

2022 Pre-Rulemaking Kickoff

Measures Under Consideration Overview



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Housekeeping

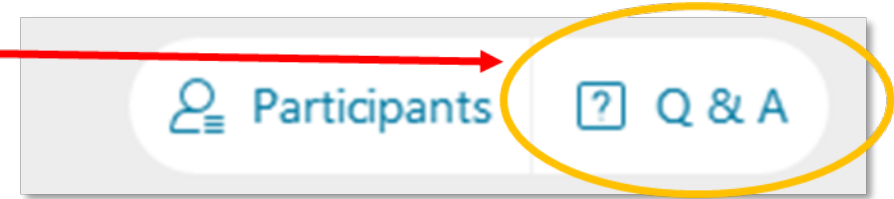
- All audio lines will be muted during the presentation.
- The meeting is being recorded and will be uploaded to the CMS website for future viewing.
- Questions will be addressed later in the presentation.

Want to Ask a Question?

Webex Q&A Panel

Open the Webex Q&A panel

- Select the question mark icon if the Q&A panel is not in view



1. Select **All Panelists** in the **Ask** field
2. Type your question in the space below
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Agenda

- **Pre-Rulemaking Process**
- **CMS MERIT**
 - Description of features
 - Guidance on completing required fields
- **Pre-Rulemaking Resources**
 - Tour of pre-rulemaking website
- **Questions and Answers**



Overview of Pre-Rulemaking

Pre-Rulemaking

- Statutory Reference
 - Section 3014 of the Patient Protection and Affordable Care Act
 - Section 1890 and 1890A of the Social Security Act
- Pre-Rulemaking Steps

1

CMS annually publishes
the Measures Under
Consideration (MUC) List
by December 1

2

Multi-stakeholder review of
MUC List measures

3

Input to the Secretary
annually by February 1

Caveats



Measures in current use do not need to go on the Measures Under Consideration List again

- Exceptions:
 - Measures being expanded into other CMS program(s)
 - Measures undergoing substantive changes



CMS will accept submissions of measures that were submitted but not accepted for a prior MUC List by any CMS program



Measure specifications may change over time. If your measure has substantively changed, you may submit it again for consideration

Pre-Rulemaking Process – Medicare Programs

The pre-rulemaking process applies to certain programs and measures.

Medicare Programs

Ambulatory Surgical Center Quality Reporting

End-Stage Renal Disease Quality Incentive

Home Health Quality Reporting

Hospice Quality Reporting

Hospital-Acquired Condition Reduction

Hospital Inpatient Quality Reporting

Hospital Outpatient Quality Reporting

Hospital Readmissions Reduction

Hospital Value-Based Purchasing

Inpatient Psychiatric Facility Quality Reporting

Medicare Programs continued

Inpatient Rehabilitation Facility Quality Reporting

Long-Term Care Hospital Quality Reporting

Medicare and Medicaid Promoting Interoperability Program
for Eligible Hospitals and Critical Access Hospitals (CAHs)

Medicare Shared Savings

Merit-based Incentive Payment System

Part C and D Star Rating

Prospective Payment System-Exempt
Cancer Hospital Quality Reporting

Skilled Nursing Facility Quality Reporting

Skilled Nursing Facility Value-Based Purchasing

Pre-Rulemaking Process

Measure selection considerations:

- Does the submission align with the quality priorities?
- Is the submission a digital measure? Or an outcome measure?
- Is the candidate measure fulfilling a Meaningful Measure domain gap for this program?
- Does the measure improve upon or enhance any existing measures in the public or private sector? If so, could the original measure be removed?
- Is the measure evidence-based, fully developed, and tested?
- Would the measure be burdensome to operationalize?
- Is the measure endorsed by a consensus-based entity?

