Quality Payment
PROGRAM

Merit-based Incentive Payment System (MIPS): Cost Measure Development Opportunities for Providing Input

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Introduction

The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) established the Quality Payment Program (QPP). QPP gave CMS the ability to reward high-value, high-quality Medicare clinicians with payment increases – while at the same time reducing payments to those clinicians who weren't meeting performance standards. Clinicians can participate in QPP through the Merit-based Incentive Payment System (MIPS) or Advanced Alternative Payment Models (APMs). Under MIPS, clinicians earn a payment adjustment for Medicare Part B-covered professional services based on their performance in the following categories: (i) quality, (ii) cost, (iii) improvement activities, and (iv) promoting interoperability.

The Centers for Medicare & Medicaid Services (CMS) has contracted with Acumen, LLC ("developer") to develop episode-based cost measures and reevaluate cost measures for potential use in the cost performance category of MIPS. The contract number is 75FCMC18D0015, Task Order 75FCMC19F0004.

Input from interested parties is critical to the cost measure development process. This input helps ensure that the measures are clinically sound, capture outcomes that are important to patients and caregivers, and are suitable for use in MIPS alongside quality measures to assess and reward clinicians for the value of care.

This document summarizes the ways that interested parties have and can continue to provide input on cost measures. Section 1 discusses technical expert panels and clinical workgroups, including the contributions from persons with lived experience. Section 2 covers public comment periods and field testing, which offer all interested parties the chance to share input. Section 3 describes CMS's measure implementation processes, pre-rulemaking and rulemaking, which involve multiple public comment periods. Section 4 summarizes the consensus-based entity (CBE) review and endorsement process; this also includes public comment opportunities. Finally, Section 5 presents other channels for interested parties to learn more or ask questions.

1. Panels and Workgroups

The measure developer convenes different panels to seek expert and other input to inform measure specifications and testing. First, the contractor convenes a Technical Expert Panel (TEP) to provide broad input on topics that apply across measures. Second, the contractor convenes Clinician Expert Workgroups ("workgroups") to provide detailed input on specific conditions or procedures. Third, the measure development contractor seeks input from Person and Family Partners (PFPs) to integrate with workgroups.

Technical Expert Panel

The TEP serves a high-level advisory role and provides guidance to the measure developer on cross-cutting topics, such as risk adjustment approaches. This project has a standing TEP, first convened in 2019, comprising 20 members, with diverse experience and perspectives, including individuals from physician and nursing specialty societies, academia, health administration, and persons with lived experience of receiving medical care and caregiving.

For further information about this TEP, please see the CMS Measures Management System (MMS) TEP updates page.

Clinician Expert Workgroups

Clinician Expert Workgroups build out the specifications for an episode-based cost measure by providing the measure developer with detailed information about a specific type of care, such as a condition or procedure. The composition of each workgroup includes clinicians with experience in providing care during the patient's care trajectory for that condition or procedure. Members provide input on each aspect of the specifications; this includes the service and diagnosis codes that indicate a care relationship between a clinician and patient, services related to the type of care being assessed, and patient clinical risk and other factors affecting the costs of care.

The developer may convene workgroups to develop a new measure or reevaluate an existing measure. For new measure development, the workgroups typically meet 3 times over an 18-month period. For measure reevaluation, the workgroups may meet 1-2 times over a 12-month period, depending on the scope of the reevaluation.

For further information about workgroups, please see the CMS.gov QPP Cost Measure Information Current Work page and the CMS.gov QPP Cost Measure Information Prior Work page.

Person and Family Partners for Workgroups

Person and Family Partners (PFPs) provide input to the measure developer from their lived experience of specific conditions or procedures as Medicare beneficiaries or caregivers/family members of Medicare beneficiaries. Around 5 PFPs provide input for each measure being developed via interviews or focus groups. Discussion questions include what types of clinicians and other healthcare professionals were on their care team, whether they experienced complications or other adverse outcomes during their experience with the condition or procedure, and what services were the most helpful for the ongoing management of a condition or recovery from a procedure. Typically, 1-2 PFPs attend workgroup meetings to directly share the broader set of PFPs' experiences with clinician members. This allows for bidirectional conversations.

