Welcome to Today's Virtual Review!

- **Housekeeping reminders:**
  - Please mute your computer or line when you are not speaking
  - We encourage you to turn on your video, especially during the measure discussions and when speaking
  - Please use the 'hand raised' feature if you wish to provide a point or raise a question.
    - » The raise hand feature is located within 'Reactions' (smiley face) at the bottom toolbar of the platform. There you will see an option that says, 'Raise Hand'.
  - Feel free to use the chat feature to communicate with the NQF Host or IT Support
  - For this meeting, we will be using WebEx for presentations and discussion, and will use Poll Everywhere for voting. Please ensure you have access to both platforms.

If you are experiencing technical issues, please contact us at
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Measure Application Partnership (MAP)

Clinician Workgroup Virtual Review Meeting

December 14, 2021

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Agenda

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- CMS Opening Remarks
- Overview of Pre-Rulemaking Approach
- MAP Rural Health and MAP Health Equity Advisory Groups
- Medicare Part C & D Star Ratings Measures
- Merit-Based Incentive Payment System (MIPS) Measures
- Discussion on Shared Savings Program
- Opportunity for Public Comment
- Summary of Day and Next Steps
- Adjourn

Welcome, Introductions, Disclosure of Interest, and Review of Meeting Objectives

Welcoming Remarks from NQF Leadership

Dana Gelb Safran, Sc.D.
President & CEO
National Quality Forum

Welcoming Remarks from Work Group Co-Chairs

Rob Fields, MD
Mount Sinai Hospital

Diane Padden, PhD, CRNP, FAANP
American Association of Nurse Practitioners

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Disclosures of Interest

- State your name, title, organization, brief bio, and acknowledge the disclosure(s) you listed in your DOI form if applicable
- Briefly note any of the following disclosures relevant to the project:
  - Engagement with project sponsors *(Centers for Medicare & Medicaid Services)*
  - Research funding, consulting/speaking fees, honoraria
  - Ownership interest
  - Relationships, activities, affiliations, or roles

Example: I'm Joan Smith, Chief Medical Officer of ABC Healthcare. I am also a Principal Investigator for a research project examining performance measures funded by XYZ Organization.

Clinician Membership

Workgroup Co-Chairs: Rob Fields, MD; Diane Padden PhD, CRNP, FAANP

Organizational Members (Voting)

- American Academy of Family Physicians
- American College of Cardiology
- American College of Radiology
- Blue Cross Blue Shield of Massachusetts
- Consumer's Checkbook
- Council of Medical Specialty Societies
- Genentech, Inc.
- HealthPartners, Inc.
- Kaiser Permanente
- Louise Batz Patient Safety Foundation
- Magellan Health, Inc.
- OCHIN, Inc.
- Patient Safety Action Network
- Pharmacy Quality Alliance
- Purchaser Business Group on Health
- St. Louis Area Business Health Coalition

Clinician Membership (continued)

Individual Subject Matter Experts (Voting)

- Nishant Anand, MD
- William Fleischman, MD, MHS
- Stephanie Fry, MHS
- Amy Nguyen Howell, MD, MBA, FAAFP

Federal Government Liaisons (Non-voting)

- Centers for Disease Control and Prevention (CDC)
- Centers for Medicare & Medicaid Services (CMS)
- Health Resources and Services Administration (HRSA)

Workgroup Staff

- **Tricia Elliott, MBA,CPHQ, FNAHQ,** Senior Managing Director
- **Ivory Harding, MS,** Manager
- **Ashlan Ruth, BS IE,** Project Manager
- **Victoria Freire, MPH, CHES,** Analyst
- **Gus Zimmerman, MPP,** Coordinator
- **Joelencia LeFlore,** Coordinator
- **Taroon Amin, PhD,** Consultant

CMS Staff

- **Kimberly Rawlings,** Task Order Contracting Officer's Representative

(TO COR)

- **Gequincia Polk,** Indefinite Delivery/Indefinite Quantity Contracting Officer's Representative

(IDIQ COR)

Objectives for Today's Meeting

- Review and provide input on Measures Under Consideration (MUC) for the MAP Clinician programs
- Identify measure gaps for the MAP Clinician programs

CMS Opening Remarks

Measure Applications Partnership

Clinician Workgroup

December 2021

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Purpose of the MAP

- The Measure Applications Partnership is a convened group of experts who provide recommendations to CMS about whether or not measures under consideration should be included in CMS value-based programs.
- Multi-stakeholder group feedback on the MUC List is a statutory requirement.
- MAP makes recommendations but does not have final authority for decisions around CMS programs.
- However, all MAP recommendations are strongly considered and assist CMS in decisions about programs.
- Measure set review was new for MAP this year.

Clinician MAP

- The Clinician MAP recommends measures that may potentially be included in future rule-writing for Value Based Programs.
- Programs include MIPS, ACO/MSSP, Medicare C&D Stars.
- These are a mix of pay for reporting as well as pay for performance; some are also used in the calculation of Physician Compare.
- Almost all measures are publicly reported.

