

2020 Pre-Rulemaking Orientation

Measures under Consideration List



Kimberly Rawlings, CMS
Helen Dollar-Maples, CMS
Vince Brown, Battelle

April 2020

Agenda

- Pre-Rulemaking Overview
- Meaningful Measures
- Needs & Priorities Report
- eCQM Readiness
- MIPS Journal Article Requirement
- Measure Applications Partnership
- 2020 New Measure Updates
- Looking Ahead to 2021 Cycle





Pre-Rulemaking Overview

Pre-Rulemaking

- Purpose: To gather, evaluate, and publish new and revised candidate healthcare quality and efficiency measures annually
- Benefits:

Measures Are Assessed

- Well defined
- Tested
- Documented

Goal-Oriented

- Matched to priorities
- Fill gaps
- Meet goals

Transparent

- Public comments
- Stakeholder review

Pre-Rulemaking

- Statutory Reference
 - Section 3014 of the Patient Protection and Affordable Care Act
 - Section 1890A of the Social Security Act
- Measures in current use do not need to go on the Measures under Consideration List again. Exceptions:
 - Measures being expanded into other CMS program(s)
 - Measures undergoing substantial changes
- CMS will accept new submissions of measures that were submitted but not accepted for a prior MUC List by any CMS program

Pre-Rulemaking Steps

CMS

- Publishes annual Measures under Consideration List
- No later than December 1 each year

NQF

- Convenes multi-stakeholder workgroup
- MAP workgroups meet November-January

MAP

- MAP provides recommendations and feedback
- Must be received by February of each year

Measure Selection

- CMS considers questions such as:
 - Does the submission align with the quality priorities?
 - Is the candidate measure fulfilling a Meaningful Measure area gap for this program?
 - Does the measure improve upon or enhance any existing measures in the public or private sector? If so, could the original measure be removed?
 - Is the measure evidence-based, fully developed, and tested?
 - Would the measure be burdensome to operationalize?
 - Endorsement status?



Pre-Rulemaking Process - Medicare Programs

The pre-rulemaking process applies to certain programs

Medicare Programs	Medicare Programs (cont'd)
Ambulatory Surgical Center Quality Reporting	Inpatient Rehabilitation Facility Quality Reporting
End-Stage Renal Disease Quality Incentive	Long-Term Care Hospital Quality Reporting
Home Health Quality Reporting	Medicare and Medicaid Promoting Interoperability Program for Eligible hospitals and Critical Access Hospitals (CAHs)
Hospice Quality Reporting	Medicare Shared Savings
Hospital-Acquired Condition Reduction	Merit-Based Incentive Payment System
Hospital Inpatient Quality Reporting	Part C and D Star Rating
Hospital Outpatient Quality Reporting	Prospective Payment System-Exempt Cancer Hospital Quality Reporting
Hospital Readmission Reduction	Skilled Nursing Facility Quality Reporting
Hospital Value-Based Purchasing	Skilled Nursing Facility Value-Based Purchasing
Inpatient Psychiatric Facility Quality Reporting	

