NATIONAL QUALITY FORUM

Measure Applications Partnership (MAP)

All MAP Orientation and Pre-Rulemaking Process Web Meeting

October 22, 2019

Welcome

Agenda

- Overview and Review of Statutory Authority
- Creation of the Measures Under Consideration (MUC) List
- Review of the MAP Pre-Rulemaking Approach
- Preliminary Analysis Algorithm
- Voting Process
- Discussion Guide
- Public Comment
- Next Steps

CMS Opening Remarks

Statutory Authority in Pre-Rulemaking

Measure Applications Partnership

Statutory Authority

- The Affordable Care Act (ACA) requires HHS to contract with the consensus-based entity (i.e., NQF) to **"convene multi-stakeholder groups to provide input on the selection of quality measures" for public reporting, payment, and other programs** (ACA Section 3014).
- The Social Security Act (SSA) establishes a pre-rulemaking process via a multistakeholder group input into selection of quality measures (SSA Section 1890A)

The Role of MAP

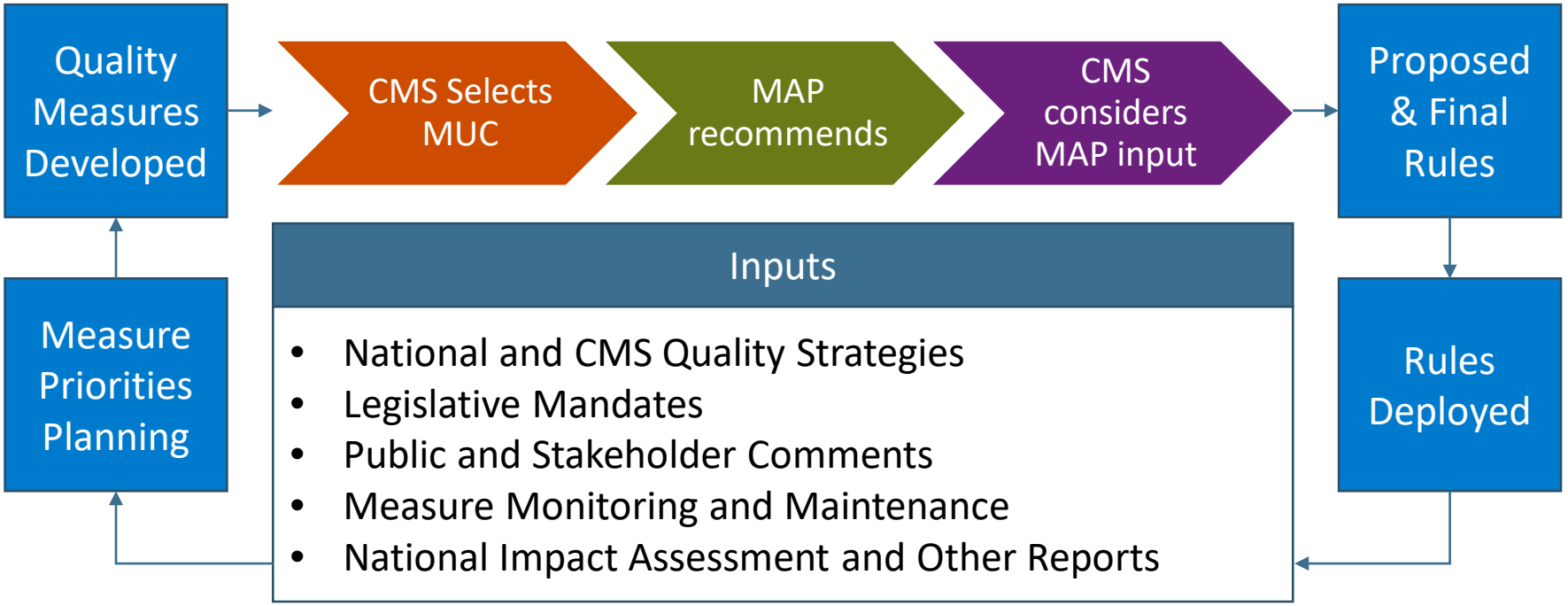
- Inform the selection of performance measures to achieve:
  - *Improvement*
  - *Transparency*
  - *Value for all*
- Provide input to HHS on the selection of measures for:
  - *Public reporting*
  - *Performance-based payment*
  - *Other federal programs*
- Identify measure gaps for development, testing, and endorsement
- Encourage measurement alignment across public and private programs, settings, levels of analysis, and populations to:
  - *Promote coordination of care delivery*
  - *Reduce data collection burden*

Rulemaking

Rulemaking refers to the process that government agencies—such as the Department of Health and Human Services (HHS)—use to create regulations.

