

2021 Pre-Rulemaking Kickoff

Measures Under Consideration Overview



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Housekeeping

- All audio lines will be muted during the presentation.
- The meeting is being recorded and will be uploaded to the CMS website for future viewing. The meeting facilitator will send the link to the recording in a follow-up email.
- Questions will be accepted later in the presentation.

Agenda

- CMS Quality Measurement Action Plan
- Pre-Rulemaking Overview
 - CMS Needs & Priorities
- MIPS Journal Article Requirement
- eCQM Readiness
- CMS MERIT
- Measure Applications Partnership
- Questions and Answers



CMS Quality Measurement Action Plan

Our Vision

Use impactful quality measures to improve health outcomes and deliver value by empowering patients to make informed care decisions while reducing burden to clinicians.

UPDATED: Goals of the CMS Measurement Quality Action Plan



Use Meaningful Measures Framework to Streamline Quality Measurement



Leverage Measures to Drive Outcome Improvement Through Public Reporting and Payment Programs



Improve Quality Measures Efficiency by a Transition to Digital Measures and Use of Advanced Data Analytics



Empower Consumers to Make Best Healthcare Choices through Patient-Directed Quality Measures and Public Transparency



Leverage Quality Measures to Promote Equity and Close Gaps in Care

Meaningful Measures 1.0



- 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

Meaningful Measures 1.0 Accomplishments

- Since its inception in 2017, the Meaningful Measures Framework 1.0 has been utilized to review, reduce, and align measures.
- Meaningful Measures 1.0 highlighted 6 strategic domains and 17 strategic focus areas.
- This has resulted in a 15% reduction of the overall number of measures in the CMS Medicare FFS programs (from 534 to 460 measures).
- Overall, the measures portfolio has demonstrated a 25% increase in percentage of outcome measures; the percentage of process measures has dropped from 52% in 2017 to 37% in 2021.
- Streamlining measures has a projected savings of an estimated \$128M and a reduction of 3.3M burden hours through 2020.*

*Seema Verma's Speech at the 2020 CMS Quality Conference: <https://www.cms.gov/newsroom/press-releases/speech-remarks-cms-administrator-seema-verma-2020-cms-quality-conference>

UPDATED: Meaningful Measures 2.0

Building Value-Based Care

Goals of MM 2.0
Utilize only quality measures of highest value and impact focused on key quality domains
Align measures across value-based programs and across partners, including CMS, federal, and private entities
Prioritize outcome and patient reported measures
Transform measures to fully digital by 2025, and incorporate all-payer data
Develop and implement measures that reflect social and economic determinants



Use Meaningful Measures Framework to Streamline Quality Measurement

Objective

Align measures across CMS, federal programs, and private payers

Reduce number and burden of measures

- Leverage Meaningful Measures 2.0 framework to reduce burden and align measures across the Agency and federal government
- Develop (as needed), prioritize, and utilize measures for high priority targeted areas, such as socioeconomic status, maternal mortality, and kidney care and Home and Community Based Services
- Align quality measures to quality improvement activities
- Increase the proportion of outcome measures across the CMS portfolio by 50% by 2022
- Continue work of the Core Quality Measures Collaborative to align measures across all payers

Leverage Measures to Drive Improvement Through Public Reporting and Payment Programs

Objective

Accelerate ongoing efforts to streamline and modernize programs, reducing burden and promoting strategically important focus areas

- Continue to examine programs across CMS for modernization and alignment, as appropriate
- Introduce 5-10 MIPS Value Pathways (MVPs)
- Incorporate robust quality measurement into all value-based payment models
- Support utilization of Adult and Child Core sets and HCBS recommended measures
- Improve Child Core Set reporting and reduce state burden by leveraging alternative data sources for calculation of state level rates
- Provide more timely results and feedback to help create learning systems that support ongoing quality improvement
- Transition to all payer data

Improve Quality Measures Efficiency by a Transition to Digital Measures and Use of Advanced Data Analytics