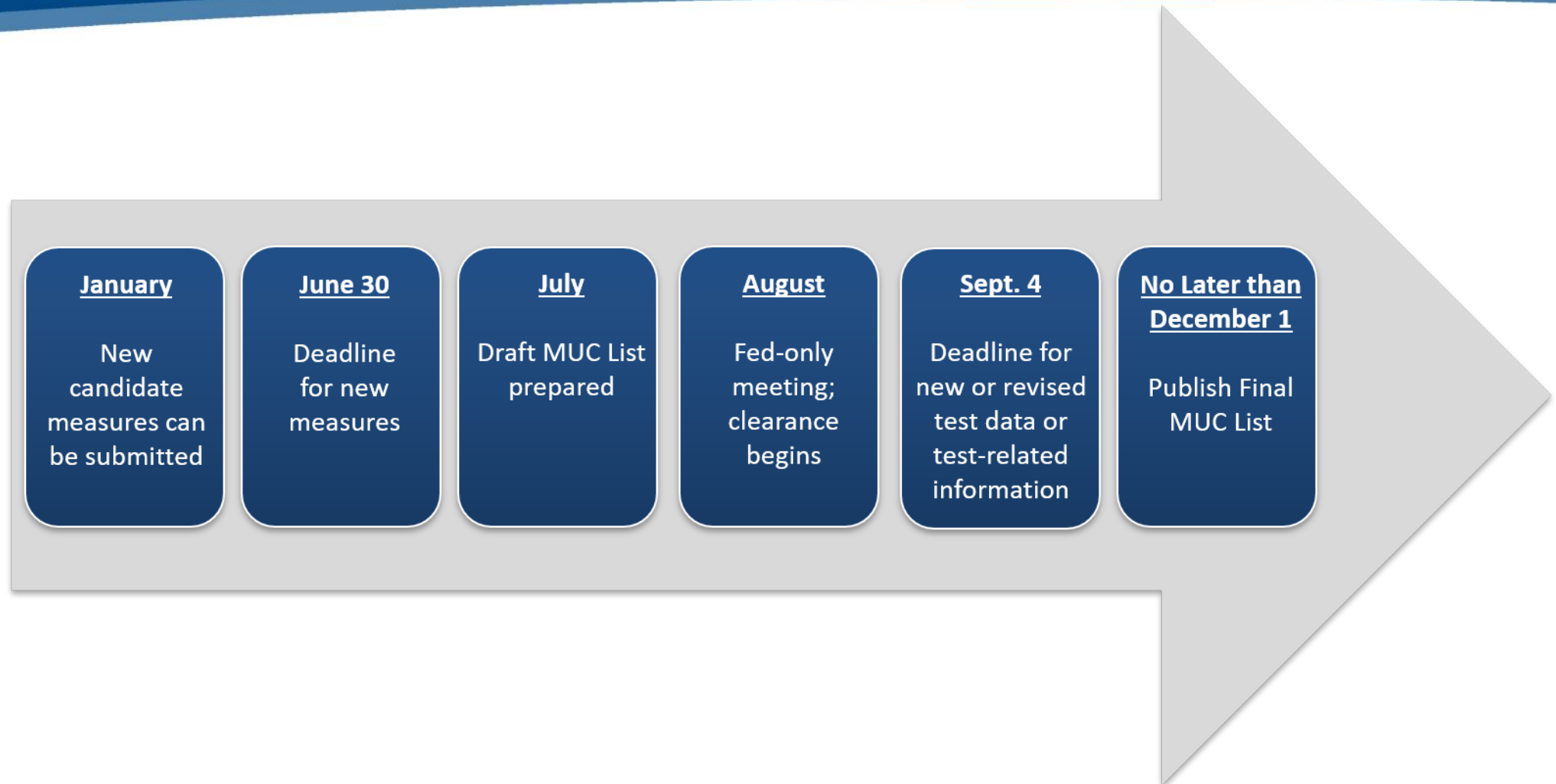
Measures Implementation Timeline

- Once a measure has been fully developed and tested, it goes through several stages prior to adoption/implementation



This process can take 18 to 24 months

Measures under Consideration List Publishing



Measures under Consideration List Trends

Year	2011	2012	2013	2014	2015	2016	2017	2018	2019
Number of Measures	366	507	234	202	131	97	32	39	19

- CMS publishes the MUC List annually no later than December 1
- The National Quality Forum (NQF) publishes the MAP Final Recommendations report no later than February 1 of each subsequent year
- A complete repository of these Lists and Reports is located at:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>

Recommendations for 2020

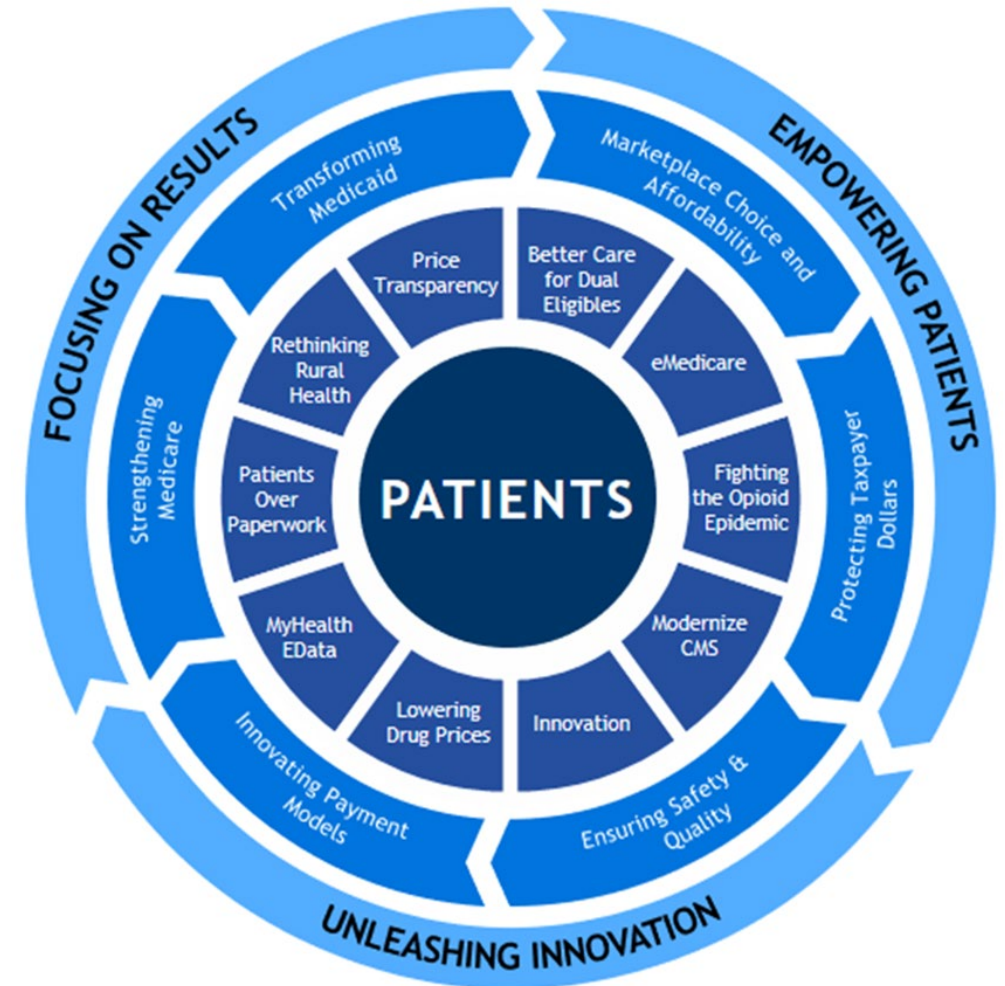
- Emphasis on test data and eCQM completeness
- More outcome measures; fewer process measures
- Fill gaps in Meaningful Measure Areas