CMS Strategic Priorities

Vision: CMS serves the public as a trusted partner and steward, dedicated to advancing health equity, expanding coverage, and improving health outcomes	
Pillar 1	Advance health equity by addressing the health disparities that underlie our health system
Pillar 2	Build on the Affordable Care Act, expand access to quality and affordable health coverage
Pillar 3	Engage our partners and communities we serve throughout the policymaking and implementation process
Pillar 4	Drive innovation to tackle our health system challenges and promote high-value, person-centered care
Pillar 5	Protect our programs' sustainability for future generations by serving as a responsible steward of public funds
Pillar 6	Foster a positive and inclusive workplace and workforce, and promote excellence in all aspects of CMS's operations

CMS Key Focus Areas for Quality

- COVID-19 and the PHE
- Equity – Access, Outcomes, Referrals, Experience
- Maternal Health and Safety
- Mental Health
- Resiliency and Emergency Preparedness
- Safety – not just patient safety, but workforce safety
- Digital transformation
- Climate Change
- Value

COVID-19 impact to Value Based Programs

- THANK YOU for heroic efforts to care for all (patients, staff, others).
- Trend of worsening quality and safety performance being evaluated
- Future focus of resiliency, emergency preparedness; workforce
- Value Based Programs proposed (and finalized IPPS) measure suppression and other actions to limit financial impact while still preserving, where appropriate, public reporting
  - IPPS programs
  - MIPS program
- COVID-19 HCP vaccination measures; COVID-19 HCP vaccination mandate finalized

Provider discussions highlighted key enablers and challenges influencing implementation of response

Key enablers for implementation

- Leadership, culture, & governance
- Infection prevention & control expertise
- Local planning & coordination

Key challenges faced during implementation

- Planning for underserved & vulnerable pop.
- Data reporting
- Technical assistance
- Managing federal & STLT (state, tribal, local, and territorial) guidance

MIPS – Finalized in PFS

- Add certified social workers and midwives to MIPS eligible
- Set new performance threshold at 75; exceptional performance at 89
- 5 new episode-based cost measures
- Attestation to annual assessment of High Priority Guide of SAFER guidelines (EMR safety)
- Automatic EUC (extreme and uncontrollable circumstances) both 2020 and 2021 (recently announced)
- Reminder: 2022 is last year of additional $500M for exceptional performance

MIPS Value Pathways (MVP)

- Aligned and cohesive sets of measures around a condition/specialty/goal
- Retain the 4 MIPS categories: Quality, Improvement, Cost and a Foundational Layer of Promoting Interoperability and Population Health; Equity
- 7 MVP proposed
- Subgroup reporting
- Start as voluntary; eventually mandatory with sunsetting of traditional MIPS
- Reduced burden (fewer reporting requirements)

ACO Quality Measures

- Had proposed move to reporting only 3 eCQM with sunset of Web Interface
- However, concerns with data aggregation from disparate EMR systems
- Further evaluation of reporting to allow for additional flexibility under consideration for final rule

Potential Future Directions

- Transition of MIPS program to MIPS Value Pathways
- Subgroup reporting
- Equity - performance measure stratification; direct data collection
- Digital Measures and Patient Reported Outcomes

Summary

- Thank you for your contributions and your important voice for hospitals and hospital related care
- Thank you for your contributions and heroic efforts for the COVID-19 PHE
- Look forward to your comments and recommendations today on the measures moving forward
- Happy Holidays!

Discussion on Shared Savings Program

Overview of Medicare Shared Savings Program

For the Measures Application Partnership

Sandra Slaughter, BSN, RN

Division of Program Alignment and Communications

Agenda (continued)

- Medicare Shared Savings Program Overview
- Shared Savings Program Overview and Alignment with the APM Performance Pathway (APP)
- What is the APP?
- 2021 APP Quality Reporting Options
- 2021 APP Quality Measures Set, Option 1
- 2021 APP Quality Measures Set, Option 2
- 2022 and Subsequent Performance Years Quality Reporting Requirements
- 2022 and Subsequent Performance Years Quality Performance Standard
- APP Measure Set for PY 2022 and Subsequent Performance Years

Shared Savings Program Overview

- Medicare Shared Savings Program (Shared Savings Program) is mandated by Section 3022 of the Affordable Care Act.
- Accountable Care Organizations (ACOs) create incentives for health care providers to work together voluntarily to coordinate care and improve quality for their patient population.
- CMS assesses ACO performance annually based on quality and financial performance to determine shared savings or losses.

Shared Savings Program Overview and Alignment with the APM Performance Pathway (APP)

- The quality measurement approach in the Shared Savings Program is intended to:
  - Improve individual health and the health of populations
  - Address quality aims such as prevention, care of chronic illness and high prevalence conditions, patient safety, patient and caregiver engagement, and care coordination
  - Align with the Quality Payment Program
- Beginning with Performance Year 2021, ACOs will report via the **APM Performance Pathway (APP)**

2021 APP Quality Reporting Options

• What Quality Data Submission Options are Available?

- You have two options for what measure sets to use for your APM Performance Pathway quality submission depending on your participation level. You must collect measure data for the 12-month performance period (January 1 - December 31, 2021) on one of the following sets of pre-determined quality measures.