https://www.federalregister.gov/uploads/2011/01/the_rulemaking_process.pdf

Pre-Rulemaking



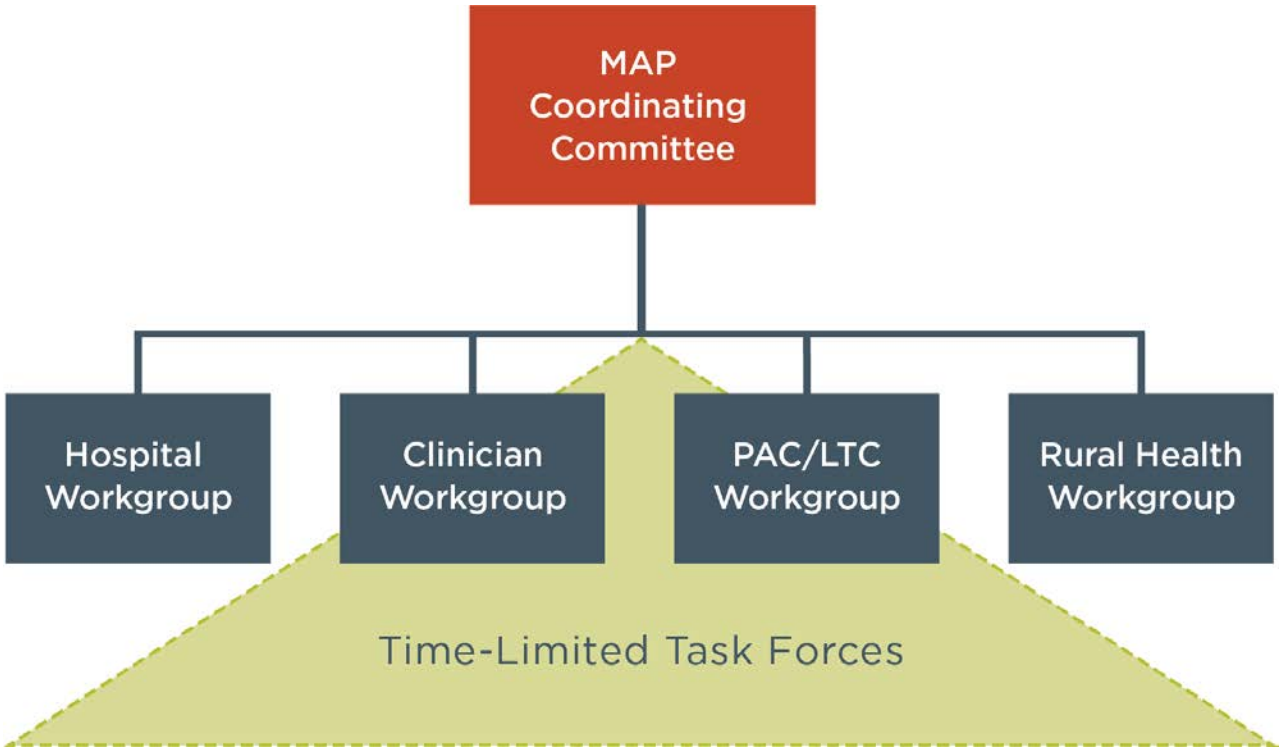
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Pre-Rulemaking-MUC.html

Value of Pre-Rulemaking Input

- Facilitates multistakeholder dialogue that includes HHS representatives
- Allows for a consensus-building process among stakeholders in a transparent and open forum
- Proposed laws are “closer to the mark” because the main provisions related to performance measurement have already been vetted by the affected stakeholders
- Reduces the effort required by individual stakeholder groups to submit official comments on proposed rules

MAP Overview

MAP Structure



MAP Members

Three types of members:

- **Organizational Representatives**
  - *Constitute the majority of MAP members*
  - *Include those that are interested in or affected by the use of measures*
  - *Organizations designate their own representatives*
- **Subject Matter Experts**
  - *Serve as individual representatives bringing topic-specific knowledge to MAP deliberations*
  - *Chairs and co-chairs of MAP's Coordinating Committee, workgroups, and task forces are considered subject matter experts*
- **Federal Government Liaisons**
  - *Serve as ex-officio, nonvoting members representing a federal agency*

MAP Coordinating Committee Charge

- Advise HHS on the coordination of performance measurement strategies across public sector programs, across settings of care, and across public and private payers;
- Set the strategic direction for the MAP; and
- Give direction to and ensure alignment among the MAP setting-specific and advisory workgroups.
  - *Hospital Workgroup*
  - *PAC-LTC Workgroup*
  - *Clinician Workgroup*
  - *Rural Workgroup*

MAP Coordinating Committee NQF Staff

- Sam Stolpe, Senior Director
- Kate Buchanan, Senior Project Manager
- Yetunde Ogungbemi, Project Manager
- Taroon Amin, Consultant

Project email:
MAPCoordinatingCommittee@qualityforum.org

MAP Hospital Workgroup Charge

MAP Hospital Workgroup provides input on measures to be implemented through the federal rulemaking process for the following programs:

- Hospital Inpatient Quality Reporting (IQR)/Medicare and Medicaid Promoting Interoperability Program for Hospitals and CAHs (Meaningful Use)
- Hospital Value-Based Purchasing (VBP)
- Hospital Readmissions Reduction Program (HRRP)
- Hospital-Acquired Conditions Payment Reduction (HACRP)
- Hospital Outpatient Quality Reporting (OQR)
- Inpatient Psychiatric Facility Quality Reporting (IPFQR)
- Ambulatory Surgical Center Quality Reporting (ASCQR)
- PPS-Exempt Cancer Hospital Quality Reporting (PCHQR)
- End-Stage Renal Disease (ESRD) QIP

MAP Hospital Workgroup
NQF Staff

- Melissa Mariñelarena, Senior Director
- Madison Jung, Project Manager
- Desmirra Quinnonez, Project Analyst

Project email: MAPHospital@qualityforum.org

MAP Clinician Workgroup Charge

MAP Clinician Workgroup provides input on measures to be implemented through the federal rulemaking process for the following programs:

- Merit-based Incentive Payment System (MIPS)
- Medicare Shared Savings Program (SSP)
- Medicare Parts C & D Star Ratings
  - *Parts C & D Star Ratings have recently been added due to their requirement for rulemaking*

Medicare Parts C and D

- During the upcoming 2019-2020 MAP cycle Medicare Parts C and D will become subject to the pre-rulemaking process.
- Medicare Part C (Medicare Advantage) is a Medicare health plan choice offered by private companies approved by CMS.
- Medicare Part D provides prescription drug coverage.

MAP Clinician Workgroup
NQF Staff

- Sam Stolpe, Senior Director
- Kate Buchanan, Senior Project Manager
- Jordan Hirsch, Project Analyst

Project email: MAPClinician@qualityforum.org

MAP Post-Acute Care/Long-Term Care (PAC/LTC) Workgroup Charge

MAP PAC/LTC Workgroup provides input on measures to be implemented through the federal rulemaking process for the following programs:

- Home Health Quality Reporting Program (HHQRP)
- Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
- Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
- Hospice Quality Reporting Program (HQRP)
- Skilled Nursing Facility Quality Reporting Program (SNF QRP)
- Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)

MAP PAC/LTC Workgroup
NQF Staff

- Amy Moyer, Director
- Janaki Panchal, Project Manager
- Jordan Hirsch, Project Analyst

Project email: MAPPAC-LTC@qualityforum.org

MAP Rural Health Workgroup Charge

- To provide timely input on measurement issues to other MAP workgroups and committees and to provide rural perspectives on the selection of quality measures in MAP
- To help address priority rural health issues, including the challenge of low case-volume