Meaningful Measures Initiative Overview

CMS Strategic Priorities

- **CMS Objective:** Improve the nation's health and quality of life.
- **Enterprise Key Result #1:** Improve the quality and affordability of health care for all Americans.
- **Enterprise Key Result #2:** Drive American health care towards payment for value, not volume.
- **Enterprise Key Result #3:** Lower America's rate of growth in healthcare spending.



Patients Over Paperwork

- **CMS's Primary Goal:** Remove obstacles that get in the way of the time clinicians spend with their patients



PATIENTS
OVER PAPERWORK

- **Patients Over Paperwork**
 - Shows CMS's commitment to patient-centered care and improving beneficiary outcomes
 - Includes several major tasks aimed at reducing burden for clinicians
 - Motivates CMS to evaluate its regulations to see what could be improved

A New Approach to Meaningful Outcomes

- **What is the Meaningful Measures Initiative?**
- Launched in 2017, the purpose of the Meaningful Measures initiative is to:
 - Improve outcomes for patients
 - Reduce data reporting burden and costs on clinicians and other health care providers
 - Focus CMS's quality measurement and improvement efforts to better align with what is most meaningful to patients



- **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
 - Functional Outcomes

Stakeholder Feedback

- **Meaningful Measures needs to be:**
 - Patient-centered,
 - Inclusive of all care settings,
 - Representative of patients across all CMS programs,

and most of all...

SIMPLIFIED.

Meaningful Measures Framework 2.0





Using the CMS Program Measure Needs and Priorities Report

2020 Needs & Priorities Report

- CMS annually publishes a set of program-specific needs and priorities on Pre-Rulemaking website
- Links existing and planned measures to Meaningful Measure Areas
- Available on [Pre-Rulemaking web site](#)



2020 Needs & Priorities Report

- Details measure content and submission guidance (see Blueprint for more information)
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Blueprint>
- Each CMS program lists current measures and future priority areas