If you participate at this level…	You can use this measure set…
Individual, Group, APM Entity	• eCQM, MIPS CQM or Medicare Part B Claims* (3 measures), • CAHPS for MIPS survey measure and; • Administrative Claims (1 or 2 measures**).
ACO (2021 only)	Option 1 • eCQMs or MIPS CQMs (3 measures), • CAHPS for MIPS survey measure and; • Administrative Claims (2 measures**) Option 2 • CMS Web Interface (10 measures), • CAHPS for MIPS survey measure and; • Administrative Claims (2 measures**).

**Medicare Part B Claims measures can only be reported by individual, groups or APM Entities with a small practice designation.*
*** The Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions measure is for ACOs only, for performance year 2021.*

2021 APP Quality Measures Set Option 1

Option 1: Quality Measures Set

Quality ID: 001	Quality ID: 134	Quality ID: 236	Quality ID: 321	Measure #: 479	Measure #: TBD
Diabetes: Hemoglobin A1c (HbA1c) Poor Control	Preventive Care and Screening: Screening for Depression and Follow-up Plan	Controlling High Blood Pressure	CAHPS for MIPS	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Risk Standardized All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs
Collection Type: • eCQM/MIPS CQM	**Collection Type:** • eCQM/MIPS CQM	**Collection Type:** • eCQM/MIPS CQM	**Collection Type:** • CAHPS for MIPS Survey	**Collection Type:** • Administrative Claims	**Collection Type:** • Administrative Claims
Submitter Type: • MIPS EC • Representative of a Practice • APM Entity • Third Party Intermediary	**Submitter Type:** • MIPS EC • Representative of a Practice • APM Entity • Third Party Intermediary	**Submitter Type:** • MIPS EC • Representative of a Practice • APM Entity • Third Party Intermediary	**Submitter Type:** • Third Party Intermediary	**Submitter Type:** • N/A	**Submitter Type:** • N/A

Note: "EC" denotes "Eligible Clinician."

2021 APP Quality Measures Set Option 2

Option 2: Quality Measures Set (ACO only)

Quality ID: 001	Quality ID: 134	Quality ID: 236	Quality ID: 318	Quality ID: 110	Quality ID: 226
Diabetes: Hemoglobin A1c (HbA1c) Poor Control	Preventive Care and Screening: Screening for Depression and Follow-up Plan	Controlling High Blood Pressure	Falls: Screening for Future Fall Risk	Preventive Care and Screening: Influenza Immunization	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
Collection Type: • CMS Web Interface	**Collection Type:** • CMS Web Interface	**Collection Type:** • CMS Web Interface	**Collection Type:** • CMS Web Interface	**Collection Type:** • CMS Web Interface	**Collection Type:** • CMS Web Interface
Submitter Type: • APM Entity (ACO)	**Submitter Type:** • APM Entity (ACO)	**Submitter Type:** • APM Entity (ACO)	**Submitter Type:** • APM Entity (ACO)	**Submitter Type:** • APM Entity (ACO)	**Submitter Type:** • APM Entity (ACO)

2021 APP Quality Measures Set Option 2 Continued

Option 2: Quality Measures Set (ACO only) *[continued]*

Quality ID: 113
Colorectal Cancer Screening

Collection Type:
- CMS Web Interface

Submitter Type:
- APM Entity (ACO)

Quality ID: 112
Breast Cancer Screening

Collection Type:
- CMS Web Interface

Submitter Type:
- APM Entity (ACO)

Quality ID: 438
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease

Collection Type:
- CMS Web Interface

Submitter Type:
- APM Entity (ACO)

Quality ID: 370
Depression Remission at Twelve Months

Collection Type:
- CMS Web Interface

Submitter Type:
- APM Entity (ACO)

Quality ID: 321
CAHPS for MIPS

Collection Type:
- CAHPS for MIPS Survey

Submitter Type:
- Third Party Intermediary

Measure #: 479
Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups

Collection Type:
- Administrative Claims

Submitter Type:
- N/A

Measure #: TBD
Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions for ACOs

Collection Type:
- Administrative Claims

Submitter Type:
- N/A

2022 Final Rule

Shared Savings Program Quality Reporting Requirements

2022 - 2024 Performance Years	2025 and Subsequent Performance Years
An ACO must report on either the **10 CMS Web Interface measures** (Diabetes: Hemoglobin A1c (HbA1c) Poor Control, Preventive Care and Screening: Screening for Depression and Follow-up Plan, Controlling High Blood Pressure, Falls: Screening for Future Fall Risk, Preventive Care and Screening: Influenza Immunization, Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention, Colorectal Cancer Screening, Breast Cancer Screening, Statin Therapy for the Prevention and Treatment of Cardiovascular Disease and Depression Remission at Twelve Months) **or the 3 eCQM/MIPS CQMs** (Diabetes: Hemoglobin A1c (HbA1c) Poor Control, Preventive Care and Screening: Screening for Depression and Follow-up Plan and Controlling High Blood Pressure). An ACO must administer a CAHPS for MIPS survey. CMS will calculate 2 measures using administrative claims data (Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups and Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions (MCC) for MIPS). Based on the ACO's chosen reporting option, either 6 (3 eCQM/MIPS CQMs, 1 CAHPS for MIPS Survey measure, and 2 administrative claims-based measures) or 10 (7 CMS Web Interface measures, 1 CAHPS for MIPS Survey measure, and 2 administrative claims-based measures) measures will be included in calculating the ACO's quality performance score.	An ACO must report the 3 eCQM/MIPS CQMs and administer a CAHPS for MIPS survey. CMS will calculate 2 measures using administrative claims data. All 6 measures will be included in calculating the ACO's quality performance score.