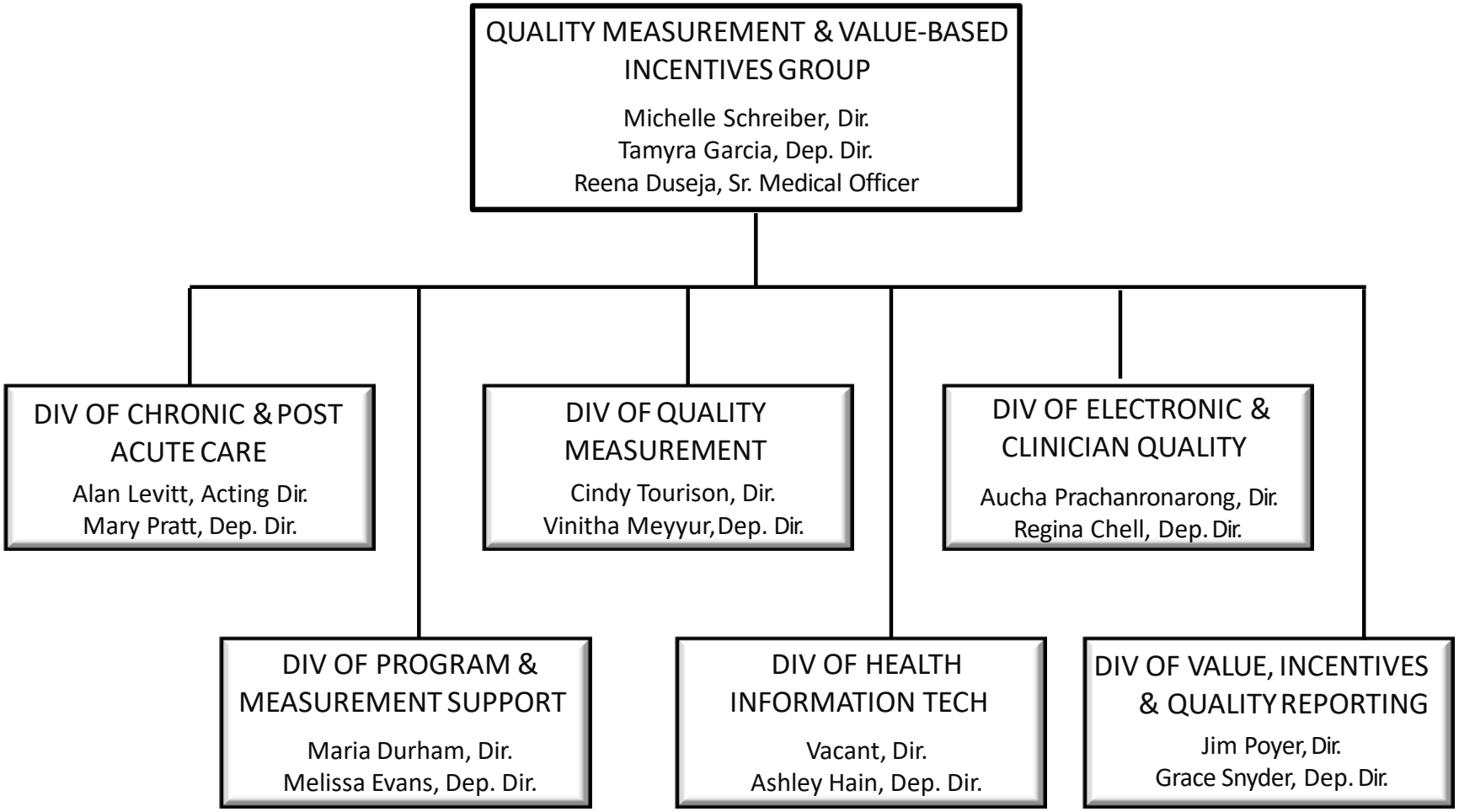
MAP Rural Health Workgroup
NQF Staff

- Karen Johnson, Senior Director
- Suzanne Theberge, Senior Project Manager
- Ameera Chaudhry, Project Analyst

Project email: maprural@qualityforum.org

Creation of MUC List

CMS' Center for Clinical Standards & Quality: Home to the Pre-Rulemaking Process



Statutory Authority: Pre-Rulemaking Process

- Under section 1890A of the Act and ACA 3014, HHS is required to establish a pre-rulemaking process under which a consensus-based entity (CBE) would convene multistakeholder groups to provide input to the Secretary on the selection of quality and efficiency measures for use in certain CMS programs.
- The list of quality and efficiency measures HHS is considering for selection is to be publicly published no later than December 1 of each year. No later than February 1 of each year, the CBE is to report the input of the multistakeholder groups, which will be considered by HHS in the selection of quality and efficiency measures.

Considerations for Selection of 2019 MUC List Measures

- **Alignment with Meaningful Measures/Gap Areas**
  - *Measures should be a high-priority quality issue or meet a statutory requirement.*
- Measure Type
  - *Outcome measures are preferred.*
- Burden
  - *Consider amount of burden associated with the measure.*

Considerations for Selection of 2019 MUC List Measures (continued)

- **Measures With Complete Specifications**
  - *Ideally, measures should have NQF endorsement; however, NQF endorsement is not absolutely necessary.*
- Feasibility
  - *Measures should be able to be feasibly implemented by CMS.*
- Alignment
  - *Consider alignment of similar measures across CMS programs and with private payers while minimizing duplication of measures and measure concepts.*

Medicare Programs

Ambulatory Surgical Center Quality Reporting Program
End-Stage Renal Disease Quality Incentive Program
Home Health Quality Reporting Program
Hospice Quality Reporting Program
Hospital-Acquired Condition Reduction Program
Hospital Inpatient Quality Reporting Program
Hospital Outpatient Quality Reporting Program
Hospital Readmissions Reduction Program
Hospital Value-Based Purchasing Program
Inpatient Psychiatric Facility Quality Reporting Program

Medicare Programs (continued)

Inpatient Rehabilitation Facility Quality Reporting Program
Long-Term Care Hospital Quality Reporting Program
Medicaid and Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals
Medicare Shared Savings Program
Merit-based Incentive Payment System
Part C and D Star Ratings
Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program
Skilled Nursing Facility Quality Reporting Program
Skilled Nursing Facility Value-Based Purchasing Program

2019 Pre-Rulemaking Timeline

Jan	• JIRA Opened for New Candidate Measure Submissions
April	• MUC Stakeholder Education and Outreach Sessions
June	• JIRA Closed
Jul	• Federal Stakeholders Meeting • Clearance Process Began for Proposed MUC List
Nov	• MUC List Published • MAP Rural Health Meetings
Dec	• MAP Setting-Specific Workgroup Meetings
Jan	• MAP Coordinating Committee Meeting • MAP Recommendations Published

2020 Pre-Rulemaking Timeline

- CMS requires MAP recommendations sooner to include in rulemaking
- The Pre-Rulemaking timeline will shift to allow more time for rulemaking and public comment periods
- Impacts likely to timing of MAP activities
- Stay tuned for updates!

Review of MAP Pre-Rulemaking Approach

Approach

The approach to the analysis and selection of measures is a three-step process:

- Develop program measure set framework
- Evaluate MUCs for what they would add to the program measure set
- Identify and prioritize gaps for programs and settings

Measure Selection Criteria

MAP Measure Selection Criteria (MSC)

- Identify characteristics that are associated with ideal measure sets for public reporting and payment programs.
- Not absolute rules; provide general guidance and complement program-specific statutory and regulatory requirements
- Focus should be on the selection of high-quality measures that address the NQS's three aims, fill measurement gaps, and increase alignment.
- Reference for:
  - *evaluating the relative strengths and weaknesses of a program measure set*
  - *how the addition of an individual measure would contribute to the set*
- MAP uses the MSC to guide its recommendations. The MSC are the basis of the preliminary analysis algorithm.