2020 Needs & Priorities Report

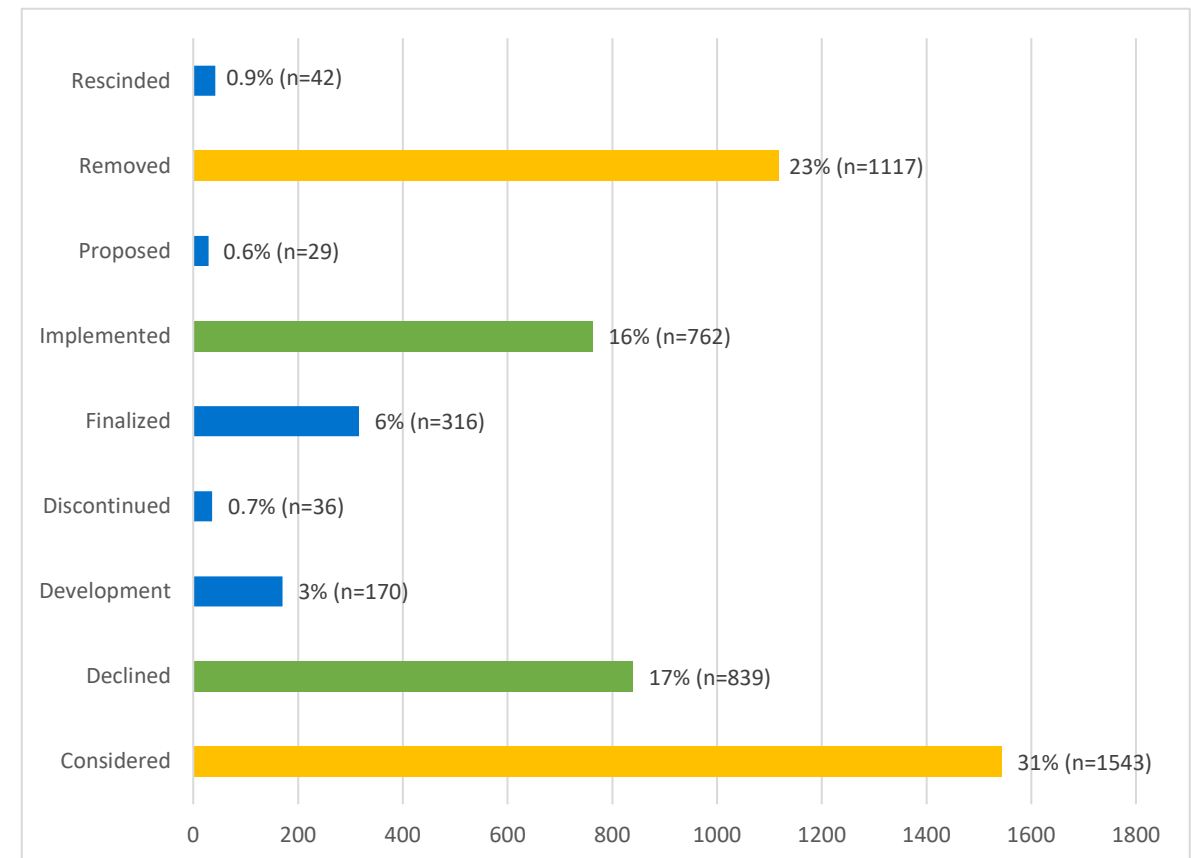
- **Summary of 2020 N&P Report**

- The HIQR and Promoting Interoperability EH/CAH program sections are combined in N&P Report

- **Relation to CMS Inventory**

- The N&P Report guides measure developers in contributing to the CMS measure inventory (right)

Measure Counts by Status



2020 Needs & Priorities Report

Most frequently cited future priorities or MMAs

- Strengthen Person and Family Engagement
- Make Care Safer
- Promote Communication and Coordination of Care

Other notable future priority topics for 2020

- Electronic health information
- Prevention and treatment of opioid use disorders
- Efficiency, affordability, and cost reduction



eCQM Readiness

eCQM Readiness, Step 1: Assess and document eCQM characteristics

eCQM characteristic	Testing activity	Documentation for CMS
Is the eCQM feasible ?	Feasibility test results	NQF's feasibility scorecard
Is the eCQM a valid measure and/or are the data elements in the eCQM valid?	Correlation of data element or measure score with 'gold-standard', or face validity results	Kappa agreement between EHR extracted data element and chart abstract and/or correlation between measure score and a related external measure of quality; information about data used for testing (e.g., number of practices, number of providers)
Is the eCQM reliable?	Provider level reliability testing for measure score in the setting which the measure is intended to be reported	Reliability coefficient using signal-to-noise or split half inter-rater reliability; information about data used for testing (e.g., number of practices, number of providers).

eCQM Readiness, Step 2: Specification readiness

Requirement	Tool	Documentation for CMS
Specify eCQM according to latest CMS and ONC standards	Measure Authoring Tool (MAT)	MAT output to include, at minimum, HQMF and human readable files
Create value sets that use current, standardized terminologies	The National Library of Medicine's Value Set Authority Center (VSAC)	Published value sets in the VSAC that have been validated against the most recent terminology expansion with 100% active codes
Test eCQM logic using a set of test cases that cover all branches of logic with 100% pass rate	Bonnie	Excel file of test patients showing testing results (Bonnie export)

eCQM Readiness: Resources

- Value Set Authority Center: <https://vsac.nlm.nih.gov/>
- Bonnie: <https://bonnie.healthit.gov/>
- eCQI Resource Center: <https://ecqi.healthit.gov/>
- CMS Measures Management System Blueprint:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Blueprint.html>
- National Quality Forum eCQM testing (feasibility):
http://www.qualityforum.org/Electronic_Quality_Measures.aspx



MIPS Peer Review Journal Requirement

MIPS Peer Review Journal Requirement

- Section 1848(q)(2)(D)(iv) of the Act, as added by Section 101(c)(1) of the Medicare Access and CHIP Reauthorization Act (MACRA)



Submit to applicable specialty-appropriate, peer-reviewed journals potential new measures **before** including such measures in the final list of annual CQM under MIPS.