2022 Final Rule (continued 1)

Shared Savings Program Quality Performance Standard

2022 and 2023 Performance Years	2024 and Subsequent Performance Years
An ACO **will** meet the quality performance standard if it: • Achieves a quality performance score that is equivalent to or higher than the 30th percentile across all MIPS Quality performance category scores, excluding entities/providers eligible for facility-based scoring, or • If the ACO reports the 3 eCQMs/MIPS CQMs (meeting data completeness and case minimum requirements for all 3 measures) and achieves a quality performance score equivalent to or higher than the 10th percentile of the performance benchmark on at least 1 of the 4 outcome measures in the APP measure set and a quality performance score equivalent to or higher than the 30th percentile of the performance benchmark on at least 1 of the 5 remaining measures in the APP measure set An ACO won't meet the quality performance standard if the ACO (1) doesn't report any of the 10 CMS Web Interface measures or any of the 3 eCQMs/MIPS CQMs and (2) doesn't administer a CAHPS for MIPS survey.	An ACO **will** meet the quality performance standard if it: • Achieves a quality performance score that is equivalent to or higher than the 40th percentile across all MIPS Quality performance category scores, excluding entities/providers eligible for facility-based scoring An ACO won't meet the quality performance standard if the ACO (1) doesn't report any of the 10 CMS Web Interface measures or any of the 3 eCQMs/MIPS CQMs and (2) doesn't administer a CAHPS for MIPS survey.

2022 Final Rule (continued 2)

APP Measure Set for PY 2022 and Subsequent Performance Years

Measure #	Measure Title	Collection Type	Measure Type
Quality ID # 001	Diabetes: Hemoglobin A1c (HbA1c) Poor Control	eCQM/MIPS CQM/CMS Web Interface*	Intermediate Outcome
Quality ID# 134	Preventive Care and Screening: Screening for Depression and Follow-up Plan	eCQM/MIPS CQM/CMS Web Interface*	Process
Quality ID# 236	Controlling High Blood Pressure	eCQM/MIPS CQM/CMS Web Interface*	Intermediate Outcome
Quality ID# 318	Falls: Screening for Future Fall Risk	CMS Web Interface*	Process
Quality ID# 110	Preventive Care and Screening: Influenza Immunization	CMS Web Interface*	Process
Quality ID# 226	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	CMS Web Interface*	Process
Quality ID# 113	Colorectal Cancer Screening	CMS Web Interface*	Process
Quality ID# 112	Breast Cancer Screening	CMS Web Interface*	Process
Quality ID# 438	Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	CMS Web Interface*	Process
Quality ID# 370	Depression Remission at Twelve Months	CMS Web Interface*	Outcome

*ACOs will have the option to report via the Web Interface for the 2022, 2023 and 2024 performance years only.

2022 Final Rule (continued 3)

APP Measure Set for PY 2022 and Subsequent Performance Years

Measure #	Measure Title	Collection Type	Measure Type
Quality ID# 321	CAHPS for MIPS	CAHPS for MIPS Survey	Patient Reported Outcome (PRO)-PM
Measure # 479	Hospital-Wide, 30-day, All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups	Administrative Claims	Outcome
Measure # TBD	Risk Standardized, All-Cause Unplanned Admissions for Multiple Chronic Conditions (MCC) for MIPS	Administrative Claims	Outcome

MAP Pre-Rulemaking Approach

Preliminary Analyses

Preliminary Analysis of Measures Under Considerations

- 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 considering MAP's previous guidance.

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MAP Preliminary Analysis Algorithm

Assessment	Definition	Outcome
1)The measure addresses a critical quality objective not adequately addressed by the measures in the program set.	• The measure addresses key healthcare improvement priorities such as CMS's 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.	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.
2) The measure is evidence-based and is either strongly linked to outcomes or an outcome measure.	• 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.	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.
3) The measure addresses a quality challenge.	• 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.	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 (continued 1)

Assessment	Definition	Outcome
4) The measure contributes to efficient use of measurement resources and/or supports alignment of measurement across programs.	• 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.	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.
5) The measure can be feasibly reported.	• The measure can be operationalized (e.g., the measure is fully specified, specifications use data are found in structured data fields, and data are captured before, during, or after the course of care).	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 (continued 2)

Assessment	Definition	Outcome
6) The measure is applicable to and appropriately tested for the program's intended care setting(s), level(s) of analysis, and population(s).	• 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.	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.
7) If a measure is in current use, no negative unintended issues to the patient have been identified.	• 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.	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 Voting Decision Categories

MAP Decision Categories 2020-2021

Decision Category	Definition	Evaluation Criteria
Support for Rulemaking	MAP supports implementation with the measure as specified.	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. Ideally, the modifications suggested by MAP would be made before the measure is proposed for use.
Do Not Support for Rulemaking with Potential for Mitigation	MAP does not support implementation of the measure as specified. MAP agrees with the importance of the measure and has suggested material changes to the measure specifications.	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.

