



MAP Rural Health Advisory Group Orientation to the 2021-2022 Pre-Rulemaking Process Web Meeting

The National Quality Forum (NQF) convened a public web meeting for members of the Measure Applications Partnership (MAP) Rural Health Advisory Group on October 28, 2021.

Welcome, Introductions, and Review of Web Meeting Objectives

Chelsea Lynch, NQF Director, welcomed participants to the web meeting and reviewed housekeeping reminders. Ms. Lynch also introduced co-chairs Dr. Kimberly Rask and Dr. Keith Mueller, who provided welcoming remarks.

Ms. Lynch reviewed the meeting agenda and meeting objectives:

- Orientation to the 2021-2022 MAP pre-rulemaking activities
- Overview of MAP and pre-rulemaking process
- Overview of the MAP Rural Health Advisory Group's role in pre-rulemaking

Ms. Lynch presented the NQF project team staff and then Victoria Freire, NQF Analyst, facilitated the roll call. Ms. Lynch introduced Dr. Michelle Schreiber, Deputy Director for Quality and Value at the Centers for Medicare & Medicaid Services (CMS) for opening remarks.

Dr. Schreiber emphasized the importance of MAP and expressed CMS' appreciation of the Rural Health Advisory Group's role within MAP. Dr. Schreiber noted the hardship of the COVID-19 pandemic and the elevated urgency of this measurement work. She highlighted the creation of the MAP Health Equity Advisory Group and their charge to review the measures under consideration (MUC) and provide feedback with an equity lens.

Overview of MAP and the Pre-Rulemaking Process

Ms. Lynch provided an overview of the MAP and the pre-rulemaking process. The Affordable Care Act requires the Department of Health and Human Services (HHS) to contract with a consensus-based entity (e.g., NQF) to convene multistakeholder groups to provide input on the selection of measures for public reporting, payment, and other programs. Ms. Lynch outlined key MAP roles, the first to inform the selection of performance measures; second to provide input to HHS on the selection of measures for federal programs; third to identify measure gaps for development, testing, and endorsement; and last to encourage measurement alignment across CMS programs.

The MAP provides this feedback through the pre-rulemaking process. This occurs prior to the rulemaking process, during which Congress sets policy mandates, the public provides comments, and the rule is finalized with any modifications. During the pre-rulemaking process, CMS selects measures under consideration for use in federal programs. The MAP reviews the list of measures and advises which measures are recommended or not recommended for use in specific programs. CMS considers these recommendations before proposing final rules. As part of the pre-rulemaking process, CMS also receives input on measure priorities and needs for measure development.

Pre-rulemaking provides value because multistakeholder input and consensus-building enables proposed laws to be “closer to the mark.” The process also reduces effort needed by individual stakeholder groups to submit official comments on proposed rules.

The MAP structure includes a Coordinating Committee, three Workgroups, and two Advisory Groups. The two Advisory Groups, Rural Health and Health Equity, provide input on all measures under consideration and their impact on rural communities or health disparities, respectively. Input from the Advisory Groups is shared with the setting-specific Workgroups – Clinician, Hospital, and Post-Acute Care and Long-Term Care (PAC/LTC) – for further discussion of the measures under consideration in federal programs within each setting. The Workgroups provide their recommendations on the measures to an overarching Coordinating Committee, which provides the final recommendations to CMS at the end of the MAP cycle. MAP membership includes organizational representatives, individual subject matter experts, and non-voting federal government liaisons.

Measure Set Review Process

Ms. Lynch then discussed the Measure Set Review (MSR) process. The MSR is a new process that was piloted during the 2021-2022 MAP cycle. It included measure review criteria (MRC) developed by NQF in partnership with CMS to evaluate measures within federal programs. For the 2021-2022 cycle, the Coordinating Committee worked on the MSR pilot in addition to pre-rulemaking recommendations. In September 2021, the Coordinating Committee discussed, evaluated, and provided feedback on 22 measures currently used in CMS programs, with a focus on select programs in the hospital setting. For the 2022-2023 cycle, MAP will fully implement the MSR to include input from all workgroups and advisory groups. A [report summarizing the pilot process](#) was published and submitted to CMS in October.