For further information about PFPs, please see the CMS.gov QPP Cost Measure Information Current Work page and the CMS.gov QPP Cost Measure Information Prior Work page. Workgroup meeting summaries on these pages include PFP input.

2. Public Comment and Field Testing

The measure developer holds public comment periods to solicit input from all interested parties at different stages of the development process. These periods typically involve posting materials for review and specific questions on which the developer is seeking input; commenters are also invited to submit any other feedback. First, the developer holds public comment periods to inform measure development and reevaluation priorities. Second, the developer conducts field testing for all new measures, which combines public comment with beta testing. If you have feedback about cost measure specifications outside of these public comment periods, you can email the developer at macra-cost-measures-info@acumenllc.com. The developer will consider this feedback with CMS as part of future measure development and maintenance processes.

Prioritizing Development and Re-evaluation

The developer typically holds a public comment period to gather input on priority measure topics to develop into new measures. All interested parties can share feedback on which clinical areas have strong opportunities for cost improvement and address measurement gaps in MIPS. Commenters may also respond to specific questions about potential measures, such as how to address coding limitations or how to define a clinically comparable patient cohort.

The developer also holds public comment periods to gather information on which measures should be reevaluated after 3 years in MIPS. Interested parties can provide input on whether there is any new evidence that suggests a measure scope should be revisited, or other adjustments made to specifications.

For further information about public comment periods, please see the CMS.gov QPP Cost Measure Information Prior Work page.

Field Testing

Field testing takes place during new measure development to give interested parties the opportunity to review how they would have performed on measures, and provide input on specifications prior to the measures being finalized. The developer calculates and produces feedback reports for clinicians meeting a volume threshold for the measures under development, which are then available on a secure QPP portal. Interested parties can use these reports and other publicly posted materials, such as technical specifications and testing results, to provide input on measures to help the development contractor finalize specifications.

For further information about field testing, please see the CMS.gov QPP Cost Measure Information Current Work page and the CMS.gov QPP Cost Measure Information Prior Work page.

3. CMS Implementation

For cost measures to be used in MIPS, CMS follows a series of processes that present multiple opportunities for interested parties to provide input. The pre-rulemaking process is an annual process for the selection of quality and cost measures for use by the Department of Health and

Human Services (HHS). Rulemaking is the policy-making process for federal agencies. CMS uses this process to develop and issue rules (also called regulations).

Pre-Rulemaking

The pre-rulemaking process is required by statute and provides CMS with input from multi-stakeholder groups about whether measures should be used in CMS programs. The process typically involves a public comment period prior to multi-stakeholder group review and at least one meeting for the multi-stakeholder group to discuss measures which is open to the public.

For further information about pre-rulemaking, please see the CMS MMS pre-rulemaking page.

Rulemaking

If CMS decides to add cost measures to MIPS, it does so through the rulemaking process. This involves posting a notice of proposed rulemaking in the Federal Register, typically with a 60-day comment period. After the comment period closes, CMS reviews all comments received and decides whether to proceed with the proposal. It then issues a final rule that describes and responds to all comments, and confirms which proposals are going to enter into effect.

For more information about rulemaking, please see the Regulations.gov "Learn About the Regulatory Process" page.

4. Consensus-Based Entity Endorsement

The consensus-based entity (CBE) is a private nonprofit entity governed by a board of healthcare voices, which may include healthcare providers, healthcare consumers, and measure experts. The Medicare Improvements for Patients and Providers Act of 2008 requires the U.S. Department of Health and Human Services (HHS) to contract with a CBE regarding health care performance measurement. The CBE ensures informed and thoughtful endorsement review of clinical quality and cost/resource use measures.

The CBE endorsement process typically involves several opportunities for stakeholder engagement through public comment periods and public meetings by CBE panels to discuss measures.

For more information about the current CBE process, please see the Partnership for Quality Measurement (PQM) page.

5. Learn More

You can join the developer's mailing list to receive updates about cost measure activities by filling out the MACRA Cost Measures Mailing List survey.

If you have questions about cost measures, you can contact the Quality Payment Program (QPP) Service Center via telephone at 1-866-288-8292 or via email at qpp@cms.hhs.gov. The Help Desk is available Monday – Friday; 8:00 A.M. – 8:00 P.M. Eastern Time Zone.