MAP Voting Process

Key Voting Principles

- **Quorum** is defined as **66 percent** of the voting members of the Committee present virtually for live voting to take place.
  - 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.

Voting Procedure

- **Step 1.** Staff will review the Preliminary Analysis for each measure under consideration (MUC) using the MAP selection criteria and programmatic objectives.

- **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 preliminary analysis.

Voting Procedure (continued)

- **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 (continued 2)

- **Step 4.** Discussion and Voting on the MUC
  - Lead Discussants will review and present their findings.
  - The co-chairs will then 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 (continued 3)

- **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.

Review of Measures Under Consideration (MUCs) by MAP Advisory Groups

MAP Rural Health Advisory Group Charge

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

Rural Health Advisory Group Review of MUCs

- The Rural Health Advisory Group reviewed all the MUCs and provided feedback to the setting-specific Workgroups on:
  - Relative priority/utility in terms of access, cost, or quality issues encountered by rural residents
  - Data collection and/or reporting challenges for rural providers
  - Methodological problems of calculating performance measures for small rural facilities
  - Potential unintended consequences related to rural health if the measure is included in specific programs
  - Gap areas in measurement relevant to rural residents/providers for specific programs
- The Rural Health Advisory Group was polled on whether the measure is suitable for use with rural providers within the specific program of interest

MAP Health Equity Advisory Group Charge

- Provide input on MUCs with a lens to measurement issues impacting health disparities and the over 1,000 United States critical access hospitals
- Provide input on MUCs with the goal to reduce health differences closely linked with social, economic, or environmental disadvantages

Health Equity Advisory Group Review of MUCs

- The Health Equity Advisory Group reviewed all the MUCs and provided feedback to the setting-specific Workgroups on:
  - Relative priority in terms of advancing health equity for all
  - Data collection and/or reporting challenges regarding health disparities
  - Methodological problems of calculating performance measures adjusting for health disparities
  - Potential unintended consequences related to health disparities if the measure is included in specific programs
  - Gap areas in measurement relevant to health disparities and critical access hospitals for specific programs
- The Health Equity Advisory Group was polled on the potential impact on health disparities if the measure is included within the specific program of interest

Feedback from the Advisory Groups' Review of MUCs

- Feedback from both Advisory Groups is provided to the setting-specific Workgroups through the following mechanisms:
  - The preliminary analyses (PAs):
    - » A qualitative summary of the discussion of the MUCs
    - » Average polling results that quantify:
      - *The Rural Health Advisory Group's perception of suitability from a rural perspective of including the measure within the program*
      - *The Health Equity Advisory Group's perception of the potential impact on health disparities if the measure is included within the program*
  - A summary of each Advisory Group's discussion will be provided during the review of the MUC during the setting-specific Workgroup pre-rulemaking meetings

Lunch

Review of Programs and Measures Under Consideration (MUCs)

Part C and D Star Ratings

Part C and D Star Ratings (continued)

- **Program Type:** Quality Payment Program & Public Reporting
- **Incentive Structure:**
  - Medicare Advantage: Public reporting and quality bonus payments (QBP)
  - Stand-alone Prescription Drug Plans: Public reporting
- **Program Goal:**
  - Provide information about plan quality and performance indicators to beneficiaries to help them make informed plan choices
  - Incentivize high performing plans (Part C)
  - The April 2018 final rule (CMS-4282-F) initially codified the methodology for the Part C and D Star Ratings

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2022 Star Ratings Measure List
Divided by Meaningful Measure Area

Healthcare Priority	Meaningful Measure Title	# of Measures
Effective Prevention and Treatment	Management of Chronic Conditions	12
	Preventive Care	5
	Prevention, Treatment, and Management of Mental Health	0
Making Care Safer	Preventable Healthcare Harm	1
Communication/Care Coordination	Medication Management	3
	Transfer of Health Information and Interoperability	2
Making Care Affordable	Appropriate Use of Healthcare	2
	Patient Focused Episode of Care	2
Person and Family Engagement	Patient's Experience of Care	13
	Patient's Reported Functional Outcomes	0
Total		**40***

*38 unique measures

Summary of Changes for 2022 Part C & D Star Ratings

- CMS resumed the use of the most recent data for HEDIS and CAHPS measures.
- Re-specified Medicare Plan Finder (MPF) Price Accuracy measure moved into the 2022 Star Ratings as a new measure.
- Mean resampling added to the hierarchical clustering methodology that is used to set cut points for non-CAHPS measures to minimize the influence of outliers.
- Part C measure - Care of Older Adults: Functional Status Assessment - temporarily moved to the display page for the 2022- and 2023-Star Ratings because NCQA made substantive changes to the measure specification.
- The following measures were retired from Part C & D Star Ratings: Adult BMI Assessment, Appeals Auto-Forward, and Appeals Upheld.

Summary of Changes for Part C & D Star Ratings Due to the COVID-19 Public Health Emergency

- For the 2022 Star Ratings only, expanded the existing improvement measure hold harmless provision to all contracts at the overall and summary rating levels.
- For the 2022 Star Ratings only, modified the disaster policy to remove application of the 60% rule and avoid the exclusion of contracts with 60% or more of their enrollees living in FEMA-designated Individual Assistance areas from calculation of the non-CAHPS measure-level cut points and calculation of the Reward Factor.
- For the 2022- and 2023-Star Ratings, two Part C measures – Improving or Maintaining Physical Health and Improving or Maintaining Mental Health – are moved to the display page due to validity concerns related to the COVID-19 public health emergency.

