).
- Enable monitoring and tracking of disparities and unintended consequences.

Measure Requirements



CMS seek measures that meet the following additional criteria:

- Fill measurement gaps and align with domains prioritized by MACRA, MDP & Meaningful Measurement Framework
- Focused on clinical outcomes & PROM & Functional status measures
- Cross-cutting
- Patient-centered & important to patients, caregivers, & healthcare providers
- Are developed with engagement of external stakeholders
- Prioritize electronic data source
- Minimize burden
- Based on empirical evidence

Measure Requirements

Technical Requirements



- Impact, Opportunity, Evidence, Importance to Measure & Report.
- Reliability
- Feasibility
- Usability & Use
- Harmonization
- Stakeholder Engagement

FUNDING, BUDGETS, AWARDS & STUDY DURATION

Funding, Budgets, Awards & Study Duration



Anticipated Period of Performance	1 year, up to 3 years, estimated start date August 6, 2018
Anticipated Total Available Funding	Up to \$30,000,000 over 3 years
Estimated Number of Awards	Up to 20 Cooperative Agreements
Estimated Award Amount Per Entity	Up to \$2,000,000 per year, up to 3 years, totaling up to \$6,000,000 per recipient, subject to the availability of funds.
Estimated Award Date	August 3, 2018

Funding, Budgets, Awards & Study Duration

Example for Project and Budget Periods



Estimated One-Year Award

- **Project Period:** August 6, 2018 to August 5, 2019 **Up to \$2,000,000 (total)**
- Budget Period One: August 6, 2018 to August 5, 2019 Up to \$2,000,000

Estimated Two-Year Award

- **Project Period:** August 6, 2018 to August 5, 2020 **Up to \$4,000,000 (total)**
- Budget Period One: August 6, 2018 to August 5, 2019 Up to \$2,000,000
- Budget Period Two: August 6, 2019 to August 5, 2020 Up to \$2,000,000

Estimated Three-Year Award

- **Project Period:** August 6, 2018 to August 5, 2021 **Up to \$6,000,000 (total)**
- Budget Period One: August 6, 2018 to August 5, 2019 Up to \$2,000,000
- Budget Period Two: August 6, 2019 to August 5, 2020 Up to \$2,000,000
- Budget Period Three: August 6, 2020 to August 5, 2021 Up to \$2,000,000

APPLICATION AND SELECTION OF AWARD RECIPIENTS

Application Process

Determinant of Variation in Award Amount & Duration



Starting Point: *(e.g. starting from a concept vs measure update)*

Number of Measures

Complexity of Measures: *(Type, Scope, Data Source)*

Endorsement

Application Process

Application Components - Summary of application components



Application Component	Max Pages	Points
Project Abstract	1	0
SF 424	No page limit	0
SF 424A	No page limit	0
SF 424B	No page limit	0
SF LLL	No page limit	0
Cover Letter	No page limit	0
Project Narrative	60	235
Implementation Plan	20	60
Budget Narrative	20	20
Memorandum of Understanding*	No page limit	0
Resumes of Key Personnel	No page limit	
TOTAL POINTS		315

*if applicable

Application Process

Application Components - Summary of application components



Project Narrative

Application Component	Points
A. Background	65
1. Healthcare Quality Experience	35
2. Measure Development Expertise and Resources	30
B. Quality Measure Concept(s)	95
1. Information Gathering	5
2. Measure Type	20
3. Measure Domain	10
4. Specialty/Subspecialty Performance Gap Area	30
5. Measure Characteristics	10
6. Data Source	10
7. Burden Minimization	10
C. Measure Development	75
1. Measure Specification	20
2. Measure Testing	30
3. Measure Implementation	10
4. Stakeholder Engagement	15
TOTAL	235

Implementation Plan

Application Component	Points
A. Measure Specification	20
B. Measure Testing	20
C. Measure Implementation	10
D. Stakeholder Engagement	10
TOTAL	60

Budget Narrative

Application Component	Points
Budget Narrative	20
TOTAL	20

Application and Selection of Award Recipients

Application: Important Dates



Technical Assistance (TA)



Pre-Application TA

- Pre-application Conference Calls
 - Date 1: 03/15/2018
 - Date 2: 03/27/2018
- FAQ
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html>
- Contact Email:
 - MACRA-Measure-Funding@cms.hhs.gov

Post-Application TA for Awardees

- Monthly calls
- Ongoing technical support

THANK YOU

APPENDIX

Funding, Budgets, Awards & Study Duration

Non-competing Continuation Awards



- Future funding will be issued through non-competing continuation awards for years 2 and 3
 - Contingent upon available funds
 - Satisfactory performance during the previous budget period(s)
 - Recipient's ability to continue meeting all requirements laid out in the Funding Opportunity and the terms and conditions of award
- Satisfactory performance during the previous budget period(s) will be measured by assessing:
 - Recipient's ability to meet the performance metrics laid out in their original application
 - the quality and timeliness of report submissions
 - Recipient's compliance with the terms and conditions provided with their Notice of Award, including compliance with all applicable statutory and regulatory requirements;
 - Recipient's ability to communicate with and respond in a timely manner to requests from the CMS project officer throughout the project period.