Objective

Use data and information as essential aspects of a healthy, robust healthcare infrastructure to allow for payment and management of accountable, value-based care and development of learning health organizations

- Transform to all digital quality measures by 2025
- Accelerate development and testing eCQMs using FHIR API technology for transmitting and receiving quality measurement
- Transform data collection to use FHIR API technology and all CMS data (all-payer data)
- Utilize data driven framework to assess measure priorities and performance
- Leverage centralized data analytic tools to examine programs and measures
- Evaluate new technologies for advanced machine learning and neural networks
- Expand the availability of public use files for CMS data by 2021

Empower Consumers to Make Best Healthcare Choices through Patient-Directed Quality Measures and Public Transparency

Objective

Empower patients through transparency of data and public reporting, so that patients can make the best-informed decisions about their healthcare

- Expand and prioritize person and caregiver engagement during the measure development process
- Increase Patient Reported Outcome Measures (PROMs) by 50%
- Continue to modernize Compare Sites and develop rating systems for Medicaid and CHIP beneficiaries and their caregivers
- Advance use of FHIR API to allow patients to receive their health information electronically
- Increase person-centered measures, such as goals of care and shared decision making

Leverage Quality Measures to Promote Equity and Close Gaps in Care

Objective

Commit to a patient-centered approach in quality measure and value-based incentives programs to ensure that quality and safety measures address healthcare equity

- Expand confidential feedback reports stratified by dual eligibility in all CMS value-based incentive programs as appropriate by the end of 2021.
- Introduce plans to close equity gaps through leveraging the pay-for-performance incentive programs by 2022.
- Ensure equity by supporting development of Socioeconomic Status (SES) measures and stratifying measures and programs by SES or dual eligibility as appropriate. Partner with OMH regarding HESS measures (health equity).
- Develop multi-year plan to promote equity through quality measures



Overview of Pre-Rulemaking

Pre-Rulemaking

- Statutory Reference
 - Section 3014 of the Patient Protection and Affordable Care Act
 - Section 1890 and 1890A of the Social Security Act
- Pre-Rulemaking Steps
 1. CMS annually publishes the Measures Under Consideration (MUC) List by December 1
 2. National Quality Forum (NQF) convenes Multi-Stakeholder Groups under Measure Applications Partnership (MAP)
 3. MAP provides recommendations and feedback to the Secretary annually by February 1

Caveats

- 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 submissions of measures that were submitted but not accepted for a prior MUC List by any CMS program
- Measure specifications may change over time. If your measure has significantly changed, you may submit it again for consideration

Pre-Rulemaking Process – Medicare Programs

The pre-rulemaking process applies to certain programs and measures.

Medicare Programs

Ambulatory Surgical Center Quality Reporting

End-Stage Renal Disease Quality Incentive

Home Health Quality Reporting

Hospice Quality Reporting

Hospital-Acquired Condition Reduction

Hospital Inpatient Quality Reporting

Hospital Outpatient Quality Reporting

Hospital Readmissions Reduction

Hospital Value-Based Purchasing

Inpatient Psychiatric Facility Quality Reporting

Medicare Programs continued

Inpatient Rehabilitation Facility Quality Reporting

Long-Term Care Hospital Quality Reporting

Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs)