Part C and D – CMS High-Priority for Future Measure Consideration

The Medicare population includes a large number of individuals and older adults with high-risk multiple chronic conditions (MCC) who often receive care from multiple providers and settings and, as a result, are more likely to experience fragmented care and adverse healthcare outcomes.

- **Equity of Care**
- **Functional Outcomes**
- **Management of Chronic conditions**
- **Prevention and Treatment of Opioid Use Disorders**

Public Comment: Part C and D Measures Under Consideration

MUC2021-053: Concurrent Use of Opioids and Benzodiazepines (COB)

Description: The percentage of Medicare Part D beneficiaries, 18 years or older with concurrent use of prescription opioids and prescription benzodiazepines during the measurement period.

Level of Analysis: Health Plan

NQF Recommendation: Support for Rulemaking

Lead Discussants: Magellan Health, Inc & Amy Nguyen Howell

MUC2021-056: Polypharmacy: Use of Multiple Anticholinergic Medications in Older Adults (Poly-ACH)

Description: The percentage of Medicare Part D beneficiaries 65 years of age or older with concurrent use of two or more unique anticholinergic (ACH) medications during the measurement period.

Level of Analysis: Health Plan

NQF Recommendation: Conditional Support for Rulemaking

Lead Discussants: Kaiser Permanente & Consumer's Checkbook

MUC2021-066: Polypharmacy: Use of Multiple Central Nervous System (CNS)-Active Medications in Older Adults (Poly-CNS)

Description: The percentage of Medicare Part D beneficiaries 65 years of age or older, with concurrent use of 3 or more unique central-nervous system (CNS)-active medications during the measurement period.

Level of Analysis: Health Plan

NQF Recommendation: Conditional Support for Rulemaking

Lead Discussants: Patient Safety Action Network & Council of Medical Specialty Societies

Break

Merit-Based Incentive Payment System (MIPS) Measures

Merit-based Incentive Payment System (MIPS)

- **Program Type:** Quality Payment Program
- **Incentive Structure:**
  - Pay-for-performance
  - There are four connected performance categories that affect a clinician's payment adjustment. Each performance category is scored independently and has a specific weight.
  - The MIPS performance categories and finalized 2021 weights:
    - Quality (45%)
    - Promoting Interoperability (25%)
    - Improvement Activities (15%)
    - Cost (15%)
    - The final score (100%) will be the basis for the MIPS payment adjustment assessed for MIPS eligible clinicians.
- **Program Goals:**
  - Improve quality of patient care and outcomes for Medicare FFS.
  - Reward clinicians for innovative patient care.
  - Drive fundamental movement toward value in healthcare.

NATIONAL QUALITY FORUM

2021 MIPS Current Measures
Divided by Meaningful Measure Area

Healthcare Priority	# of Measures
Effective Prevention and Treatment	94
Making Care Safer	21
Communication/Care Coordination	25
Making Care Affordable	37
Person and Family Engagement	32
Total	**209**

MIPS – CMS High-Priority for Future Measure Consideration

MIPS has a priority focus on:

- **Outcome measures** – includes outcome, intermediate outcome and patient reported outcome (PRO).
  - Outcome measures show how a health care service or intervention influences the health status of patients.
- **Person or family** - reported experiences of being engaged as active members of the health care team and in collaborative partnerships with providers and provider organizations.
- **Population Health** - health behaviors and outcomes of a broad group of individuals, including the distribution of such outcomes affected by the contextual factors within the group.

Measures that:

- Provide new measure options within a topped-out specialty area;
- Reduce reporting burden – includes digital quality measures (dQMs), administrative claims measures and measures that align across programs;
- Capture relevant specialty clinicians;
- Focus on patient-centered care and include the patient voice;
- Reflect the quality of a group's overall health and wellbeing including access to care, coordination of care and community services, health behaviors, preventive care screening, and utilization of health care services;
- Address behavioral health; and
- Support health equity.

Cost Measures Address Needs in MIPS

- Currently, MIPS has 20 cost measures:
  - 18 episode-based cost measures for specific procedures and acute conditions
  - 2 population-based cost measures that assess the overall cost of care
- As required by statute, CMS has developed 5 novel cost measures
  - These were selected to address measurement gaps and Meaningful Measures priorities
  - Development process has included extensive expert stakeholder input through TEP, clinician subject matter expert panels, patient and family voice, and national field testing
- These 5 new measures would allow more clinicians to be assessed by episode-based measures and support MIPS Value Pathway (MVP) development

Measure Framework Focuses on Capturing Clinician Role in Care

- Measures are constructed using the same framework as other cost measures reviewed by MAP in previous years
  - Procedure: Melanoma Resection, and Colon and Rectal Resection
  - Acute inpatient medical condition: Sepsis
- Chronic condition measures use a familiar framework
  - Shares elements from other episode-based measures and NQF #3575 TPCC
    - » Attribution requires 2 visits to identify start of clinician-patient relationship
  - Features to account for chronic condition management were developed with stakeholder input through multiple meetings over 18-month period
    - » Costs measured for at least one year to reflect ongoing nature of care and encourage care coordination
  - Tailored to capture care specific to the management of Diabetes and Asthma/COPD
    - » Stratifies patient cohort into smaller groups, includes only clinically related costs, accounts for risk factors specific to that condition

