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Welcome!

This month's newsletter provides an overview of the episode-based cost measures and field testing as well as recent updates to electronic clinical quality measure (eCQM) code systems. Every edition includes links to the CMS Blueprint (the version in use at the time of publication), as well as a calendar of upcoming events and opportunities.

We hope you find this newsletter useful and we welcome any feedback or suggestions to make it even better. Please send comments or suggestions for future newsletters to MMSSupport@battelle.org.

Measure Type Series

Episode-Based Cost Measures and Field Testing: An Overview

The Quality Payment Program, established under the Medicare Access and Children's Health Insurance Program (CHIP) Reauthorization Act of 2015 (MACRA), rewards the delivery of high-quality patient care through Advanced Alternative Payment Models and the Merit-based Incentive Payment System (MIPS). The Centers for Medicare and Medicaid Services (CMS) contracted with Acumen, LLC to develop episode-based cost measures before consideration of their potential use in the cost performance category of the MIPS program.

What are Episode-Based Cost Measures?

Episode-based cost measures represent the cost to Medicare for the items and services furnished to a patient during each episode. These measures are built using episode groups and episodes. An episode group represents a clinically cohesive set of medical services

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provided to treat a given condition. Knee Arthroplasty is an example of an episode group. Episode groups combine items and services involved in the care for a defined patient cohort so that the total cost of care may be assessed. These include items and services that are directly related to treatment, such as treatment services and diagnostic services, and also include services following the initial treatment period that may be provided as follow-up care or to treat complications. An episode, on the other hand, is a specific instance of an episode group for a given patient and clinician. For example, a clinician might be attributed 20 episodes, which in this case would be the procedure itself, from the knee arthroplasty episode group in a given year.

Episode-based cost measures assess the cost of care across all episodes in an episode group. Cost measures aim to inform clinicians on the cost of their patient's care for which they are responsible during the timeframe specified by the episode and provide them with actionable information regarding their performance.

Field Testing of the Episode-Based Cost Measures

CMS and Acumen developed preliminary specifications for eight episode-based cost measures with extensive stakeholder input through a technical expert panel, Clinical Subcommittees, a person and family committee, and public comment periods. Stakeholder involvement in this process is critical to ensure the development of meaningful and actionable measures. In particular, seven Clinical Subcommittees, composed of nearly 150 clinicians affiliated with almost 100 professional societies, selected which episode groups to develop and provided detailed input on the measure specifications, including the episode triggers and sub-groups, episode window length, and service assignment rules, during meetings convened between May to August 2017.

The eight cost measures under development are now being field tested. The field test is an opportunity for clinicians to review their measure performance and provide feedback on the specifications and report template. During the field test, clinicians and clinician groups who are attributed episodes may view a confidential report containing metrics aimed to inform them of their performance, including a breakdown of their scores into categories representing clinically important sources of episode costs. For example, for the knee arthroplasty measure, one category is *wound care and infections*.

Additionally, stakeholders are able to view a mock report and supplemental documentation that are publicly posted on the MACRA Page, under the "Episode-based cost measures" section. Stakeholders can provide feedback through an online survey, which will be open until November 15. CMS encourages all stakeholders to review these materials and provide feedback. CMS's goal is to develop clinically appropriate and transparent measures that provide

actionable information to clinicians. Any comments received during this period will be considered for potential measure refinement and future measure development in this project.

For additional information regarding field testing, please refer to the fact sheet or FAQs document. If you have any questions, please contact QPPCostMeasureTesting@ketchum.com.

Recent Updates to Electronic Clinical Quality Measure (eCQM) Code Systems

Each year, the Centers for Medicare & Medicaid Services (CMS) makes updates to the electronic Clinical Quality Measures (eCQMs) adopted for submission in CMS programs. CMS requires all quality programs using eCQMs to ensure the eCQMs are up to date using updated codes, logic corrections, and clarifications. In September 2017, CMS published two addendums to electronic clinical quality measures (eCQMs).

The addendum published September 15, 2017 affects the eCQM annual update specifications published in April 2016. The addendum updated the eCQM value sets, technical release notes and the binding parameter specification for the 4th Quarter 2017 reporting period for Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs). These changes affect reporting of eCQMs for:
- Hospital Inpatient Quality Reporting (IQR)
- Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs for EHs and CAHs.