Medicare Shared Savings

Merit-based Incentive Payment System

Part C and D Star Rating

Prospective Payment System-Exempt
Cancer Hospital Quality Reporting

Skilled Nursing Facility Quality Reporting

Skilled Nursing Facility Value-Based Purchasing

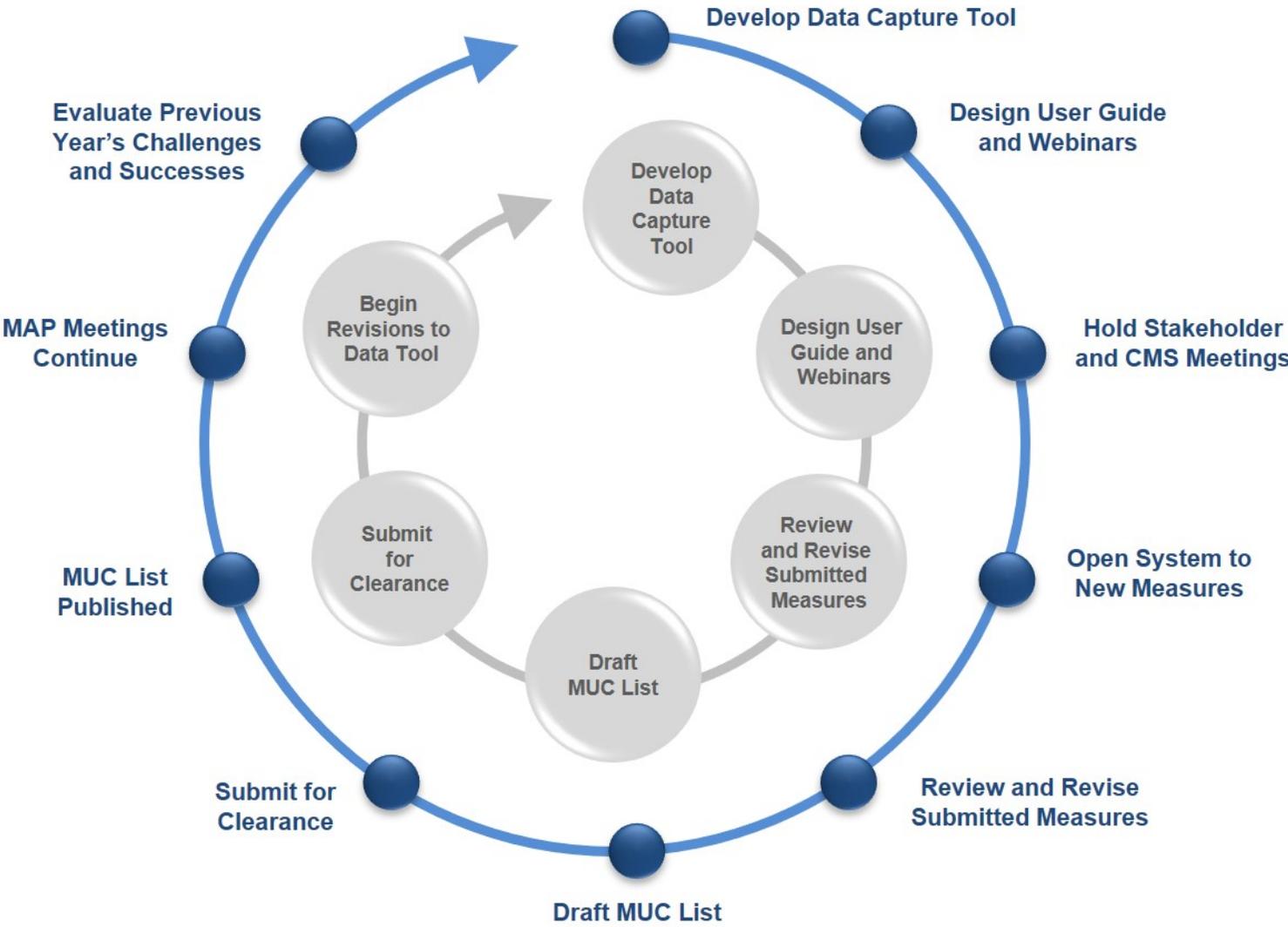
Pre-Rulemaking Process

- Measure selection considerations:
 - Does the submission align with the quality priorities?
 - Is the submission a digital measure? Or an outcome measure?
 - Is the candidate measure fulfilling a Meaningful Measure domain 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?
 - Is the measure endorsed by a consensus-based entity?