MIPS Quality Measures

NATIONAL QUALITY FORUM

2021 MIPS Current Measures
Divided by Meaningful Measure Area (continued)

Healthcare Priority	# of Measures
Effective Prevention and Treatment	94
Making Care Safer	21
Communication/Care Coordination	25
Making Care Affordable	37
Person and Family Engagement	32
Total	**209**

Public Comment: MIPS Measures Under Consideration

MUC2021-125: Psoriasis – Improvement in Patient-Reported Itch Severity

Description: The percentage of patients, aged 18 years and older, with a diagnosis of psoriasis where at an initial (index) visit have a patient reported itch severity assessment performed, score greater than or equal to 4, and who achieve a score reduction of 2 or more points at a follow up visit.

Level of Analysis: Clinician

NQF Recommendation: Support for Rulemaking

Lead Discussants: HealthPartners & Purchaser Business Group on Health

MUC2021-135: Dermatitis – Improvement in Patient-Reported Itch Severity

Description: The percentage of patients, aged 18 years and older, with a diagnosis of dermatitis where at an initial (index) visit have a patient reported itch severity assessments performed, score greater than or equal to 4, and who achieve a score reduction of 2 or more points at a follow up visit.

Level of Analysis: Clinician

NQF Recommendation: Support for Rulemaking

Lead Discussants: Council of Medical Specialty Societies & Amy Nguyen Howell

MUC2021-063: Care Goal Achievement Following a Total Hip Arthroplasty (THA) or Total Knee Arthroplasty (TKA)

Description: The percentage of adult patients 18 years and older who had an elective primary total hip arthroplasty (THA) or total knee arthroplasty (TKA) during the performance period AND who completed both a pre- and post-surgical care goal achievement survey and demonstrated that 75% or more of the patient's expectations from surgery were met or exceeded.

The pre- and post-surgical surveys assess the patient's main goals and expectations (i.e., pain, physical function and quality of life) before surgery and the degree to which the expectations were met or exceeded after surgery. The measure will be reported as two risk-adjusted rates stratified by THA and TKA.

Level of Analysis: Clinician; Group

NQF Recommendation: Do Not Support for Rulemaking

Lead Discussants: Stephanie Fry & Purchaser Business Group on Health

MUC2021-107: Clinician-Level and Clinician Group-Level Total Hip Arthroplasty and/or Total Knee Arthroplasty (THA and TKA) Patient-Reported Outcome-Based Performance Measure (PRO-PM)

Description: The measure will estimate a clinician- and clinician group-level, risk-standardized improvement rate for patient-reported outcomes (PROs) following elective primary THA/TKA for Medicare fee-for-service (FFS) patients 65 years of age or older. Substantial clinical benefit (SCB) improvement will be measured by the change in score on the joint-specific patient-reported outcome measure (PROM) instruments, measuring hip or knee pain and functioning, from the preoperative assessment (data collected 90 to 0 days before surgery) to the postoperative assessment (data collected 300 to 425 days following surgery).

Level of Analysis: Clinician; Group

NQF Recommendation: Conditional Support for Rulemaking

Lead Discussants: Amy Nguyen Howell & Genentech, Inc

MUC2021-090: Kidney Health Evaluation

Description: Percentage of patients aged 18-75 years with a diagnosis of diabetes who received a kidney health evaluation defined by an Estimated Glomerular Filtration Rate (eGFR) AND Urine Albumin-Creatinine Ratio (uACR) within the 12-month measurement period

Level of Analysis: Clinician; Group

NQF Recommendation: Conditional Support for Rulemaking

Lead Discussants: OCHIN, Inc & American Academy of Family Physicians

MUC2021-127: Adult Kidney Disease: Angiotensin Converting Enzyme (ACE) Inhibitor or Angiotensin Receptor Blocker (ARB) Therapy

Description: Percentage of patients aged 18 years and older with a diagnosis of CKD (Stages 1-5, not receiving Renal Replacement Therapy (RRT) and proteinuria who were prescribed ACE inhibitor or ARB therapy within a 12-month period.

Level of Analysis: Clinician; Group

NQF Recommendation: Support for Rulemaking

Lead Discussants: Pharmacy Quality Alliance & American College of Cardiology

MUC2021-105: Mismatch Repair (MMR) or Microsatellite Instability (MSI) Biomarker Testing Status in Colorectal Carcinoma, Endometrial, Gastroesophageal, or Small Bowel Carcinoma

Description: Percentage of surgical pathology reports for primary colorectal, endometrial, gastroesophageal or small bowel carcinoma, biopsy or resection, that contain impression or conclusion of or recommendation for testing of mismatch repair (MMR) by immunohistochemistry (biomarkers MLH1, MSH2, MSH6, and PMS2), or microsatellite instability (MSI) by DNA-based testing status, or both

Level of Analysis: Clinician; Group

NQF Recommendation: Conditional Support for Rulemaking

Lead Discussants: Amy Nguyen Howell & BlueCross Blue Shield MA

MUC2021-058: Appropriate intervention of immune-related diarrhea and/or colitis in patients treated with immune checkpoint inhibitors

Description: Percentage of patients, aged 18 years and older, with a diagnosis of cancer, on immune checkpoint inhibitor therapy, and grade 2 or above diarrhea and/or grade 2 or above colitis, who have immune checkpoint inhibitor therapy held and corticosteroids or immunosuppressants prescribed or administered.