Creation of the Measures Under Consideration (MUC) List

Susanne Young, NQF Manager, provided an overview of the process by which CMS creates the Measures Under Consideration (MUC) list. Ms. Young reviewed the organizational chart for CMS’ Center for Clinical Standards and Quality before explaining the statutory requirements that established the pre-rulemaking process. Under this process, NQF convenes MAP committees, workgroups, and advisory groups to review quality and efficiency measures and provides input to CMS. The statute requires the MUC list be publicly published by December 1 each year, and that the consensus-based entity (i.e., NQF) provide a report of the input collected through MAP by February 1 of the following year. To select measures for the MUC list, CMS considers the following criteria: alignment with Meaningful Measures and gap areas, measure type (outcome and patient-reported measures preferred), reporting burden, completeness of measure specifications (NQF endorsement is preferred, but not required), feasibility (measures using digital vs. claims data), and alignment across programs.

Ms. Young provided a broad overview of the timeline for the 2021-2022 pre-rulemaking cycle, including submission of new candidate measures and stakeholder education/outreach between January 2021 and May 2021; CMS review of the MUC list in July through August 2021; release of the MUC list by December 2021; MAP Advisory Groups and Workgroups review meetings in December 2021; MAP Coordinating Committee meeting in January 2022; and release of the MAP recommendations report by February 2022. The approach to the analysis and selection of measures as part of pre-rulemaking includes evaluating MUCs for what they would add to the program measure set as well as identifying and prioritizing gaps for programs and settings.

Setting-Specific Workgroups and Associated Federal Programs

Ms. Young shared the charge of the MAP Coordinating Committee. The Coordinating Committee provides input to HHS on the coordination of performance measurement strategies across public sector programs, settings of care, and payer types. The Coordinating Committee also provides strategic input and ensures alignment across all Workgroups and Advisory Groups.

Ivory Harding, NQF Manager, reviewed the charge for the MAP Hospital Workgroup. The Hospital Workgroup reviews measures for ten programs:

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

Ms. Harding also reviewed the charge for the MAP Clinician Workgroup. The Clinician Workgroup reviews measures for three programs:

- Merit-based Incentive Payment System (MIPS)
- Medicare Shared Savings Program (SSP)
- Medicare Parts C & D Star Ratings

Ms. Young reviewed the charge for the MAP PAC/LTC group. The PAC/LTC Workgroup reviews measures for six programs:

- Home Health Quality Reporting Program (HH QRP)
- 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 (SNF VBP) Program

Ms. Young noted that there are changes and anticipated changes to the SNF VBP Program. Per the Protecting Access to Medicare Act of 2014, the all-cause measure will be replaced as soon as practical with a potentially preventable 30-day post discharge readmission measure. CMS withholds 2 percent of SNF Medicare Fee-for-Service payments to fund the program; these withheld funds are redistributed in the form of incentive payments, which began in 2018. Most recently, the Consolidated Appropriations Act of 2021 allows the Secretary to apply up to 9 additional measures, which may include those focusing on functional status, patient safety, care coordination, or patient experience for payments for services furnished on or after October 2023.

Dr. Schreiber added clarification on upcoming program changes. Dr. Schreiber reiterated that Advisory Group members could expect to see proposed changes to the SNF VBP program, including up to 10 new measures, in the 2022 rule-writing cycle. Dr. Schreiber noted that the HH QRP program, which is a Center for Medicare & Medicaid Innovation (CMMI) model in nine states, is being proposed to expand

nationally. Dr. Schreiber also highlighted the Rural Health Emergency Hospital program and noted proposed measures could be reviewed by the Advisory Group in upcoming pre-rulemaking cycles.

Role of the MAP Rural Health Advisory Group in the 2021-2022 Pre-Rulemaking Cycle

Ms. Lynch provided an overview of the role of the Rural Health Advisory Group during the upcoming pre-rulemaking cycle. The Rural Health Advisory Group is charged with providing a rural perspective on measurement issues with a priority on rural health issues like the challenge of low case volumes.