CMS Program Needs and Priorities

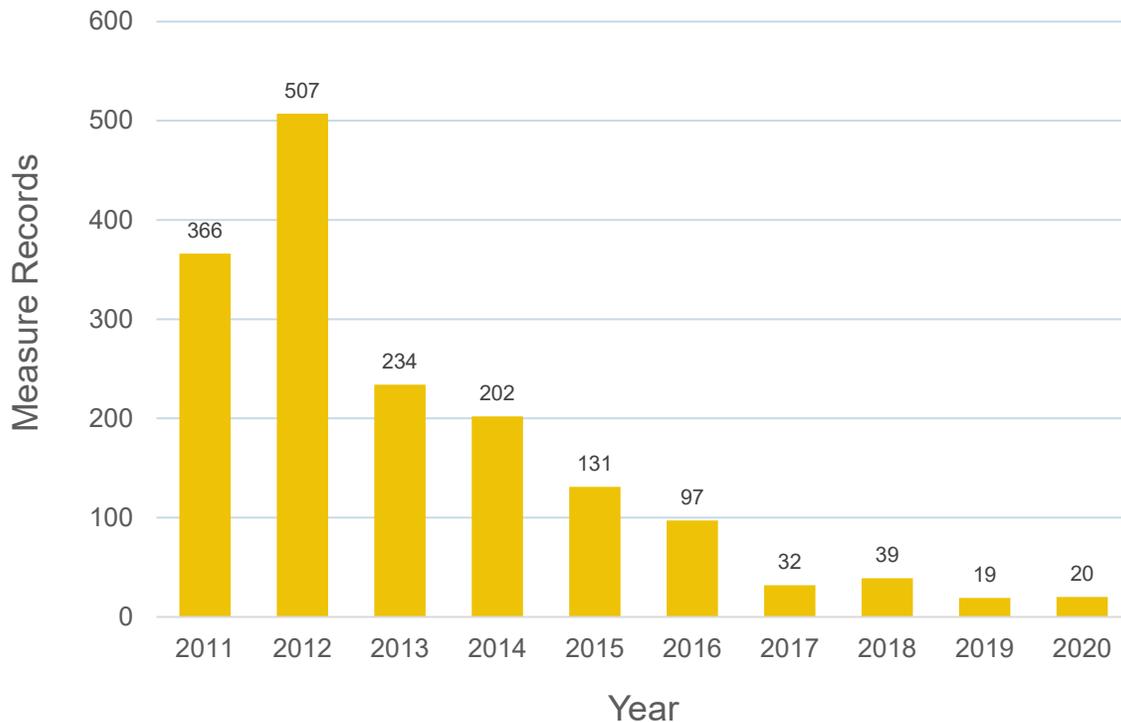
- 2021 Needs and Priorities are posted to the [CMS Pre-Rulemaking Website](#)
- The summary for each program contains the following information:
 - Program history and structure
 - Information about number and type of current measures
 - High priorities for future measure consideration
 - Program-specific measure requirements

Recursive Process of Measure Implementation



Measures Under Consideration List Trends

Measures Under Consideration by Year



- CMS publishes the MUC List annually by December 1
- The National Quality Forum (NQF) publishes the MAP Final Recommendations report in the first quarter 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>

Lessons Learned from 2020

- Relatively fewer candidate measures accepted for MUC List; evolving criteria for acceptance
- Emphasis on testing results and eCQM readiness
- Fill gaps in Meaningful Measure domains
- Address measure priorities (e.g., more outcome measures, patient reported outcomes, digital measures)

Pre-Rulemaking Resources

- CMS pre-rulemaking resources (including prior year MUC Lists, pre-rulemaking FAQs, and other information)
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>
 - MMSSupport@battelle.org for questions