MAP Measure Selection Criterion 1: NQF-endorsed measures are required for program measure sets, unless no relevant endorsed measures are available to achieve a critical program objective

Demonstrated by a program measure set that contains measures that meet the NQF endorsement criteria, including importance to measure and report, scientific acceptability of measure properties, feasibility, usability and use, and harmonization of competing and related measures.

- **Subcriterion 1.1** Measures that are not NQF-endorsed should be submitted for endorsement if selected to meet a specific program need
- **Subcriterion 1.2** Measures that have had endorsement removed or have been submitted for endorsement and were not endorsed should be removed from programs
- **Subcriterion 1.3** Measures that are in reserve status (i.e., topped out) should be considered for removal from programs

MAP Measure Selection Criterion 2: Program measure set actively promotes key healthcare improvement priorities, such as those highlighted in CMS' "Meaningful Measures" Framework

Demonstrated by a program measure set that promotes improvement in key national healthcare priorities such as CMS' Meaningful Measures Framework. Other potential considerations include addressing emerging public health concerns and ensuring that the set addresses key improvement priorities for all providers.

MAP Measure Selection Criterion 3: Program measure set is responsive to specific program goals and requirements

Demonstrated by a program measure set that is “fit for purpose” for the particular program.

- **Subcriterion 3.1** Program measure set includes measures that are applicable to and appropriately tested for the program’s intended care setting(s), level(s) of analysis, and population(s)
- **Subcriterion 3.2** Measure sets for public reporting programs should be meaningful for consumers and purchasers
- **Subcriterion 3.3** Measure sets for payment incentive programs should contain measures for which there is broad experience demonstrating usability and usefulness (Note: For some Medicare payment programs, statute requires that measures must first be implemented in a public reporting program for a designated period)
- **Subcriterion 3.4** Avoid selection of measures that are likely to create significant adverse consequences when used in a specific program
- **Subcriterion 3.5** Emphasize inclusion of endorsed measures that have eMeasure specifications available

MAP Measure Selection Criterion 4: Program measure set includes an appropriate mix of measure types

Demonstrated by a program measure set that includes an appropriate mix of process, outcome, experience of care, cost/resource use/appropriateness, composite, and structural measures necessary for the specific program

- **Subcriterion 4.1** In general, preference should be given to measure types that address specific program needs
- **Subcriterion 4.2** Public reporting program measure sets should emphasize outcomes that matter to patients, including patient- and caregiver-reported outcomes
- Subcriterion 4.3 Payment program measure sets should include outcome measures and cost measures to capture value

MAP Measure Selection Criterion 5: Program measure set enables measurement of person- and family-centered care and services

Demonstrated by a program measure set that addresses access, choice, self-determination, and community integration

- **Subcriterion 5.1** Measure set addresses patient/family/caregiver experience, including aspects of communication and care coordination
- **Subcriterion 5.2** Measure set addresses shared decision making, such as for care and service planning and establishing advance directives
- **Subcriterion 5.3** Measure set enables assessment of the person's care and services across providers, settings, and time

MAP Measure Selection Criterion 6: Program measure set includes considerations for healthcare disparities and cultural competency

Demonstrated by a program measure set that promotes equitable access and treatment by considering healthcare disparities. Factors include addressing race, ethnicity, socioeconomic status, language, gender, sexual orientation, age, or geographical considerations (e.g., urban vs. rural). Program measure set also can address populations at risk for healthcare disparities (e.g., people with behavioral/mental illness).

- **Subcriterion 6.1** Program measure set includes measures that directly assess healthcare disparities (e.g., interpreter services)
- **Subcriterion 6.2** Program measure set includes measures that are sensitive to disparities measurement (e.g., beta blocker treatment after a heart attack) and that facilitate stratification of results to better understand differences among vulnerable populations

MAP Measure Selection Criterion 7: Program measure set promotes parsimony and alignment

Demonstrated by a program measure set that supports efficient use of resources for data collection and reporting, and supports alignment across programs. The program measure set should balance the degree of effort associated with measurement and its opportunity to improve quality.