Information shall include the method for developing and selecting such measures, including clinical and other data supporting such measure

MIPS Peer Review Journal Requirement

Benefits of this requirement:

Provide clinicians with information on clinical quality measures, including specialties, who do not have access to or involvement with the MUC and MAP processes.

Eligible clinicians will be more aware of the types of quality measures that can be reported to CMS quality programs.

MIPS Peer Review Journal Requirement

- Required information
 - Submit as an attachment using the template
 - Comprehensive reliability and validity testing information is necessary
 - It is recommended to copy/paste any duplicative information present in the MUC Template into the Peer Review Template form to ensure consistency
- Blank template and completed examples (non-eCQMs and eCQMs) are available on the CMS Pre-Rulemaking website and on the QPP Resources Library in the Call for Measures and Activities zip file.

MIPS Peer Review Journal Requirement

- This will be the standardized process for collecting required information
- The template is subject to change each year

Access the latest version of the MIPS Peer Reviewed Template and Examples here:

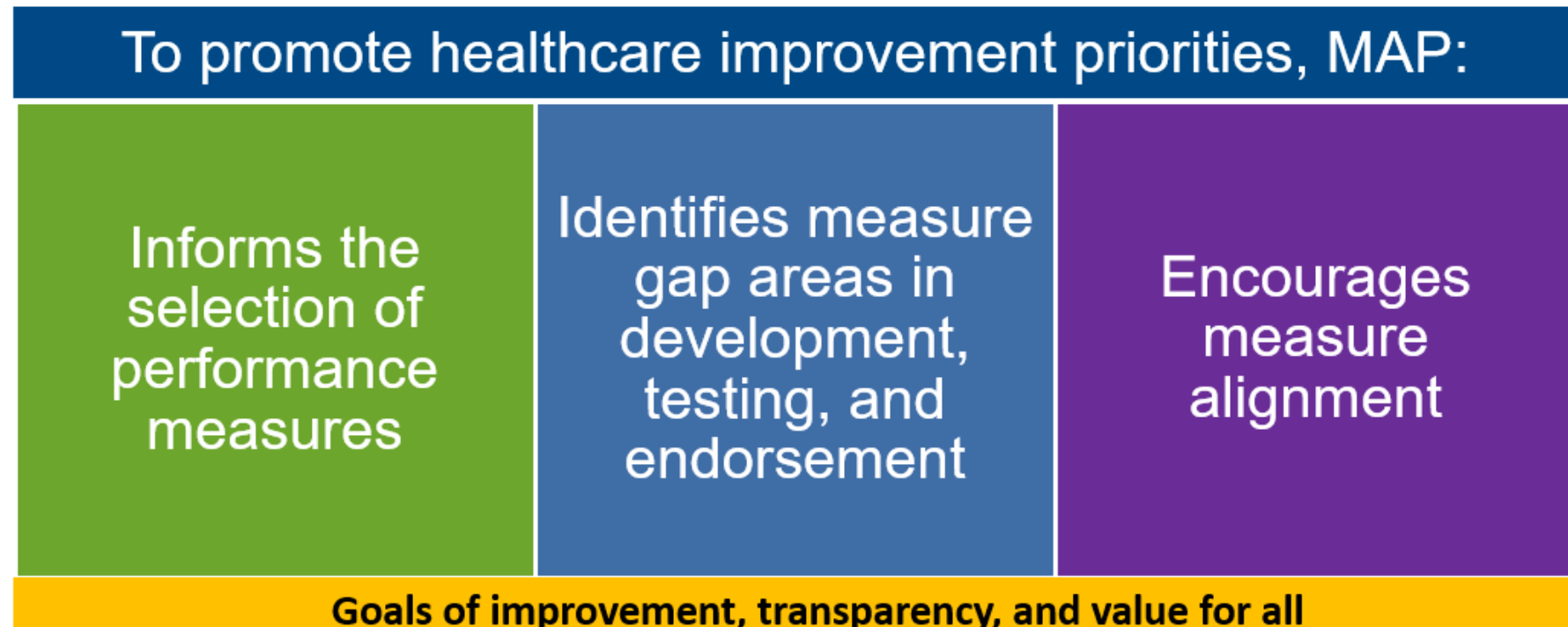
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>
- <https://qpp.cms.gov/about/resource-library>



Measure Applications Partnership and the National Quality Forum (NQF)

