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GENERAL

What are the best resources to begin learning about clinical quality measures and MACRA?

- MACRA website:
  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-MIPS-and-APMs.html
- CMS Quality Measure Development Plan:
  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Final-MDP.pdf
- Measures Management System (MMS) Website:
  https://www.cms.gov/Medicare/Quality-Initiatives-Pa- tient-Assessment-Instruments/MMS/MMS-Content-Page.html
- Measure Development Blueprint:
  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assess- ment-Instruments/MMS/Downloads/Blueprint-130.pdf
- Quality Measures Program Website:
  https://qpp.cms.gov/
- Meaningful Measures Website:
  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/General-info-Sub-Page.html

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ALIGNING WITH CMS

How can a specialty organization align performance measure objectives with CMS? What should they think about when designing measures?

Launched in 2017, CMS's new comprehensive "Meaningful Measures" initiative identifies high priority areas for quality measurement and improvement to improve outcomes for patients, their families, and providers while also reducing burden on clinicians and providers. The nineteen Meaningful Measure Areas serve as the connectors between CMS goals under development and individual measures/initiatives that demonstrate how high-quality outcomes for our Medicare, Medicaid, and CHIP beneficiaries are being achieved. They are concrete quality topics which reflect core issues that are most vital to high quality care and better patient outcomes

Additionally, in May 2016, CMS published the CMS Quality Measure Development Plan (MDP) that outlines a framework for the future of clinician quality measure development to support MIPS and advanced APMs. CMS is conducting a continual gap analysis on specialty and sub specialty types—identifying what are the options in measures to report and what are the performance gaps, that guide the prioritization process. If after reading about the Meaningful Measures and the MDP, you see a gap for your specialty and are involved in measure development, please reach out to CMS through the CMS Measures Management System website Contact Page to have a conversation.

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PUBLIC COMMENTS

How do we provide comments on the rules?

CMS encourages participation online on the public comment website, where you can provide comments on specific measures. Public comment ensures that measures are developed using a transparent process with balanced input from relevant stakeholders and other interested parties. The public comment period provides an opportunity for the widest array of interested parties to provide input on the measures under development and can provide critical suggestions not previously considered by the measure contractor or its Technical Expert Panel (TEP).

As part of the rulemaking process (the policy-making process for Executive and Independent agencies of the Federal government), CMS publishes proposed rules available for public comment in the Federal Register. Rules may be in reference to the addition or deletion of measures to a program, changes to a program, technical changes, or other topics. Comments may be submitted electronically, by mail (express, overnight, or regular), or by hand. Comments will be made available to the public at http://www.regulations.gov, including any personally identifiable or confidential business information that is included in a comment.

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MEASURE DEVELOPMENT

Funding/Resources:

We are a small society interested in measure development, but funding is a challenge. Will funding opportunities be made available?

CMS understands that funding is a constant struggle for many societies and looks forward to working with societies and others in the future to support measure development outside of CMS. CMS is interested in taking your expertise, identifying gaps, and working together to try and fill those gaps. Any future funding opportunities for measure development will be announced on the CMS MACRA website.

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How can groups work together to pool resources and how can CMS facilitate that?

Professional societies and patient advocacy groups can connect with other societies and groups to discuss collaborative options for developing measures in their area of interest. Groups can access the CMS Measures Inventory System (CMIT) and find measures that other societies and groups have developed and submitted to the Measures under Consideration. Please reach out to CMS through the CMS Measures Management System website Contact Page with your questions and concerns.

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Measure Conceptualization and Environmental Scan

How much time do you usually estimate for the conceptualization phase and the environmental scan?

The time required for the conceptualization phase and environmental scan varies, depending on the type of measure and on how much literature is out there to review for the scan. The Blueprint for the CMS Measure Management System provides detailed information on Information Gathering (Chapter 9) and the Environmental Scan process (Chapter 10).

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Measure Specification

If a value set is not currently in the Value Set Authority Center (VSAC), what due diligence is required to create one?

If you are a measure developer, you are responsible for creating and maintaining the value set. The National Library of Medicine (NLM) helps with that by providing regular updates to the terminologies as some concepts may be retired or added to a terminology. NLM provides reports on those changes. Currently all the eCQMS are reviewed on an annual basis and developers are responsible for looking at value sets during that period. The National Quality Forum (NQF) also requires an annual review.

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Testing

Our biggest challenge is the testing phase (testing for reliability, feasibility, and validity). We have had challenges in getting measures adopted by CMS due to not having conducted electronic testing.

The testing phase can be one of the most challenging aspects of the measure development process. The MMS Blueprint describes the types of testing that may be conducted during measure development, the procedure for planning and testing, and key considerations when analyzing and documenting results of testing and analysis, including incorporation of stakeholder inputs after testing is complete. Please consult the MMS Resources Page for additional information, including webinars on Testing, that will be of assistance.

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Is there a template for the testing workplan?

All elements of the plan are specified in the MMS Blueprint but there is no template.

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Are there any specific resources for testing for composite measures?