All changes to the 2017 4th Quarter Reporting Period eCQM value sets are available through the National Library of Medicine's Value Set Authority Center (VSAC). The VSAC provides downloadable access to all official versions of vocabulary value sets contained in the CMS eCQMs. Each value set consists of the numerical values (codes) and human-readable names (terms) which are used to define clinical concepts used in clinical quality measures (e.g., patients with diabetes, clinical visit). The value sets are available as a complete set, as well as value sets per measure. The value sets changes were based on updates to:

- International Classification of Diseases, 10th Revision – Clinical Modification and Procedure Coding System (ICD-10-CM/PCS)
- Logical Observation Identifiers Names and Codes (LOINC)
- RxNorm - standard clinical drug vocabulary produced by the National Library of Medicine
- Systematized Nomenclature of Medicine-- Clinical Terms (SNOMED CT®)

The second addendum, published September 29, 2017, affects the eCQM annual update specifications published in May 2017. The addendum updated the eCQM value sets, technical release notes, and the binding parameter specification for the 2018 Reporting period for Eligible Hospitals and Critical Access Hospitals (CAHs) and the Performance period for Eligible Professionals (EPs) and Eligible Clinicians. These changes affect reporting of eCQMs for:

- Quality Payment Program: Merit-based Incentive Payment System (MIPS) and Alternative Payment Models (APM)
- Hospital IQR
- Medicaid EHR Incentive Program for EPs
- Medicare and Medicaid EHR Incentive Programs for Eligible Hospitals and CAHs

All changes to the 2018 Reporting/Performance Period eCQM value sets are available through the National Library of Medicine's Value Set Authority Center (VSAC). The value sets are available as a complete set, as well as value sets per measure. These value sets were revised based on updates to:

- ICD-10-CM/PCS
- LOINC
- RxNorm
- SNOMED CT®
- Current Procedural Terminology (CPT)
- Vaccine Administered (CVX)
- Healthcare Common Procedure Coding System (HCPCS)

No changes have been made to the measure logic, the Health Quality Measure Format (HQMF) specifications, the value set object identifiers (OIDs), and the measure version numbers for 2017 or 2018 eCQM reporting.

Measure implementers should review these changes to ensure their submissions comply with the updated requirements. Information on both addenda is available on the eCQI Resource Center. To learn more about eCQMs, see the February 2017 edition of the MMS newsletter.

Spotlight:

Call for Public Comment

Project Title: Electronic Clinical Quality Measures Development and Maintenance for Eligible Professionals (EP eCQM). Task: Testing an electronically specified clinical quality measure, Changes in Patient-Reported Outcomes following Non-Emergent Percutaneous Coronary Intervention

The Centers for Medicare & Medicaid Services (CMS) has contracted with Mathematica Policy Research and its partners, including the Lewin Group, to develop new electronic clinical quality measures for potential use by eligible clinicians in quality payment programs. At this time, CMS is requesting feedback on the following measure: Changes in Patient-Reported Outcomes following Non-Emergent Percutaneous Coronary Intervention. The call for public comment period is scheduled to open on October 31, 2017 and close on November 29, 2017. For more information, commenting instructions, and measure-specific materials, please visit the CMS Quality Measures Public Comment Page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/PC-Currently-Accepting-Comments.html.

Upcoming Events

All times shown are Eastern Time zone

- Sepsis Efforts at Bellevue Hospital and SEP-1 Early Management Bundle, Severe Sepsis/Septic Shock: v5.0b through v5.2a Analysis Results webinar on November 14, 2017 at 2:00 – 3:00 PM
  - Register for the event here

- Skilled Nursing Facility Value-Based Purchasing Program FY 2018 Final Rule Call on November 16, 2017 at 1:30 – 3:00 PM
  - Register for the event here

- PCHQR Program Hospital Compare and PCH Data webinar on November 16, 2017 at 2:00 – 3:00 PM
  - Register for the event here

- Quality Payment Program Year 2 Final Rule Call on November 30, 2017 at 1:30 – 3:00 PM
  - Register for the event here

Upcoming Opportunities

Opportunities for Public Comment on quality measures

- Electronic Clinical Quality Measure (eCQM) Development and Maintenance for Eligible Professionals (EP eCQM)
  - The call for public comment period opens on October 31, 2017, and closes on November 29, 2017.

- Development, Implementation, and Maintenance of Quality Measures for the Programs of All-Inclusive Care for the Elderly (PACE) – Stream 2
  - The Call for Public Comment period opens on October 30, 2017 and closes on November 30, 2017.

- Development, Implementation, and Maintenance of Quality Measures for the Programs of All-Inclusive Care for the Elderly (PACE) – Stream 3
  - The Call for Public Comment period opens on November 15, 2017 and closes on December 15, 2017.

Opportunities for Technical Expert Panels on quality measures

- Quality Payment Program (QPP) Merit-based Incentive Payment System (MIPS) Quality Measure #335 Elective Delivery or Early Induction without Medical Indication at $\geq$ 37 and < 39 Weeks (Overuse). QPP MIPS Quality Measure #336 Maternity Care: Post-Partum Follow-Up and Care Coordination. QPP MIPS Quality Measure #448 Appropriate Workup Prior to Endometrial Ablation
  - The TEP nomination period opens on November 14, 2017 and closes on November 28, 2017.

  Please check the CMS Quality Measures Call for TEP Web Page for current TEP membership lists and meeting summaries.

New to the listserv or missed a month? Find all our announcements as well as printer-friendly versions of past newsletters [here](.).

Please send comments and suggestions to MMSSupport@battelle.org.

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