- **Subcriterion 7.1** Program measure set demonstrates efficiency (i.e., minimum number of measures and the least burdensome measures that achieve program goals)
- **Subcriterion 7.2** Program measure set places strong emphasis on measures that can be used across multiple programs or settings

Preliminary Analysis Algorithm

Preliminary Analysis of Measures Under Consideration

- The preliminary analysis is intended to provide MAP members with a succinct profile of each measure and to serve as a starting point for MAP discussions.
- Staff use an algorithm developed from the MAP Measure Selection Criteria to evaluate each measure in light of MAP's previous guidance.
  - *This algorithm was approved by the MAP Coordinating Committee.*
  - *There are no changes from the 2018-2019 cycle*

Preliminary Analysis of Measures Under Consideration

To facilitate MAP's discussions, NQF staff will 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 was:

- 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 Preliminary Analysis Algorithm

1) The measure addresses a critical quality objective not adequately addressed by the measures in the program set.
2) The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.
3) The measure addresses a quality challenge.
4) The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.
5) The measure can be feasibly reported.
6) The measure is applicable to and appropriately specified for the program's intended care setting(s), level(s) of analysis, and population(s).
7) If a measure is in current use, no negative unintended issues to the patient have been identified.
8) If a measure is in current use, no implementation challenges outweighing the benefit of the measure have been identified.

MAP Preliminary Analysis Algorithm

Assessment 1: The measure addresses a critical quality objective not adequately addressed by the measures in the program set.

- Definition:
  - The measure addresses key healthcare improvement priorities such as CMS' Meaningful Measures Framework; or
  - The measure is responsive to specific program goals and statutory or regulatory requirements; or
  - The measure can distinguish differences in quality, is meaningful to patients/consumers and providers, and/or addresses a high-impact area or health condition.
- Result:
  - Yes: Review can continue.
  - No: Measure will receive a do not support.
  - MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.

MAP Preliminary Analysis Algorithm

Assessment 2: The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.

- Definition:
  - For process and structural measures: The measure has a strong scientific evidence-base to demonstrate that when implemented can lead to the desired outcome(s).
  - For outcome measures: The measure has a scientific evidence-base and a rationale for how the outcome is influenced by healthcare processes or structures.
- Result:
  - Yes: Review can continue.
  - No: Measure will receive a do not support.
  - MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.

MAP Preliminary Analysis Algorithm

Assessment 3: The measure addresses a quality challenge.

- Definition:
  - The measure addresses a topic with a performance gap or addresses a serious reportable event (i.e., a safety event that should never happen); or
  - The measure addresses unwarranted or significant variation in care that is evidence of a quality challenge.
- Result:
  - Yes: Review can continue
  - No: Measure will receive a do not support.
  - MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.

MAP Preliminary Analysis Algorithm

Assessment 4: The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.

- Definition:
  - The measure is either not duplicative of an existing measure or measure under consideration in the program or is a superior measure to an existing measure in the program; or
  - The measure captures a broad population; or
  - The measure contributes to alignment between measures in a particular program set (e.g., the measure could be used across programs or is included in a MAP "family of measures") or
  - The value to patients/consumers outweighs any burden of implementation.
- Result:
  - Yes: Review can continue
  - No: Highest rating can be do not support with potential for mitigation
  - MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.

MAP Preliminary Analysis Algorithm

Assessment 5: The measure can be feasibly reported.

- Definition:
  - The measure can be operationalized (e.g., the measure is fully specified, specifications use data found in structured data fields, and data are captured before, during, or after the course of care.)
- Result:
  - Yes: Review can continue
  - No: Highest rating can be do not support with potential for mitigation
  - MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.

MAP Preliminary Analysis Algorithm

Assessment 6: The measures is applicable to and appropriately specified for the program's intended care setting(s), level(s) of analysis, and population(s).

- Definition:
  - The measure is NQF-endorsed; or
  - The measure is fully developed and full specifications are provided; and
  - Measure testing has demonstrated reliability and validity for the level of analysis, program, and/or setting(s) for which it is being considered.
- Result:
  - Yes: Measure could be supported or conditionally supported.
  - No: Highest rating can be Conditional support
  - MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.

MAP Preliminary Analysis Algorithm

Assessment 7: If a measure is in current use, no negative unintended issues to the patient have been identified.

- Definition:
  - Feedback from implementers or end users has not identified any negative unintended consequences to patients (e.g., premature discharges, overuse or inappropriate use of care or treatment, limiting access to care); and
  - Feedback is supported by empirical evidence.
- Outcome:
  - If no negative unintended consequences have been identified: Measure can be supported or conditionally supported.
  - If negative unintended consequences are identified: The highest rating can be Conditional Support.
  - MAP can also choose to not support the measure, with or without the potential for mitigation. MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.

MAP Preliminary Analysis Algorithm

Assessment 8: If a measure is in current use, no implementation challenges outweighing the benefit of the measure have been identified.

- Definition:
  - Feedback from end users has not identified any unreasonable implementation issues that outweigh the benefits of the measure; and
  - Feedback is supported by empirical evidence.
- Outcome:
  - If no implementation issues have been identified: Measure can be supported or conditionally supported.
  - If implementation issues are identified: The highest rating can be Conditional Support.
  - MAP can also choose to not support the measure, with or without the potential for mitigation. MAP may provide a rationale for the decision to not support or make suggestions on how to improve the measure for a potential future support categorization.

MAP Decision Categories

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.

