

Technical Expert Panel Charter

Project Title:

Physician Cost Measures and Patient Relationship Codes (PCMP)

Dates:

February 6-7, 2020

Project Overview:

The Centers for Medicare & Medicaid Services (CMS) has contracted with Acumen, LLC to develop care episode and patient condition groups for use in risk-adjusted cost measures to meet the requirements of the *Medicare Access and CHIP Reauthorization Act of 2015 (MACRA)*. The contract name is “*Physician Cost Measures and Patient Relationship Codes (PCMP)*.” The contract number is 75FCMC18D0015, Task Order 75FCMC19F0004. This project is a continuation of the work performed under the previous “*MACRA Episode Groups and Resource Use Measures*” contract (contract number HHSM-500-2013-13002I and the Task Order HHSM-500-T0002).

As part of its measure development process, Acumen convenes groups of stakeholders and experts who contribute direction and thoughtful input during measure development and maintenance. Acumen also recruits patients, caregivers, and patient advocates to ensure that the patient and caregiver perspective informs measure prioritization and development.

Project Objectives:

The project’s overall objectives are to develop, maintain, and implement:

- Episode-based cost measures for use in the Merit-Based Incentive Payment System (MIPS)
- Patient relationship categories (PRC) and codes
- Population-based cost measures for MIPS and the Hospital Value-based Purchasing (H-VBP) program

TEP Objectives:

The TEP will provide input and guidance on:

- The episode-based cost measures including measure prioritization and framework
- The evaluation and testing of PRCs
- Maintenance and re-evaluation of the MSPB Hospital, MSPB Clinician, and TPCC measures

Scope of Responsibilities:

The TEP's role is to provide input and advice to Acumen on the conceptualization, development and maintenance of cost measures, and the evaluation and testing of PRCs.

Guiding Principles

TEP members should understand that participation is voluntary and that their input will be recorded in the meeting minutes. All TEP members must disclose any current and past activities that may pose a potential conflict of interest for performing the tasks required of the TEP. All potential TEP members should be able to commit to the anticipated time frame needed to perform the functions of the TEP. In addition, project staff from CMS may attend the TEP meetings.

Proceedings of the TEP will be summarized in a report that may be disclosed to the public. Acumen will ensure confidentiality in the report by summarizing discussion topics and removing the names of TEP members who make specific comments during the meeting. If a participant has chosen to disclose private, personal data, then related material and communications are not deemed to be covered by patient-provider confidentiality. Patient/caregiver participants may elect to keep their names confidential in public documents. Acumen will answer any questions about confidentiality.

Input, advice, and recommendations provided by TEP members will be considered by the measure developer. An appointed TEP chair will help facilitate discussion and build consensus.

Estimated Number and Frequency of Meetings

- The TEP is expected to meet twice annually until 2024. The first meeting for this TEP is a two-day, in-person meeting in Washington, DC on February 6-7, 2020.
- Membership to this standing TEP would last the duration of the contract.
- In future years, meetings may be held in-person or via webinar.

Date Approved by TEP:

To be approved by the TEP during the in-person meeting.

TEP Membership

TBD