Field Testing of MACRA Cost Measures

The Centers for Medicare & Medicaid Services (CMS) and its contractor, Acumen, LLC, will be conducting field testing for eight episode-based cost measures before consideration of their potential use in the cost performance category of the Merit-based Incentive Payment System (MIPS) of the Quality Payment Program. Please note that this field testing of new cost measures is separate from measures reported in the Quality and Resource Use Reports (QRURs), which you may also be receiving around the same time.

Field testing will take place from **October 16 to November 15, 2017**. During this time, clinicians and clinician groups (TINs) who are attributed episodes for performing or managing the procedures/medical conditions listed below will have the opportunity to view a confidential report with information about their performance. In addition, all stakeholders will be able to view a mock report and supplemental documentation on the measures that will be publicly posted. Therefore, we will be seeking feedback from all stakeholders on the measures, confidential or mock report, and supplemental documentation through an online survey.

The episode-based cost measures, which will be reported during field testing to group practices and solo practitioners who meet a 10-episode case minimum for at least one measure during the measurement period of 06/01/16 to 05/31/17, are the following:

- Elective Outpatient Percutaneous Coronary Intervention (PCI)
- Knee Arthroplasty
- Revascularization for Lower Extremity Chronic Critical Limb Ischemia
- Routine Cataract Removal with Intraocular Lens (IOL) Implantation
- Screening/Surveillance Colonoscopy
- Intracranial Hemorrhage or Cerebral Infarction
- Simple Pneumonia with Hospitalization
- ST-Elevation Myocardial Infarction (STEMI) with PCI

Below, we provide an overview of the policy background, measure development process, and details of field testing activities.

**Policy Background**

The Medicare Access and Children’s Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA) introduced a new approach to clinician payment called the Quality Payment Program. This program rewards the delivery of high-quality patient care through Advanced Alternative Payment Models (Advanced APMs) and MIPS. The measures we are developing under this project are for potential use in the cost performance category, one of four performance categories being used in MIPS.

**Summary of Measure Development Process so Far**

The measure development process for these new episode-based cost measures for potential use in MIPS involves extensive clinician involvement and stakeholder feedback. It also builds on various public postings for CMS’s previous cost measure development work, the most recent of which was the posting of a draft list of episode groups and trigger codes in December 2016. These earlier episode group postings are available on the CMS MACRA feedback page.

Eight measures were selected and developed with extensive input from Clinical Subcommittees and informed by input received through a Technical Expert Panel and past public comments. In particular, seven Clinical Subcommittees, composed of a total of 147 members affiliated with 98 professional societies, have provided detailed clinical input on preliminary measure specifications during in-person and webinar meetings convened between May and August of this year.
Field Testing Activities
The following materials will be released on October 16, 2017:
i. Confidential Field Test Reports
The field test reports for group practices and solo practitioners will be distributed through the CMS Enterprise Portal which CMS has used in the past for distributing Quality and Resource Use Reports.

- If you do not already have an EIDM account, you can set one up and get access to a “Physician Quality and Value Programs” role in preparation for accessing your field test report by using this guide.
  o Please note: Field test reports are separate from QRUR reporting, although the same guide maybe used to set up an EIDM account.
  o If you are applying for a Security Official or an Individual Practitioner Role and the TIN/NPI combinations entered match with the Provider Enrollment, Chain and Ownership System (PECOS) information, then the role is automatically approved within a few minutes of the role request submission.
  o If an invalid TIN/NPI combination is entered more than three times the request is forwarded to the QualityNet help desk and the process has to be manually verified. This takes 24-48 hours.
  o If you are applying for a Group Representative or an Individual Practitioner Representative Role, the request is forwarded to your Security Official or Individual Practitioner and the time frame is based on how long it takes the Security Official or Individual Practitioner to approve your request.
- If you think you may already have an existing EIDM account but aren’t sure if it is still active, you can check whether your account is still active in preparation for accessing your field test report by attempting to log in.
  o If it is unlocked or active and you’ve forgotten your password, you can use the “Forgot Password” function and reset your password by answering the Challenge Security questions that you set up at the time of initial EIDM account registration.
  o If it is locked or inactive, you will need to contact the QualityNet Helpdesk at 1-866-288-8912/ TTY: 1-877-715-6222 to unlock it.
- If you already have an active EIDM account but need access to a “Physician Quality and Value Programs” role, please do so by using this guide.
  o Please note: Field test reports are separate from QRUR reporting, although the same guide maybe used to set up an EIDM account.
- If you already have an active EIDM account and have access to a “Physician Quality and Value Programs” role, you should be able to access your field test report by logging into the EIDM portal.

i. Supplemental Documentation
While not all clinicians will receive a confidential field test report given the clinical scope and attribution method for the 8 episode-based cost measures, we encourage all stakeholders to review and comment on the materials that will be publically available, including a mock report, given the relevance that these materials will have to future development of other measures.

The following materials will be available on the MACRA page on October 16:
• Draft Cost Measure Methodology for each measure
• Draft Measure Code Lists file which contains the medical codes used in constructing each measure
• Mock field test report
• Fact Sheet with an overview of field testing
• Frequently Asked Questions document
ii. Feedback Survey
All stakeholders, including those who have taken part in the Clinical Subcommittees during measure
development, will be able to provide feedback through an online
survey: https://www.surveymonkey.com/r/macra-cost-measures-field-testing. This survey will open
on October 16, 2017 and close at midnight on November 15, 2017. All feedback questions in the
survey will be optional, so you may answer as many or as few questions as you would like. The survey
will also have an option to attach a PDF or Word document in addition to or instead of completing the
questions. The link to the survey, which does not require a login, will also be included in the field test
reports and supplemental documentation so that you will be able to easily navigate to it from the
documents you review. We will take your comments into consideration for potential measure
refinement and future measure development activities.

National Provider Calls
In conjunction with field testing activities, National Provider Calls will be held on the dates below. The
same content will be covered for both calls. Please click on the links below to register:

- Monday, October 30 at 12-1:30 PM ET
- Thursday, November 2 at 3:30-5 PM ET

Contacts
These calls will provide information on field testing and include a Q&A session. If you have any
questions, please contact QPPCostMeasureTesting@ketchum.com.