The Role of MAP

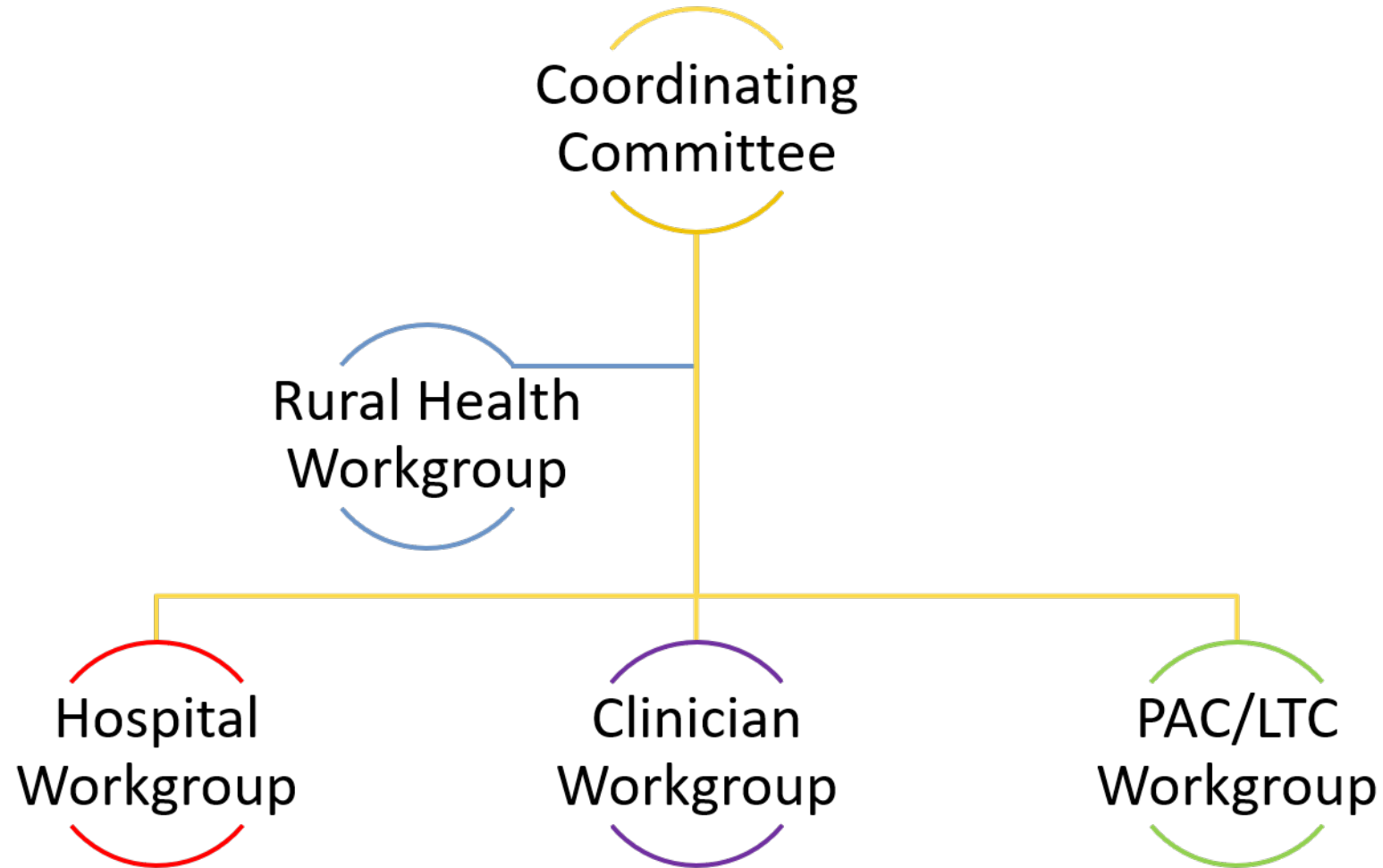
- MAP was formed in 2011 to serve as the multi-stakeholder entity to serve the role of providing recommendations on the measures under consideration by HHS.



What is the value of pre-rulemaking input?

- Facilitates multi-stakeholder dialogue that includes HHS representatives
- Allows for a consensus-building process among stakeholders in a transparent open forum
- Proposed rules are “closer to the mark” because the main provisions related to performance measurement have already been vetted by the affected stakeholders
- Reduces the effort required by individual stakeholder groups to submit official comments on proposed rules

MAP Structure



MAP Members

Three types of members:

- **Organizational Representatives**
 - Constitutes the majority of MAP members
 - Include those that are interested in or affected by the use of measures
 - Organizations designate their own representatives
- **Subject Matter Experts**
 - Serve as individual representatives bringing topic specific knowledge to MAP deliberations
 - Chairs and co-chairs of MAP's Coordinating Committee, workgroups, and task forces are considered subject matter experts
- **Federal Government Liaisons**
 - Serve as ex-officio, non-voting members representing a Federal agency

MAP Measure Selection Criteria

NQF-endorsed measures are recommended for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective

Program measure set adequately addresses the CMS Healthcare Priorities

Program measure set is responsive to specific program goals and requirements

Program measure set includes an appropriate mix of measure types

Program measure set enables measurement of person- and family-centered care and services

Program measure set includes considerations for healthcare disparities and cultural competency

Program measure set promotes parsimony and alignment

Program measure set considers burden/operational criteria



NATIONAL
QUALITY FORUM

Evaluate Measures Under Consideration

- MAP Workgroups must reach a decision about every measure under consideration
 - Decision categories are standardized for consistency
 - Each decision should be accompanied by one or more statements of rationale that explains why each decision was reached

MAP Recommendation Categories

Support	Conditional Support	Do Not Support: Recom. Mitigation	Do Not Support
MAP supports implementation as specified	MAP supports implementation with conditions or modifications to address in advance	MAP does not support implementation but suggests modifications to make a material change	MAP does not support implementation

Source: NQF MAP Member Guidebook, November 15, 2019, page 25.

Preliminary Analysis of Measures Under Consideration

- To facilitate MAP's voting process, NQF staff conduct a preliminary analysis of each measure under consideration.
- The preliminary analysis is an algorithm that asks a series of questions about each measure under consideration. This algorithm was:
 - Developed from the MAP Measure Selection Criteria, and approved by the MAP Coordinating Committee, to evaluate each measure
 - Intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions

MAP Preliminary Analysis Algorithm



The measure addresses a critical quality objective not currently, adequately addressed by the measures in the program set



The measure is an outcome measure or is evidence-based



The measure addresses a quality challenge



The measure contributes to efficient use of resources and/or supports alignment of measurement across programs

Continued

MAP Preliminary Analysis Algorithm



The measure can be feasibly reported



The measure is NQF-endorsed or has been submitted for NQF endorsement for the program's setting and level of analysis



If a measure is in current use, no implementation issues have been identified

MAP Workgroup Activities

- MAP Workgroups advise the MAP Coordinating Committee on measures needed for specific uses
- MAP provides a coordinated look across federal programs at performance measures being considered
- Mechanism for receiving and synthesizing written public comments on Measures under Consideration
- In-person Workgroup meetings in Washington DC (usually Dec-Jan) with public comment welcome
- Mutual respect and efficient deliberations as Workgroups and Coordinating Committee finalize their annual recommendations

Nominations to Serve on the MAP

- One-third of the seats on MAP are eligible for reappointment each year
- The formal call for nominations occurs in the early Spring but NQF accepts nominations year round
- For more information and to apply, please visit the NQF Committee Nominations webpage at <http://www.qualityforum.org/nominations/>
- Nominations are sought from organizations and individual subject matter experts



2020 New Measure Updates

New for 2020

- One new (optional) item for MIPS Quality measure submitters: Identify any links with related cost measures and improvement activities
- More choices in several data fields (e.g., test settings, and areas of medical specialty)
- Note addition of “Part C and D Star Rating” program from later in 2019



Changes to Measure Submission Process

- Last day to submit new measures via the 2020 MUC Template: **6/30/2020**
- All measure submissions will be entered into a spreadsheet-based database for CMS to review and will include all 2020 measure submission data that has been sent to the prerulemaking@battelle.org address
- The prerulemaking@battelle.org address will be the centralized method for gathering and responding to user comments, questions, and change requests as the MUC List is readied for CMS/HHS review
- Watch Pre-Rulemaking web site for news

Change in Process for 2020 Only

- After 6/30/2020, if you want to
 - Request a change to a measure or add attachment
 - Comment on a measure, or respond to a comment
 - Contact CMS about a measure or program
 - See latest measure specifications
 - See other measure or program information

Send an email to the Pre-rulemaking account:

Prerulemaking@battelle.org

Management of 2020 Measures Data

- Measures Management team will store all 2020 new measure submissions and attachments for reference
- Team will maintain an updated data file reflecting all CMS-approved changes to data values
- Team will use a logging and tracking/storage system to capture all requests received through the prerulemaking@battelle.org address and actions related to each measure until final MUC List publication



Looking Ahead to 2021 Cycle

New Platform for 2021 Coming Soon



The image is a mockup of the CMS Measures Under Consideration (MUC) website. The header features the CMS logo and the text 'Centers for Medicare & Medicaid Services Measures Under Consideration'. On the right side of the header, there are links for 'About' and 'User Name'. The main content area is divided into two columns. The left column has a large heading 'Measures Under Consideration' followed by a welcome message and a paragraph of placeholder text. The right column contains a 'Login to MUC' section with input fields for 'Username' and 'Password', a 'Forgot your password?' link, a 'Request an Account' link, and an 'Authenticate' button. Below the login section is a 'Rules of Behavior and Terms of Use' section with a warning about unauthorized access and a list of rules.