Application and Selection of Award Recipients

Application & Application Review Process



Criteria

- Project Abstract Summary
- Cover Letter
- Project Narrative
- Implementation Plan
- Budget Narrative
- Memorandum of Understanding

Review & Selection Process

- Eligibility Screening
- Objective Technical review panel
- CMS assessment
- Final award

Federal Awardee Performance and Integrity Information Systems (FAPIIS)

- CMS will track misconduct and performance of applicants

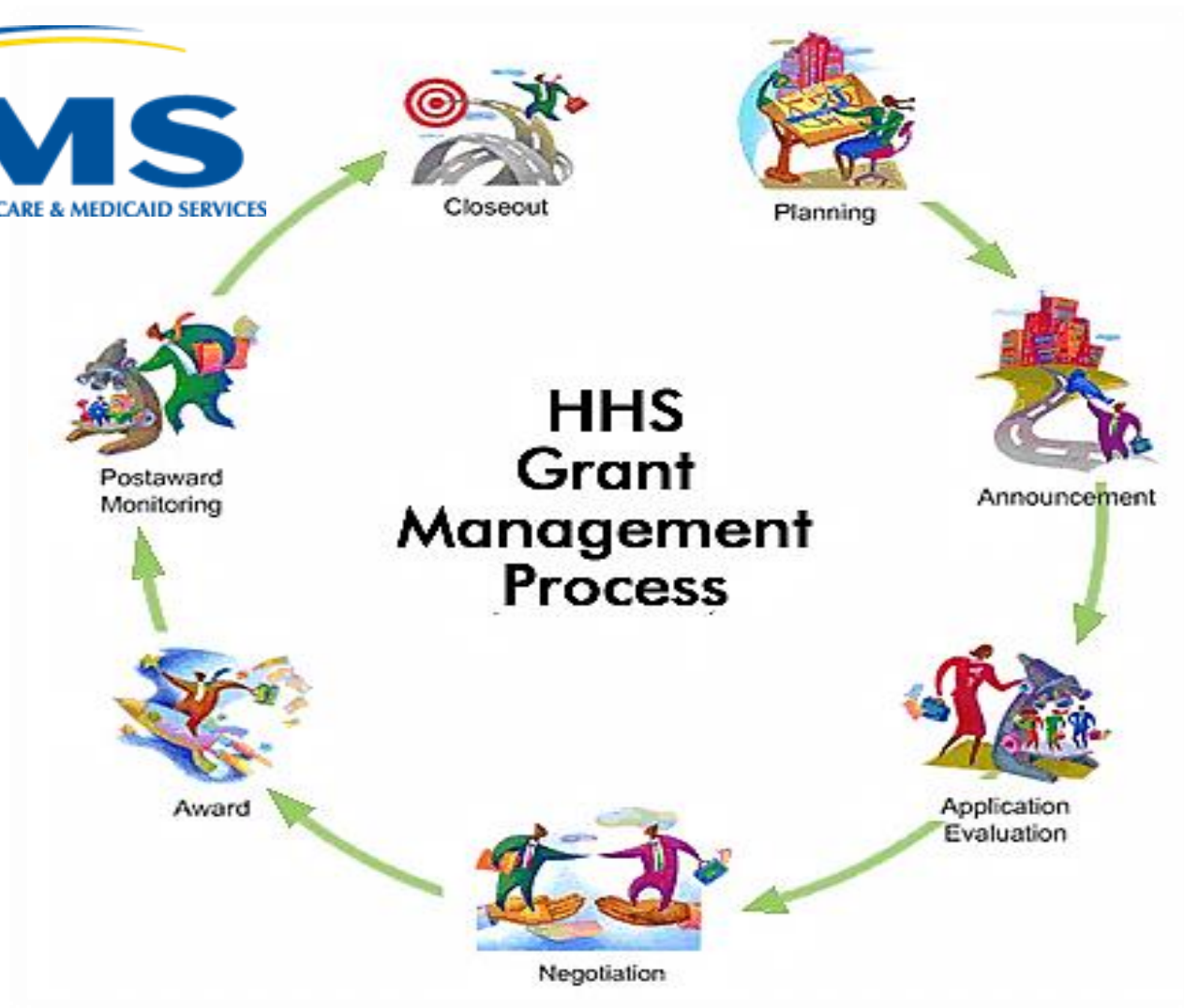


**Medicare Access and CHIP
Reauthorization Act of 2015 (MACRA) Funding Opportunity:
Measure Development for the Quality Payment Program**