Level of Analysis: Clinician; Group

NQF Recommendation: Conditional Support for Rulemaking

Lead Discussants: HealthPartners & St. Louis Area Business Health Coalition

Cross-Cutting Measures:

MUC2021-134 Screen Positive Rate for Social Drivers of Health

MUC2021-136 Screening for Social Drivers of Health

Merit-based Incentive Payment System (MIPS) (continued)

- **Program Type:** Quality Payment Program
- **Incentive Structure:**
  - Pay-for-performance
  - There are four connected performance categories that affect a clinician's payment adjustment. Each performance category is scored independently and has a specific weight.
  - The MIPS performance categories and finalized 2021 weights:
    - Quality (45%)
    - Promoting Interoperability (25%)
    - Improvement Activities (15%)
    - Cost (15%)
    - The final score (100%) will be the basis for the MIPS payment adjustment assessed for MIPS eligible clinicians.
- **Program Goals:**
  - Improve quality of patient care and outcomes for Medicare FFS.
  - Reward clinicians for innovative patient care.
  - Drive fundamental movement toward value in healthcare.

Public Comment: Cross-Cutting Measures

MUC2021-134: Screen Positive Rate for Social Drivers of Health

Description: Percent of beneficiaries 18 years and older who screen positive for food insecurity, housing instability, transportation problems, utility help needs, or interpersonal safety.

Level of Analysis: Clinician; Group; Facility; Other: Beneficiary, Population

NQF Recommendation: Do Not Support for Rulemaking

Lead Discussants: William Fleischman & American College of Radiology

MUC2021-136: Screening for Social Drivers of Health

Description: Percent of beneficiaries 18 years and older screened for food insecurity, housing instability, transportation problems, utility help needs, and interpersonal safety.

Level of Analysis: Clinician; Group; Facility; Other: Beneficiary, Population

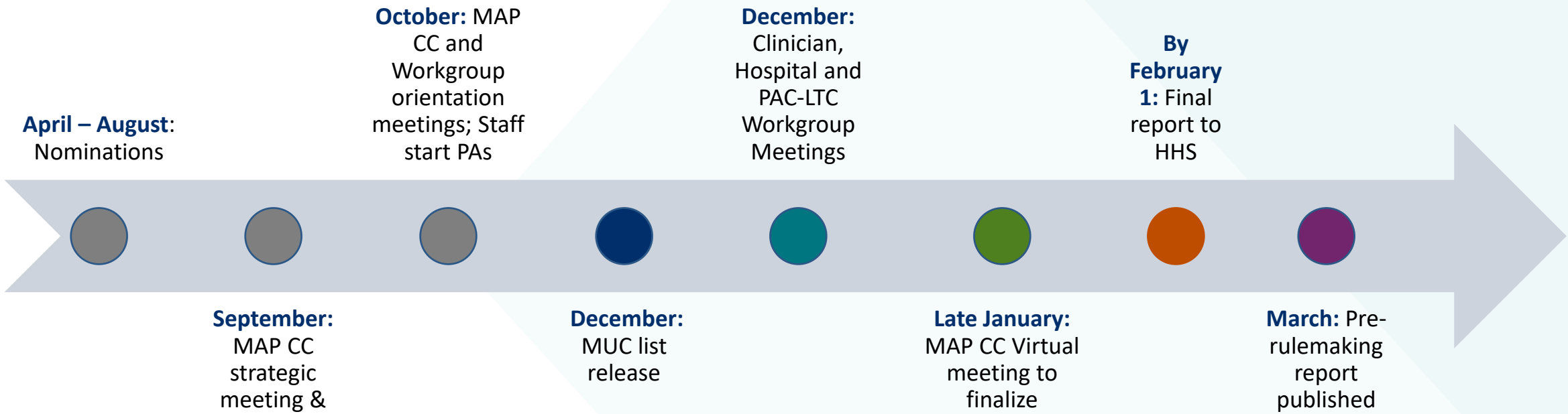
NQF Recommendation: Conditional Support for Rulemaking

Lead Discussants: Louise Batz Patient Safety Foundation & Nisant Anand

Opportunity for Public Comment

Summary of Day and Next Steps

MAP Pre-Rulemaking Approach (continued)



Timeline of Upcoming Activities

- **Public commenting period on Workgroup recommendations:** December 30, 2021 – January 13, 2022.
- **Coordinating Committee Virtual Review Meeting:** January 19, 2022
- **Final recommendations to CMS:** by February 1, 2021

Questions

Contact Information

- Project page
  - http://www.qualityforum.org/MAP_Clinician_Workgroup.aspx
- Email: MAP Clinician Project Team
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THANK YOU.

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