Fully Developed Measure Definition

Fully Developed Measure Criteria:

1. Patient/encounter-level testing for each critical data element has been completed and no changes to specifications are needed
2. Reliability testing at the accountable entity level has been completed and no changes to specifications are needed
3. Empiric validity testing at the accountable entity level has been completed and no changes to specifications are needed
 - Completion of face validity testing as the sole type of validity testing does not meet the criteria for Fully Developed. However, face validity will be accepted on a temporary basis for new measures only.

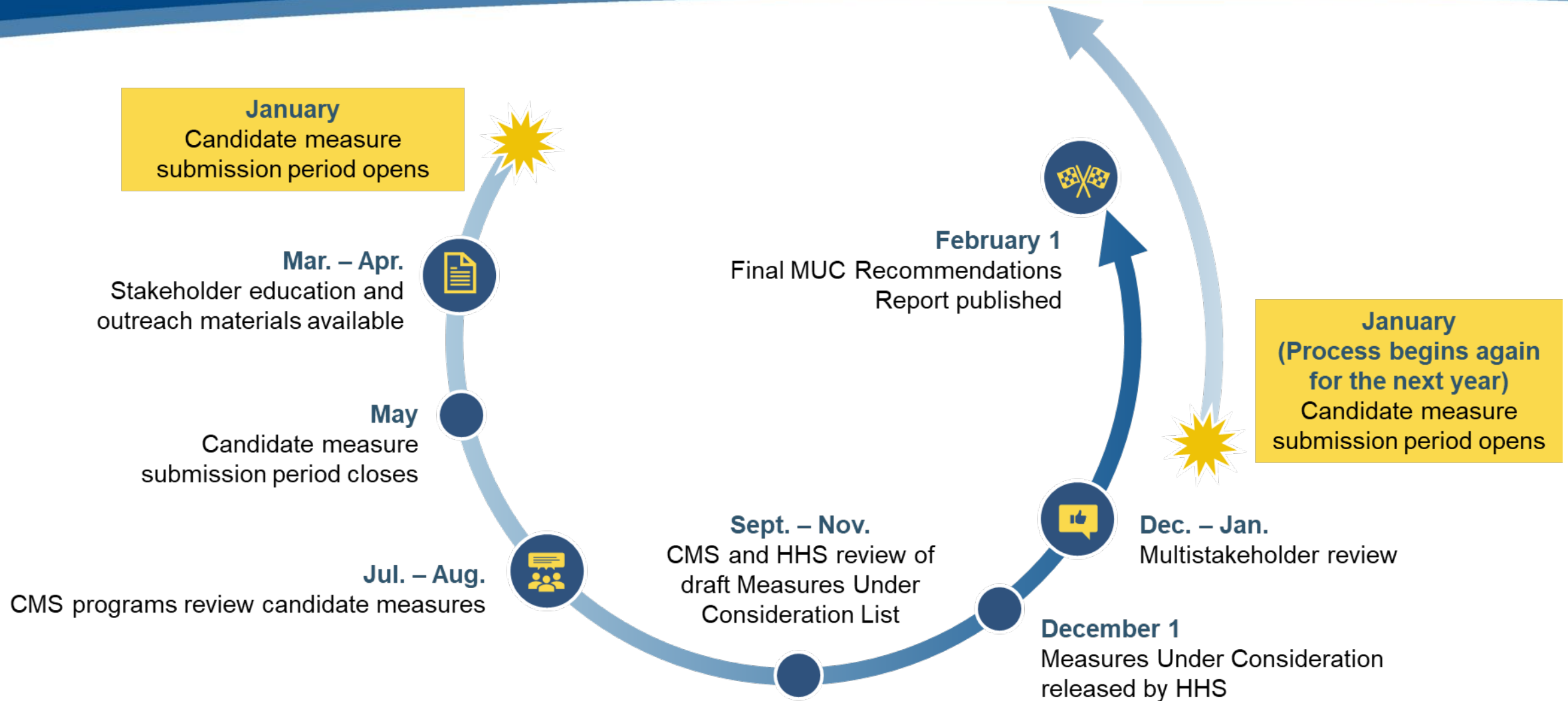
Additionally, for measures based on survey data or patient-reported tools:

4. The survey or tool has been tested and no changes to the instrument are needed based on the results

CMS Program Needs and Priorities

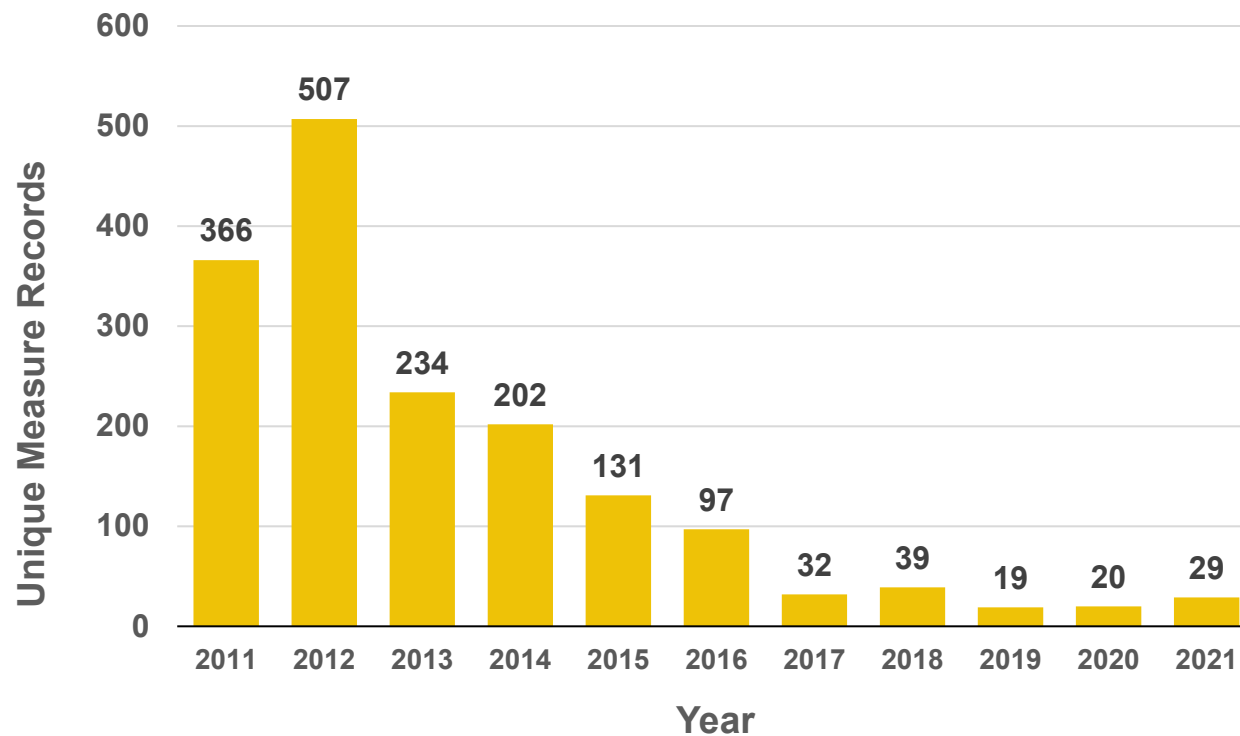
- **2022 Needs and Priorities are posted to the [CMS Pre-Rulemaking Website](#)**
- **The summary for each program contains the following information:**
 - Program history and structure
 - Information about number and type of current measures
 - High priorities for future measure consideration
 - Program-specific measure requirements

Recursive & Overlapping Measure Implementation Process



Measures Under Consideration List Trends

Measures Under Consideration by Year



- A complete repository of historical Lists and Reports is located at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>