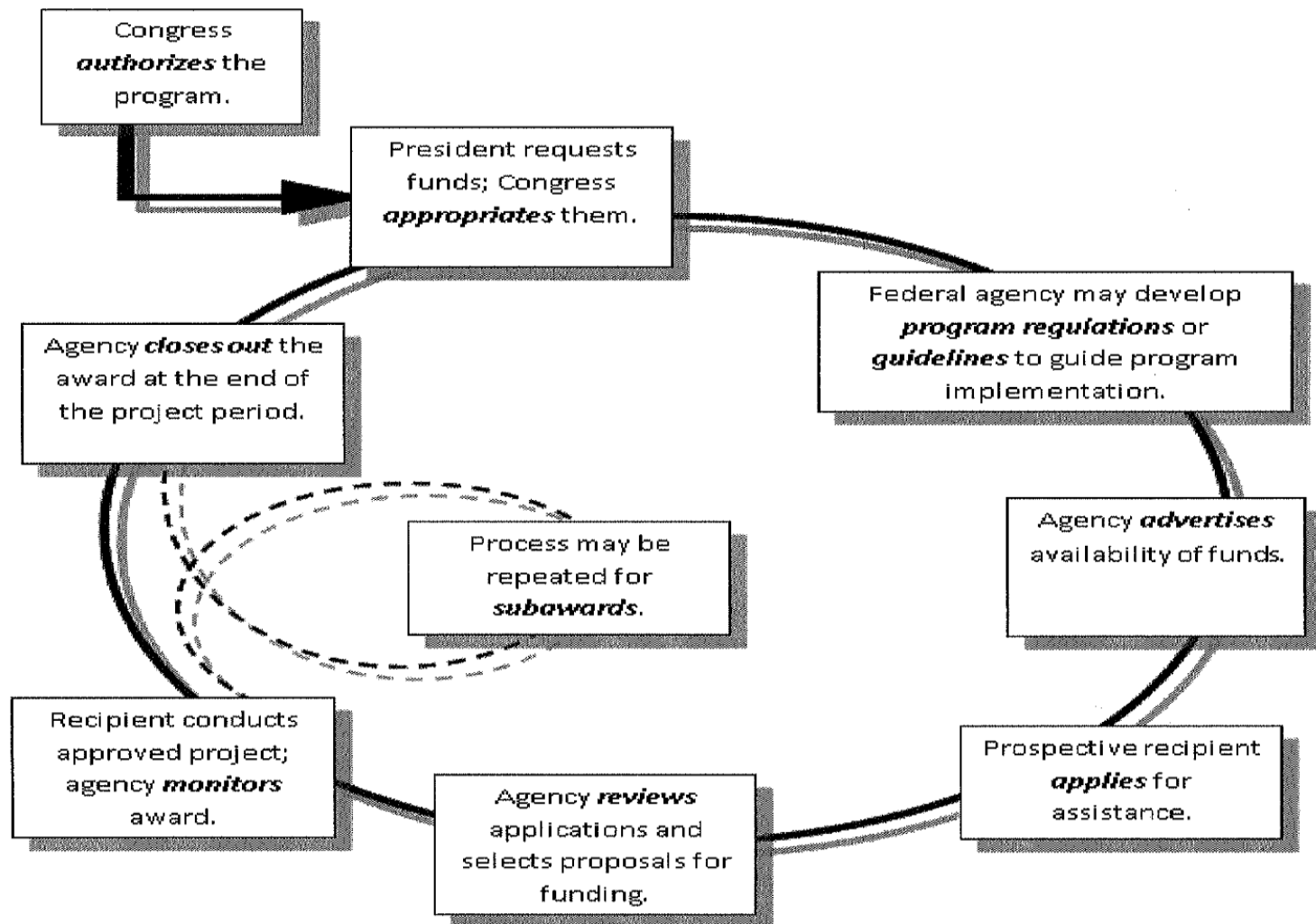


***Measure Development for
the Quality Payment
Program***

***Presenter
Christopher Clark***



Grant Award Process



Application Requirements

Application Package Components

All standard forms are required and must be submitted with the application:

- Section D & Appendix II.