CMS Centers for Medicare & Medicaid Services Measures Under Consideration About User Name

Measures Under Consideration

Welcome to the Centers for Medicare & Medicaid Services management system for Measures Under Consideration (MUC). This inventory houses the official annual MUC list and provides the ability to submit a new measure for consideration. Please submit a request to create an account to view the current MUC list or to submit a new measure.

Bus se modi res mos estor sus niende porepel iquiat la venda nullita sitati quos et aboreic atectur, exerchicae doluptas repuda consequia solupta conihit ipis ex et, sitia con commini, essi dolore, ut perionsed qui simus etum sedi doluptamus, simo quam quae. Itatus, eaquatem faccum volorro officid enectet fugitem ullupis tioratem. Biscit ipsunti sa nulpalum quassit, ommossimi, tem re alique natquidel imus. Rum debitatestis pe vel in et vent laborro in nes a voluptas rest remam aute consequo cupiciunt omnisincimus nonsenis dolores re voloressit quis sim fuga. Ut et odis et fugia sit fuga. Itat. Uptate aut quibus, offici quam, quaspius ipitas re voluptatium rem repe mo eos minvele cepudam usdaect umquatur seque de volum, coreped evelloritam ipidiaae volorerendit

plitia debit ide volenti onsequi serspel evel eum eos dis none dit, ut quatqui squibust aut estio oculo quatur? Ate volupti dollab int id modipsaperis cum dolorio mo molorum num es dest, teceperibus, ulpari seque eari officim. agnatem et, aborepuda cus et eum quatibus pedit aruptat molutpas nonsequat eos alique di volupienis ium aditant plitia debit ide volenti onsequi serspel evel eum eos dis none dit, ut quatqui squibust aut estio oculo quatur? Ate volupti dollab int id modipsaperis cum dolorio mo molorum num es dest, teceperibus, ulpari seque eari officim. agnatem et, aborepuda cus et eum quatibus pedit aruptat

[LEARN MORE ABOUT MUC >>](#)

Login to MUC

Username

Password

[Forgot your password?](#) [Request an Account](#) [Authenticate](#)


Rules of Behavior and Terms of Use

UNAUTHORIZED ACCESS TO THIS COMPUTER SYSTEM IS PROHIBITED BY LAW (REFERENCE TITLE 18 U.S.C., SECTION 1030)

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only. Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties. By using this information system, you understand and consent to the following:

- You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
- Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

New Platform for 2021 Coming Soon

Centers for Medicare & Medicaid Services

Measures Under Consideration

About ▾User Name ▾

MY MEASURESRESOURCES

[Get Help](#)

Search All Measures Under Consideration ▾

Enter Keywords or Measure ID to search Measure Inventory

Q

Properties

Measure Information

State of Development

Background Information

Data Sources

Steward

Characteristics

Groups

Programs

Similar Measures

Attachments

Comments

Review & Submit

Measure Title

Properties

Last Updated: 0000-00-00

State of Development

State of Development *

State of Development Details (Optional)

At what level of analysis was the measure tested? *

In which setting was this measure tested? *

Delete Measure

Save

☐ Early Development

☐ Field Testing

☐ Fully Developed

Select All

None

Clinician

Group

Facility

Health plan

Medicaid program (e.g., Health Home or 1115)

State

Not yet tested

Other

Select All

None

Ambulatory surgery center

Ambulatory/office-based care

Hospital outpatient department (HOD)

Home health

Hospital inpatient

Hospital/acute care facility

PPS-exempt cancer hospital


Psychiatric outpatient

Veterans Health Administration facilities

Qualified Health Plan (QHP)

52


New Platform for 2021 Coming Soon

Centers for Medicare & Medicaid Services

Measures Under Consideration


About ▾User Name ▾

MY MEASURESRESOURCES

Get Help

Search All Measures Under Consideration ▾

Enter Keywords or Measure ID to search Measure Inventory



Properties ⊕

Steward ⊕

Characteristics ⊕

Groups

Programs

Similar Measures ⊕

Attachments


Comments

Review & Submit

Measure Title

Review & Submit
Last Updated: 0000-00-00

Review & Submit



Please review your
information before submitting

Please take this time to review the information you have provided and ensure accuracy. Once you have finished reviewing, click the Submit Measure button below.

☐ I have reviewed my submission and ensured that all information is accurate and complete to the best of my knowledge.

Check Submission for Errors

< Previous

Submit Measure

Pre-Rulemaking Resources

- CMS Pre-Rulemaking Web Site
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>

Contacts for Pre-Rulemaking

For submitting new measures, change requests, and comments or responses on 2020 measures:

prerulemaking@battelle.org

**For general inquiries on Quality Measures
and CMS Measure Management**

MMSSupport@battelle.org