Decision Categories for 2019-2020

Decision Category	Definition	Evaluation Criteria
Support for Rulemaking	MAP supports implementation with the measure as specified and has not identified any conditions that should be met prior to implementation.	The measure is fully developed and tested in the setting where it will be applied and meets assessments 1-6 of the MAP Preliminary Analysis Algorithm. If the measure is in current use, it also meets assessment 7.
Conditional Support for Rulemaking	MAP supports implementation of the measure as specified but has identified certain conditions or modifications that would ideally be addressed prior to implementation.	The measure meets assessments 1-3, but may need modifications. A designation of this decision category assumes at least one assessment 4-7 is not met. MAP will provide a rationale that outlines each suggested condition (e.g., measure requires NQF review or endorsement OR there are opportunities for improvement under evaluation). Ideally, the modifications suggested by MAP would be made before the measure is proposed for use. However, the Secretary retains policy discretion to propose the measure. CMS may address the MAP-specified refinements without resubmitting the measure to MAP prior to rulemaking.
Do Not Support for Rulemaking with Potential for Mitigation	MAP does not support implementation of the measure as specified. However, MAP agrees with the importance of the measure concept and has suggested modifications required for potential support in the future. Such a modification would considered to be a material change to the measure. A material change is defined as any modification to the measure specifications that significantly affects the measure result.	The measure meets assessments 1-3 but cannot be supported as currently specified. A designation of this decision category assumes at least one assessment 4-7 is not met.
Do Not Support for Rulemaking	MAP does not support the measure.	The measure under consideration does not meet one or more of assessments 1-3.

Questions?

Review of Voting Process

Key Voting Principles

- Quorum is defined as 66 percent of the voting members of the Committee present in person or by phone for the meeting to commence.
  - Quorum must be established prior to voting. The process to establish quorum is constituted of (1) taking roll call and (2) determining if a quorum is present. At this time, only if a member of the Committee questions the presence of a quorum is it necessary to reassess the presence of the quorum.
  - If quorum is not established during the meeting, MAP will vote via electronic ballot after the meeting.
- MAP has established a consensus threshold of greater than or equal to 60 percent of voting participants voting positively AND a minimum of 60 percent of the quorum figure voting positively.
  - Abstentions do not count in the denominator.
- Every measure under consideration will receive a decision.

Key Voting Principles (continued)

- Staff will provide an overview of the process for establishing consensus through voting at the start of each in-person meeting.
- After additional introductory presentations from staff and the chair to give context to each programmatic discussion, voting will begin.
- The in-person meeting discussion guide will organize content as follows:
  - Measures under consideration will be divided into a series of related groups for the purposes of discussion and voting. The groups are likely to be organized around programs (Hospital and PAC/LTC) or condition categories (Clinician).
- Each measure under consideration will have been subject to a preliminary staff analysis based on a decision algorithm approved by the Coordinating Committee.
  - The discussion guide will note the result of the preliminary analysis (i.e., support, do not support, or conditional support) and provide rationale to support how that conclusion was reached.

Voting Procedure

- **Step 1.** Staff will review the Preliminary Analysis for each MUC using the MAP selection criteria and programmatic objectives, and Lead Discussants will review and present their findings.
- **Step 2**. The co-chairs will ask for clarifying questions from the Workgroup. The co-chairs will compile all Workgroup questions.
  - Measure developers will respond to the clarifying questions on the specifications of the measure.
  - NQF staff will respond to clarifying questions on the Workgroup decision.
  - Lead Discussants will respond to questions on their analysis.
- **Step 3.** Voting on acceptance of the preliminary analysis decision.
  - After clarifying questions have been resolved, the co-chairs will open for a vote on accepting the preliminary analysis assessment. This vote will be framed as a "yes" or "no" vote to accept the result.
  - If greater than or equal to 60% of the Workgroup members vote to accept the preliminary analysis assessment, then the preliminary analysis assessment will become the Workgroup recommendation. If less than 60% of the Workgroup votes to accept the preliminary analysis assessment, discussion will open on the measure.

Voting Procedure

- **Step 4.** Discussion and Voting on the MUC
  - The co-chairs will open for discussion among the Workgroup. Workgroup members should participate in the discussion to make their opinions known. However, one should refrain from repeating points already presented by others in the interest of time.
  - After the discussion, the co-chairs will open the MUC for a vote.
    - NQF staff will summarize the major themes of the Workgroup's discussion.
    - The co-chairs will determine what decision category will be put to a vote first based on potential consensus emerging from the discussions.
    - If the co-chairs do not feel there is a consensus position to use to begin voting, the Workgroup will take a vote on each potential decision category one at a time. The first vote will be on support, then conditional support, then do not support with potential for mitigation, then do not support.

Voting Procedure

- **Step 5:** Tallying the Votes:
  - If a decision category put forward by the co-chairs receives greater than or equal to 60% of the votes, the motion will pass and the measure will receive that decision.
  - If no decision category achieves greater than 60% to overturn the preliminary analysis, the preliminary analysis decision will stand. This will be marked by staff and noted for the Coordinating Committee's consideration.