Funding Mechanism

What is a grant or cooperative agreement?

- Grants and cooperative agreements are defined as a transfer of money, property, services, or anything of value to a recipient in order to accomplish a public purpose through support or stimulation that is authorized by federal statute in 45 CFR Part 75.
- **Simply: A grant or cooperative agreement is used when the principal purpose of the award is to provide assistance for the benefit of the public.**

MACRA=Cooperative Agreement

What does “substantial involvement” in a cooperative agreement mean?

Some examples of substantial involvement by CMS include:

- the ability to halt an activity immediately if detailed performance specifications are not met
- requiring the recipient to meet or adhere to specific procedural requirements before subsequent stages of a grant project may continue
- CMS specifying direction or redirection of scope of work due to the Interrelationships with other projects
- CMS collaborating with the recipient by working jointly with a recipient scientist or technician in carrying out the scope of work, by training recipient personnel, or detailing federal personnel to work on the project
- by CMS limiting recipient discretion with respect to scope of work, organizational structure, staffing, mode of operations, and other management processes, coupled with close monitoring or operational involvement during performance.

The following actions do not represent substantial involvement:

- exercising normal stewardship responsibilities during the project to ensure compliance with regulations, statutory requirements, and the award terms and conditions
- becoming involved in a project solely to correct deficiencies in project or financial performance
- performing a pre-award survey and requiring corrective action to enable the recipient to account for federal funds
- following normal procedures set forth by regulation concerning federal review of grantee procurement standards and sole source procurement.

Roles and Responsibilities

Grants Management Officer (federal)

Grants Management Specialist (federal)*

Program Authorizing Official (federal)

Project or Program Officer (federal)*

Authorized Organizational Representative (non-federal)

Principal Investigator/Project Director (non-federal)

Grant Policy

- Uniform Administrative Requirements, Cost Principles, and Audit Requirements for HHS Awards 2 CFR 200
- **45 CFR Subpart 75—UNIFORM ADMINISTRATIVE REQUIREMENTS, COST PRINCIPLES, AND AUDIT REQUIREMENTS FOR HHS AWARDS**
- HHS Grant Policy Statement (2007)
- SAM.gov
 - EPLS
 - CCR (Central Contractor Registration)
- FAPIIS (initiated in January 2016)

Eligibility Criteria

Eligible Applicants

Section C - Eligibility:

- This Funding Opportunity is open to entities, which must include organizations with quality measure development expertise, such as clinical specialty societies, clinical professional organizations, patient advocacy organizations, educational institutions, independent research organizations, health systems, and other entities engaged in quality measure development.

Application Process

Application and Submission Procedures

- All applicants must have a valid Employer Identification Number (EIN)/Taxpayer Identification Number (TIN).
- All applicants must have a Dun and Bradstreet (D&B) Data Universal Numbering System (DUNS) number to apply.
- All applicants must register in the System for Award Management (SAM) database to be able to submit an application. **DO THIS IMMEDIATELY!**
- The Authorized Organizational Representative (AOR) who will officially submit an application on behalf of the organization must register with Grants.gov for a username and password.

Application and Submission Procedures

Format Requirements

- The following page size must be used: 8.5" x 11" letter-size pages (one side only) with 1" margins (top, bottom, and sides). Other paper sizes will not be accepted. This is particularly important because it is often not possible to reproduce copies in a size other than 8.5" x 11".
- All pages of the project, budget narratives, and implementation plan must be paginated in a single sequence.
- Font size must be at least 12-point with an average of 14 characters per inch (CPI).
- The Project Narrative must be double-spaced. The page limit for this document is 50 pages.
- The Implementation Plan must be double-spaced. The page limit for this plan is 20 pages.
- The Budget Narrative may be single-spaced and should follow the justifications and table formats provided in Appendix I, *Guidance for Preparing a Budget Request and Narrative*. The page limit for this document is 20 pages.
- The Business Assessment of Applicant Organization may be single or double-spaced. The page limit for this document is 10 pages.
- Tables included within any portion of the application should have a font size of at least 12-
- point with a 14 CPI and may be single spaced. Tables are counted towards the applicable page limits.
- The project abstract is restricted to a one-page summary which may be single-spaced.
- The application may not exceed 100 pages. Although tables are counted towards the page limitation, the following required documents are excluded from the page limitations described above: Standard Forms, Project Site Location Form, Project Abstract, Cover Letter, Memoranda of Understanding, Indirect Cost Rate Agreement, and resumes of key personnel.