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

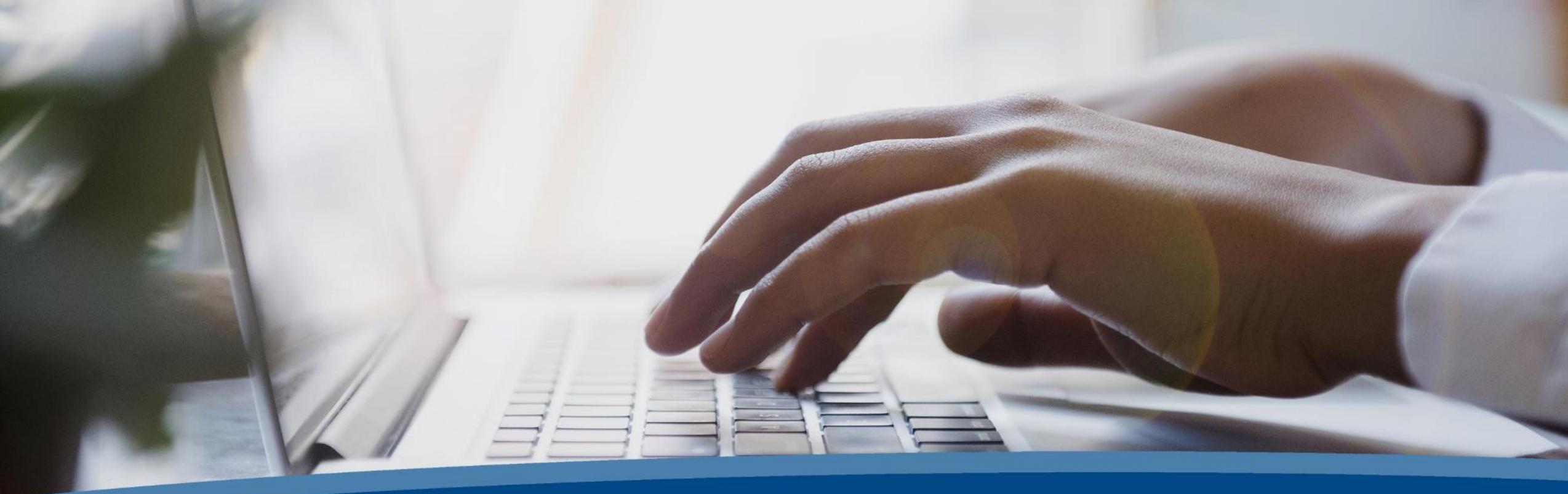
- Intended benefits of this requirement:
 - Provide clinicians with information on clinical quality measures, including specialties, who do not have access to or involvement with the MUC and MAP processes.
- Eligible professionals will be more aware of the types of quality measures that can be reported to CMS quality programs.

MIPS Peer Review Journal Requirement

- A MIPS Peer Reviewed Template must be completed and uploaded as an attachment to your measure submission in CMS MERIT
 - This is the standardized process for collecting required information
 - The template is subject to change each year

Access the 2021 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-cm-prod-content.s3.amazonaws.com/uploads/1313/2021%20Call%20for%20Measures%20and%20Activities%20Toolkit.zip>



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 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



Introducing CMS MERIT

New for 2021

- The Centers for Medicare & Medicaid Services (CMS) MUC Entry/Review Information Tool ([CMS MERIT](#)) is the tool for measure developers to submit their clinical quality measures for consideration by CMS.
- CMS MERIT is also used for facilitating searches of measures from the current and previous years and structuring the workflow for CMS review of measures submitted to the MUC List.
- CMS MERIT launched on January 29 and is open for submissions until 8pm ET on May 27.

