2022 Pre-Rulemaking Kickoff

Measures Under Consideration Overview

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March 31, 2022
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.
- Questions will be addressed later in the presentation.
Want to Ask a Question?

Webex Q&A Panel

Open the Webex Q&A panel
• Select the question mark icon if the Q&A panel is not in view

1. Select *All Panelists* in the *Ask* field
2. Type your question in the space below
3. Click *Send* to submit your question
• Pre-Rulemaking Process

• CMS MERIT
  – Description of features
  – Guidance on completing required fields

• Pre-Rulemaking Resources
  – Tour of pre-rulemaking website

• Questions and Answers
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. Multi-stakeholder review of MUC List measures

3. Input 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 substantive 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 substantively changed, you may submit it again for consideration
The pre-rulemaking process applies to certain programs and measures.

<table>
<thead>
<tr>
<th>Medicare Programs</th>
<th>Medicare Programs continued</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 Readmissions 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>
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?
Fully Developed Measure Definition

Fully Developed Measure Criteria:

1. Patient/encounter-level testing for each critical data element has been completed and no changes to specifications are needed
2. Reliability testing at the accountable entity level has been completed and no changes to specifications are needed
3. Empiric validity testing at the accountable entity level has been completed and no changes to specifications are needed
   - Completion of face validity testing as the sole type of validity testing does not meet the criteria for Fully Developed. However, face validity will be accepted on a temporary basis for new measures only.

Additionally, for measures based on survey data or patient-reported tools:
4. The survey or tool has been tested and no changes to the instrument are needed based on the results
• 2022 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 & Overlapping Measure Implementation Process

January
Candidate measure submission period opens

Mar. – Apr.
Stakeholder education and outreach materials available

May
Candidate measure submission period closes

Jun. – Aug.
CMS programs review candidate measures

Sept. – Nov.
CMS and HHS review of draft Measures Under Consideration List

December 1
Measures Under Consideration released by HHS

February 1
Final MUC Recommendations Report published

January
(Process begins again for the next year)
Candidate measure submission period opens
Measures Under Consideration List Trends

<table>
<thead>
<tr>
<th>Year</th>
<th>Unique Measure Records</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011</td>
<td>366</td>
</tr>
<tr>
<td>2012</td>
<td>507</td>
</tr>
<tr>
<td>2013</td>
<td>234</td>
</tr>
<tr>
<td>2014</td>
<td>202</td>
</tr>
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<td>2015</td>
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<td>2017</td>
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<tr>
<td>2018</td>
<td>39</td>
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<tr>
<td>2019</td>
<td>19</td>
</tr>
<tr>
<td>2020</td>
<td>20</td>
</tr>
<tr>
<td>2021</td>
<td>29</td>
</tr>
</tbody>
</table>

Reflections from 2021

• Successful launch of CMS MERIT in 2021

• Slight uptick in candidate measures accepted to MUC List in 2021; potentially reflective of a backlog due to COVID-19 challenges

• Continued emphasis on testing results in measure evaluation

• Continued focus on CMS measure priorities (e.g., more outcome measures, patient reported outcomes, digital measures)
Measure Submissions

- 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 and efficiency 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 opened on January 28 for the 2022 cycle and is open for submissions until 8pm ET on May 20.
CMS MERIT offers several features that have improved 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.
Additional functionality added this year:

- Click and open field-level guidance
- Ability to “clone” from previous measure submission
- Simplified method for adding co-submitters
• Refinements for 2022:
  – Continued support for CMS in addressing the U.S. Government Accountability Office recommendation relative to systematic measures assessment aligned with CMS quality objectives
  – Additional guidance clarifies measure development and submission requirements
  – Reorganized structure improves flow
  – Discrete data fields standardize and streamline the collection of measure data
Required Data Fields: Testing Example

• For example, scientific acceptability testing sections have been restructured
  – Reliability and validity data fields are now organized by measure score (accountable entity) level vs. data element (patient/encounter) level testing
• Discrete fields are provided to collect measure testing results
  – If multiple results are available, follow the guidance to determine which result to report
  – Additional results can be provided in an attachment per the guidance as needed
  – For MIPS submissions, provide individual clinician-level results. If the measure was also tested at the clinician group level, you may include those results in an attachment
Required Data Fields: Testing Example

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reliability *</td>
<td>View Definition</td>
</tr>
<tr>
<td>Reliability: Type of analysis *</td>
<td>View Definition</td>
</tr>
<tr>
<td>Signal-to-Noise: Name of statistic *</td>
<td>View Definition</td>
</tr>
<tr>
<td>Signal-to-Noise: Sample size *</td>
<td>View Definition</td>
</tr>
<tr>
<td>Signal-to-Noise: Statistical result *</td>
<td>View Definition</td>
</tr>
<tr>
<td>Signal-to-Noise: Interpretation of results *</td>
<td>View Definition</td>
</tr>
</tbody>
</table>
CMS MERIT Support

Quick Start Guide and MS Word template of measure guidance are available for download on log in page.

CMS MERIT Tips & Tricks Session
April 21
2:00 PM Eastern

Contact MMSsupport@battelle.org for CMS MERIT questions.
Pre-Rulemaking Resources

Tour of Pre-Rulemaking Website

Questions?
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3. Click **Send** to submit your question
We want your feedback!
Please complete the WebEx poll to let us know how we were doing.
Contacts for Pre-Rulemaking

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