Ms. Lynch shared that the Advisory Group will convene for a full-day meeting in early December to discuss the measures under consideration. Prior to the meeting, NQF staff will circulate preliminary analyses describing the measures, as well as lead discussant assignments to encourage discussion. NQF will attempt to match lead discussants with measures based on areas of expertise and experience wherever possible and will provide additional guidance by email prior to the December meeting.

During the full-day meeting, the Advisory Group will review each of the measures under consideration. Each review will begin with a description of the CMS program in which the measure is being proposed. The lead discussant will then summarize the measure and provide initial thoughts about if the measure should be included in the program from the rural perspective. The discussion will then be opened to the Advisory Group to include the relative priority or utility of the measure in terms of access, cost, or quality issues; any data collection or reporting challenges; methodological problems when calculating the measures for small facilities; and any potential unintended consequences of the measure being included.

After each measure is discussed, the Advisory Group will participate in a poll to provide a quantitative assessment of the Advisory Group's evaluation of if the measure is suitable for use with rural providers. This polling question has a Likert scale where 1 is least suitable to 5 being the most suitable. While the polling information is not a direct vote on whether the measure should be recommended as part of the program, it will inform the setting-specific Workgroups when they vote on measure inclusion in the program.

Ms. Lynch also noted that the Advisory Group will discuss gap areas in measurement related to rural residents or providers. The Advisory Group's input will be integrated into the preliminary analysis documents provided to the setting-specific Workgroups and will also be summarized at each of the setting-specific Workgroup review meetings to help inform discussion.

An Advisory Group member asked when NQF staff will share the MUC list and preliminary analyses with the Advisory Group. Ms. Lynch stated the MUC list and preliminary analyses will be shared once released by CMS and no later than December 1. Ms. Lynch highlighted that Rural Health Advisory Group members will be reviewing all measures under consideration during their meeting in December.

Another Advisory Group member asked if any voting or polling would take place during this orientation meeting. Ms. Lynch clarified that the polling process that was reviewed was for the December Review Meeting, to be used when reviewing measures from the MUC list. The same Advisory Group member suggested that it would be helpful to include examples throughout the presentation for new members. Ms. Lynch thanked the Advisory Group member for the suggestion.

Public and Member Comment

Ms. Freire opened the web meeting to allow for public comment. There were no comments from members or the public.

Next Steps

Amy Guo, NQF Manager, reminded the Advisory Group of upcoming activities in the MAP timeline, notably the release of the MUC list by December 1 and the full-day review meeting for the Rural Health Advisory Group on December 8. Ms. Guo reiterated that if members have not received the Rural Health review meeting calendar invite, to please reach out to the project team via [email](#). Ms. Guo shared links to the [CMS Measurement Needs and Priorities Document](#) (PDF) and the CMS website providing an [overview of pre-rulemaking](#). Finally, Ms. Guo shared that the MAP Member Guidebook will be shared by email and invited Advisory Group members to reach out to the NQF project team via email with any additional questions/comments.

Ms. Lynch thanked the Rural Health Advisory Group for their participation and noted that a meeting summary will be developed and posted on the [project webpage](#) in the following weeks. Prior to closing the meeting, Ms. Lynch noted the possibility of additional work for the Advisory Group outside of the traditional MAP pre-rulemaking work. In the past, the Rural Health Advisory Group has provided input on rural-relevant measurement issues, including a series of meetings from November 2019 to August 2020 that were held to identify a priority list of relevant rural measures for testing statistical approaches when dealing with low case volume issues and in 2017 when the Advisory Group identified a rural-relevant core measure set. Ms. Lynch stated that, pending CMS contracting, later in the year or early next year, the Advisory Group may have an opportunity to reevaluate the 2017 core measure set and determine if the measures are still relevant and discuss if new measures should be added. If CMS moves forward with the work, it would be completed in five web meetings, over eight months. The NQF project team will provide updates on this opportunity as they are available.

An Advisory Group member asked when lead discussants would be assigned to measures and how NQF would announce the lead discussants. Ms. Lynch stated lead discussants will be assigned and notified shortly after the MUC list is released, no later than December 1. Ms. Lynch reminded the Advisory Group that NQF will attempt to match lead discussants with measures based on areas of expertise and experience wherever possible and will provide additional guidance by email prior to the December meeting.