Application and Submission Procedures

Standard Mandatory Forms

- SF 424: Official Application for Federal Assistance
- SF 424A: Budget Information Non-Construction
- SF 424B: Assurances – Non-Construction Programs
- SF LLL: Disclosure of Lobbying Activities

Budget Narrative

- 20 Page Limit
- Refer to Appendix I: Sample Budget and Narrative Justifications in FOA for detailed cost tables and breakdown for each SF 424A line item. Locate Budget Narrative Form in the Grants Application Package
www.Grants.gov

Funding Restrictions

Direct Costs

- Subrecipients under this Funding Opportunity cannot supplant federal funding received through contracts and other agreements for quality measure development, implementation, maintenance, or public reporting activities for quality measures in the Quality Payment Program.⁸

Indirect Costs

- If requesting indirect costs, an Indirect Cost Rate Agreement will be required unless a rate has never been established. Please refer to section F.2B. *Administrative Requirements* for more information.

Reimbursement of Pre-Award Costs

- No cooperative agreement funds awarded under this solicitation may be used to reimburse pre-award costs.

Funding Restrictions

Prohibited Uses of Cooperative Agreement Funds

Use of cooperative agreement funds in the following ways will result in termination of the applicant's funding:

- To provide individuals with services that are already funded through any other source, including, but not limited to, Medicare, Medicaid, and CHIP.
- To match any other Federal funds.
- To fund the provision of social services.
- To provide services, equipment, or supports that are the legal responsibility of another party under Federal, State, or Tribal law (e.g., vocational rehabilitation or education services), or under any civil rights laws. Such legal responsibilities include, but are not limited to, modifications of a workplace or other reasonable accommodations that are a specific obligation of the employer or other party.
- To provide goods or services not allocable to the approved project.
- To supplant existing State, local, Tribal, or private funding of infrastructure or services, such as staff salaries, etc.
- To be used by local entities to satisfy state matching requirements.
- To pay for construction.
- To pay for capital expenditures for improvements to land, buildings, or equipment which materially increase their value or useful life as a direct cost, except with the prior written approval of the Federal awarding agency.
- To pay for the cost of independent research and development, including their proportionate share of indirect costs (unallowable in accordance with 45 CFR 75.476).
- To use as profit to any award recipient even if the award recipient is a commercial organization, (unallowable in accordance with 45 CFR 75.216(b)), except for grants awarded under the Small Business Innovative Research (SBIR) and Small Business Technology Transfer Research (STTR) programs (15 U.S.C. 638). Profit is any amount in excess of allowable direct and indirect costs.
- To expend funds related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before the Congress or any state government, state legislature or local legislature or legislative body.

Application Process, Review, and Award

- Go to **Grants.gov** to view the full funding opportunity announcement and application kit.
- Submit application at Grants.gov no later than **3pm, EST May 2, 2018**.
- Applications downloaded from Grants.gov into GrantSolutions.
- Applicant review process begins.
- Program produces decision memo recommending selected applicants.
- CMS begins budget negotiations with selected applicants based on the submitted SF 424A, budget tables, and narratives.
- Anticipated Issuance of Notices of Award: **August 3, 2018**
- Anticipated Period of Performance Start Date: **August 6, 2018**.

Application and Submission Procedures

Applications

- Search by the CFDA number: 93.986
- Application must be submitted in the required electronic-PDF format at <http://www.grants.gov>, no later than the established deadline date: May 2, 2018.
- Application deadline: Applications not received electronically through www.grants.gov by the application deadline May 2, 2018 will not be reviewed.
- Specific instructions for applications can be found at Grants.gov.

Grants Management

GrantSolutions

The Grants Center of Excellence (grantsolutions.gov)

- Official Grant File in electronic file format
- Accessible to OAGM/CCSQ/Applicant
 - Issue NoA's
 - Grant Notes (internal and correspondence)
 - Amendments (budget reallocations, carryovers, etc.)
 - FFR Reporting module
 - Closeout

Contact Information

For **administrative questions**
about this cooperative
agreement please contact:

Grants@cms.hhs.gov

For **programmatic questions**
about this cooperative agreement
please contact:

MACRA-measure-funding@cms.hhs.gov

Important Web Links

For assistance with www.grants.gov,
contact support@grants.gov or 1-800-518-4726

Q&A Session



- To ask a question, please dial:

1-877-388-2064

- Press *1 to be added to the question queue.
- You may also submit questions via the chat box.
- Speakers will answer as many questions as time allows.
- Ask most important questions first.