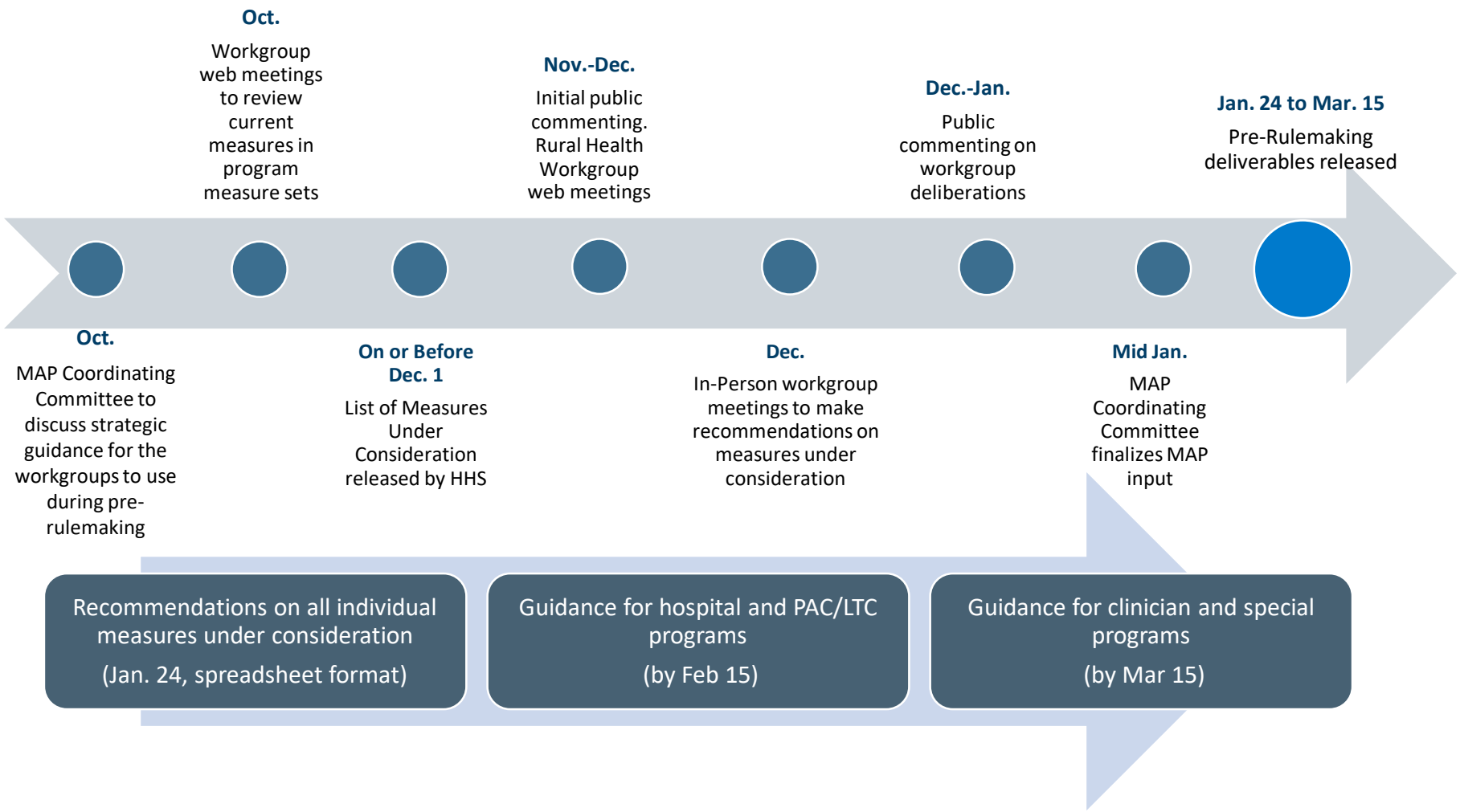
Questions

Review of Discussion Guide

Opportunity for Public Comment

Next Steps

MAP Pre-Rulemaking Approach



Timeline of Upcoming Activities

Release of the MUC List – by December 1

Public Comment Period 1 – Timing based on MUC List release

Rural Workgroup Web Meetings

- November 18, 19, 20

In-Person Meetings

- PAC/LTC Workgroup – **December 3**
- Hospital Workgroup – **December 4**
- Clinician Workgroup – **December 5**
- Coordinating Committee – **January 15**

Public Comment Period 2 – December 18, 2019 – January 8, 2020

Resources

- CMS Pre-Rulemaking Webinars:
  - Tuesday, April 16, 2019: MUC Kick Off: Slides / Webinar Recording
  - Thursday, April 18, 2019: MUC List Open Forum: Slides / Webinar Recording
  - Tuesday April 23, 2019: MUC List Open Forum: Slides / Webinar Recording
  - Thursday April 25, 2019: CMS Program-Specific Measure Needs and Priorities: Slides / Webinar Recording
- CMS' Measurement Needs and Priorities Document:
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/2019-CMS-Measurement-Priorities-and-Needs.pdf
- Pre-Rulemaking URL:
  - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html
- MAP Member Guidebook:
  - http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=80515

Adjourn