CMS MERIT Features

CMS MERIT offers several features that will improve the MUC List entry and review process



Automatic completeness checks

CMS MERIT checks for required measure information



Save submissions and return later

Submitters can save and return later to complete measure information



Review process tracking

Submitters and reviewers can track progress



Easy-to-navigate interface

Incorporates human-centered design principles

New to the 2021 Template

- Additional required measure information fields were included to:
 - Support CMS in addressing the U.S. Government Accountability Office recommendation relative to systematic measures assessment aligned with CMS quality objectives
 - Standardize, streamline, and align required information for stakeholders and developers
 - Assist CMS in prioritizing measures for development, implementation, and continued development
 - Enhance the existing endorsement and measure selection processes

CMS MERIT Support

- Quick Start Guide available for download from log in page, along with MS Word template of measure information fields and guidance
- Recording of February 18 CMS MERIT demonstration for submitters available on the [CMS Pre-Rulemaking Website](#)
- CMS MERIT Tips & Tricks Session scheduled for April 8, targeted to measure submitters
- MMSSupport@battelle.org for CMS MERIT questions



Measure Applications Partnership and the National Quality Forum (NQF)

The Role of MAP

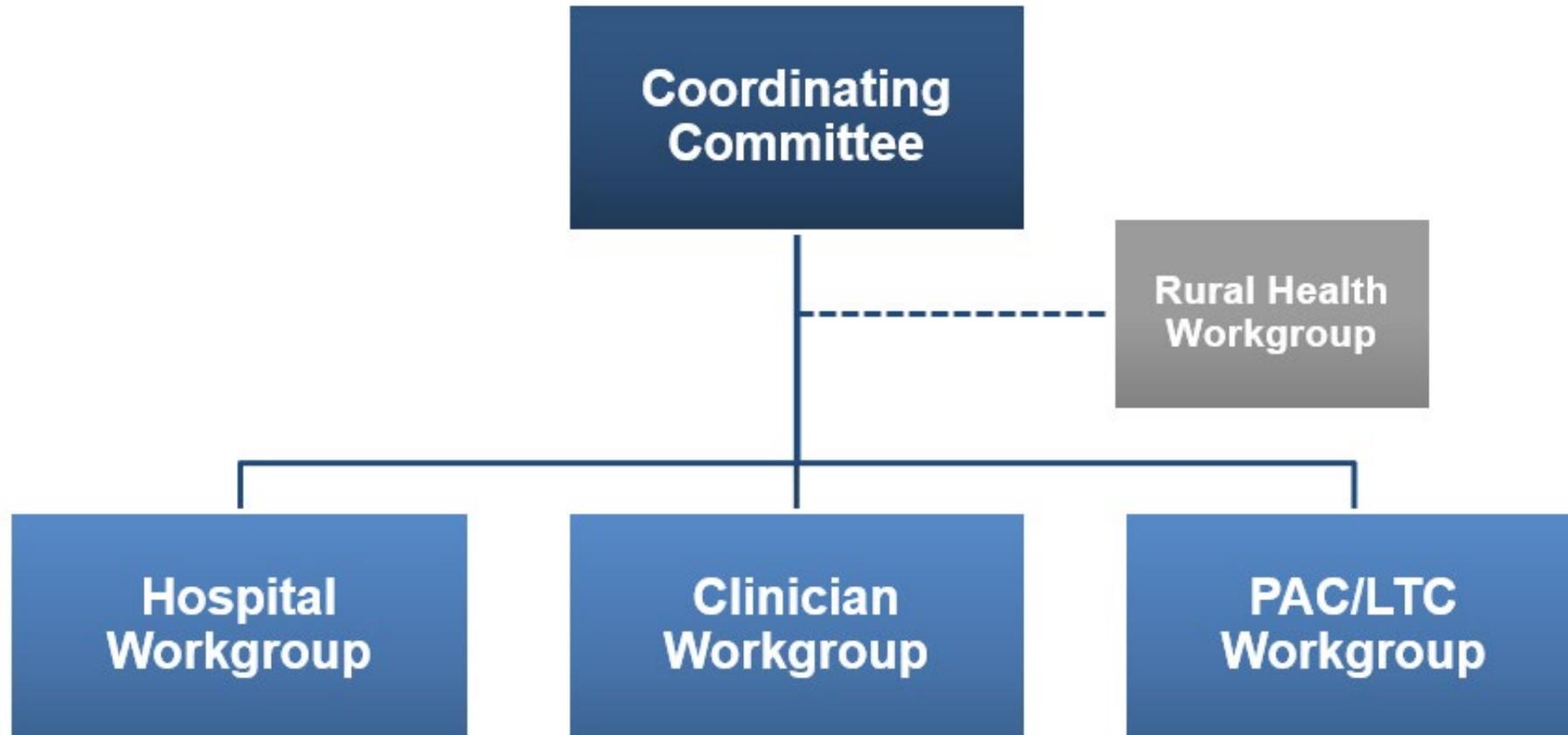
To promote healthcare improvement priorities, MAP:

- Informs the selection of performance measures to achieve the goal of improvement, transparency, and value for all
- Provides input to HHS during pre-rulemaking on the selection of performance measures for use in public reporting, performance-based payment, and other federal programs
- Identifies gaps for measure development, testing, and endorsement
- Encourages measurement alignment across public and private programs, settings, levels of analysis, and populations to:
 - Promote coordination of care delivery
 - Reduce data collection burden

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 in advance of implementation
- Reduces the effort required by individual stakeholder groups to submit official comments on proposed rules

MAP Structure



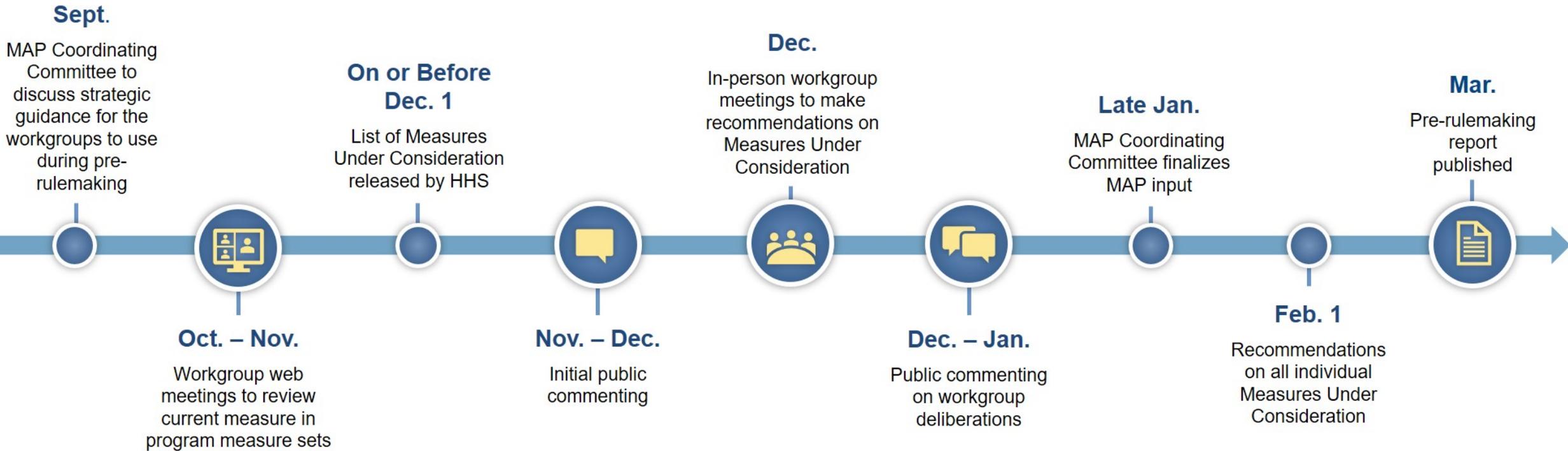
MAP Decision Categories

- 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
- Four Decision Categories
 - Support for Rulemaking
 - Conditional Support for Rulemaking
 - Do not Support for Rulemaking with Potential for Mitigation
 - Do Not Support for Rulemaking

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 is:
 - 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 Timeline



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. 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

Questions?



Contacts for Pre-Rulemaking

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