The most important thing for composite measures is to have a clear, explicit rationale (the business case) for the way the composite is structured—what measures are included and how the components are weighted in reporting. Testing the measure composite score must be augmented by testing the individual components of the composite. For example, composite components must individually demonstrate adequate reliability and validity, but the composite measure as a whole must also meet these criteria. Please find additional guidance in the MMS Blueprint for composite measures and other types of measures.

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Implementation

Do we need to submit measures to both CMS and NQF?

Measure developers submit measures to CMS to have them be considered for implementation into a program, while submission to NQF is for the endorsement of a measure by a consensus based entity. While CMS prefers measures to be endorsed before going into a program, it is not required. For more information about the NQF endorsement process, see their website.

CMS measure programs have their own submission and implementation processes. Measure developers should check the relevant program's requirements for additional guidance. For example, if proposing a measure for one of the 15+ Medicare program covered under ACA 3014 that is going to be considered for use in a CMS program, the measure must be submitted to the Measures Under Consideration (MUC) List. Please find additional information (including the Measures Under Consideration (MUC) List) on the pre-rulemaking process website.

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My understanding is that CMS does not have to accept the recommendations from MAP. Outside of the MAP process, what is the best way to advocate for a society's measures to be picked up by CMS for MIPS reporting?

This is true. The National Quality Forum (NQF) always emphasizes that measure applications partnership (MAP) workgroups can only make recommendations to the Health & Human Services Secretary.

Any measure selected for inclusion in MIPS must have a focus that is evidence-based. CMS will ensure that each measure is evidence-based, receives broad stakeholder input, and is evaluated on the basis of the NQF measure evaluation criteria used in the consensus review process (i.e., importance, scientific acceptability, feasibility, and usability).

CMS then uses the pre-rulemaking and rulemaking process to make the decision to implement any measure under consideration.

Organizations interested can reach out to the MIPS program lead to find out what specifically the program is looking for in measures. CMS also hosts a series of meetings in the April timeframe, including a session on measurement needs and priorities for MIPs.

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If you are on the MUC list and you are approved, what are the next steps? Will there be more guidance?

Once a measure is on the MUC list, CMS will work with the developer to make sure all the information that is needed is available for the measures application partnership (MAP) process. The MAP will review and provide a recommendation to the HHS Secretary who will make the decision about whether to recommend the measure to be included in a CMS program. CMS will review the measure and begin the rulemaking process for public comment through the program's proposed final rule.

Once a measure has gone through the final rule process and is implemented, CMS will work with the developer to ensure the measure is being used correctly in the program. Note that every program's rulemaking process takes place at a different time and has a unique process.

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Why would a program not take a measure through NQF endorsement process if that is encouraged?

The National Quality Forum (NQF) endorsement is very important. However, due to timing, resources, and/or statute, it may not be possible to get a measure successfully endorsed prior to implementation in a program. CMS still requires the same level of rigor. For more information please refer to the MMS Blueprint.

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Do we have to attend the pre-rulemaking webinar if we intend to submit measures?

It is not required to be present at the kickoff, although it is encouraged. More information on the process can be found on the pre-rulemaking website. If you have questions, please reach out to CMS through the CMS Measures Management System website Contact Page.

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Are NQF endorsed measures ever adopted or adapted to be used by another program? Will it be modified, and if so, at what point does a measure become a new measure?

An adopted measure has the same numerator, denominator, data source, and care setting as its parent measure, and the only additional information to be provided pertains to the measure's implementation (e.g., data submission instructions).

An adapted measure is an existing measure that a measure developer changes to fit the current purpose or use. This may mean changing the numerator or denominator or adding additional specifications. It could also mean changing a measure to meet the needs of a different care setting, data source, or population.

If the intent of the measure has been changed to be used in a different program, it will probably go through the pre-rulemaking and rulemaking processes.

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Reporting

Is there additional information available to help us interpret measures and specifications that will help us with reporting?

Most CMS programs have a help desk that can be contacted for assistance such as technical guidance or reporting. For example, the Quality Payment Program Help Desk contact information is: Phone: 1-866-288-8292 TTY: 1-877-715-6222 Email: qpp@cms.hhs.gov. A list of programs is available on the MMS website.

For eCQMs, there is also the Measure Logic Guidance document which provides additional clarification. The document can be found on the eCQI Resource Center.

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Maintenance, Use and Continuing Evaluation

Has anyone estimated the budget necessary for owning/maintaining a measure?

The budget is very dependent on the specific measure and what it requires, such as whether endorsement needs to be maintained. CMS does not collect information on budgets for owning or maintaining a measure.

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eCQMs

Is Bonnie a resource for providers to see how their counterparts are "scoring" (or measuring) on particular eCQMs?

Bonnie is an electronic Clinical Quality Measure (eCQM) testing tool that allows users to:
• **Load eCQMs** exported from Measure Authoring Tool (MAT).
• **Build synthetic patients** using data elements defined as part of the measure definition.
• **Test new and updated eCQMs** using synthetic patients.
• **Explore the behavior and complexity** characteristics of eCQMs.

Prior to Bonnie, the only way to test eCQMs was by hand, which was very time-consuming, and it made it difficult to catch errors.

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