2020 Pre-Rulemaking Orientation

Measures under Consideration List

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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
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?
The pre-rulemaking process applies to certain programs

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

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

<table>
<thead>
<tr>
<th>Submit measures to MUC process</th>
<th>CMS/HHS review</th>
<th>MUC List published annually</th>
<th>MAP public process and workgroup recomm.</th>
<th>HHS and CMS develop Proposed Rules for measures</th>
<th>Issue Final Rules</th>
<th>Measures adopted in the field</th>
</tr>
</thead>
</table>

This process can take 18 to 24 months
Measures under Consideration List Publishing

- **January**: New candidate measures can be submitted
- **June 30**: Deadline for new measures
- **July**: Draft MUC List prepared
- **August**: Fed-only meeting; clearance begins
- **Sept. 4**: Deadline for new or revised test data or test-related information
- **No Later than December 1**: Publish Final MUC List
Measures under Consideration List Trends

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<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>Number of Measures</td>
<td>366</td>
<td>507</td>
<td>234</td>
<td>202</td>
<td>131</td>
<td>97</td>
<td>32</td>
<td>39</td>
<td>19</td>
</tr>
</tbody>
</table>

- 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
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 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**
  – 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
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…
Meaningful Measures Framework 2.0
Using the CMS Program Measure Needs and 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)

• 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)
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, Step 1: Assess and document eCQM characteristics

<table>
<thead>
<tr>
<th>eCQM characteristic</th>
<th>Testing activity</th>
<th>Documentation for CMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the eCQM feasible?</td>
<td>Feasibility test results</td>
<td>NQF’s feasibility scorecard</td>
</tr>
<tr>
<td>Is the eCQM a valid measure and/or are the data elements in the eCQM valid?</td>
<td>Correlation of data element or measure score with ‘gold-standard’, or face validity results</td>
<td>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)</td>
</tr>
<tr>
<td>Is the eCQM reliable?</td>
<td>Provider level reliability testing for measure score in the setting which the measure is intended to be reported</td>
<td>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).</td>
</tr>
</tbody>
</table>
# eCQM Readiness, Step 2: Specification readiness

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

- Value Set Authority Center: https://vsac.nlm.nih.gov/
- Bonnie: https://bonnie.healthit.gov/
- eCQI Resource Center: https://ecqi.healthit.gov/
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.
• 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://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.

<table>
<thead>
<tr>
<th>To promote healthcare improvement priorities, MAP:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Informs the selection of performance measures</td>
</tr>
<tr>
<td>Identifies measure gap areas in development, testing, and endorsement</td>
</tr>
<tr>
<td>Encourages measure alignment</td>
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</tbody>
</table>

Goals of improvement, transparency, and value for all
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 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.
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

<table>
<thead>
<tr>
<th>Support</th>
<th>Conditional Support</th>
<th>Do Not Support: Recom. Mitigation</th>
<th>Do Not Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>MAP supports implementation as specified</td>
<td>MAP supports implementation with conditions or modifications to address in advance</td>
<td>MAP does not support implementation but suggests modifications to make a material change</td>
<td>MAP does not support implementation</td>
</tr>
</tbody>
</table>

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
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
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
New Platform for 2021 Coming Soon
New Platform for 2021 Coming Soon
Pre-Rulemaking Resources

• CMS Pre-Rulemaking Web Site
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