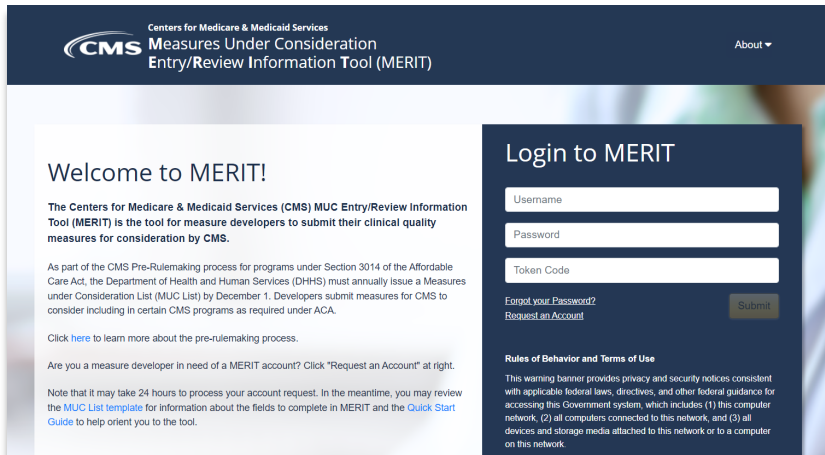
Reflections from 2021

- Successful launch of CMS MERIT in 2021
- Slight uptick in candidate measures accepted to MUC List in 2021; potentially reflective of a backlog due to COVID-19 challenges
- Continued emphasis on testing results in measure evaluation
- Continued focus on CMS measure priorities (e.g., more outcome measures, patient reported outcomes, digital measures)



CMS MERIT

Measure Submissions



- The Centers for Medicare & Medicaid Services (CMS) MUC Entry/Review Information Tool ([CMS MERIT](#)) is the tool for measure developers to submit their clinical quality and efficiency measures for consideration by CMS.
- CMS MERIT is also used for facilitating searches of measures from the current and previous years and structuring the workflow for CMS review of measures submitted to the MUC List.
- CMS MERIT opened on January 28 for the 2022 cycle and is **open for submissions until 8pm ET on May 20.**

CMS MERIT Features

CMS MERIT offers several features that have improved the MUC List entry and review process



Automatic completeness checks

CMS MERIT checks for required measure information



Save submissions and return later

Submitters can save and return later to complete measure information



Review process tracking

Submitters and reviewers can track progress






Easy-to-navigate interface

Incorporates human-centered design principles

New Features for 2022

**Additional
functionality
added this year:**

-  **Click and open field-level guidance**
-  **Ability to “clone” from previous measure submission**
-  **Simplified method for adding co-submitters**


Required Data Fields

- Refinements for 2022:
 - Continued support for CMS in addressing the U.S. Government Accountability Office recommendation relative to systematic measures assessment aligned with CMS quality objectives
 - Additional guidance clarifies measure development and submission requirements
 - Reorganized structure improves flow
 - Discrete data fields standardize and streamline the collection of measure data

Required Data Fields: Testing Example

- For example, scientific acceptability testing sections have been restructured
 - Reliability and validity data fields are now organized by measure score (accountable entity) level vs. data element (patient/encounter) level testing
- Discrete fields are provided to collect measure testing results
 - If multiple results are available, follow the guidance to determine which result to report
 - Additional results can be provided in an attachment per the guidance as needed
 - For MIPS submissions, provide individual clinician-level results. If the measure was also tested at the clinician group level, you may include those results in an attachment

Required Data Fields: Testing Example



Centers for Medicare & Medicaid Services

Measures Under Consideration Entry/Review Information Tool (MERIT)

Accountable Entity Level (Measure Score Level) Testing

Reliability * ☒ Yes ☐ No
[View Definition](#)

Reliability: Type of analysis * ☒ Signal-to-Noise ☐ Random Split-Half Correlation ☐ Other (enter here)
[View Definition](#)

Signal-to-Noise: Name of statistic *
[View Definition](#)

Signal-to-Noise: Sample size *
[View Definition](#)

Signal-to-Noise: Statistical result *
[View Definition](#)

Signal-to-Noise: Interpretation of results *
[View Definition](#)

CMS MERIT Support



Quick Start Guide and
**MS Word template of
measure guidance** are
available for download
on log in page



**CMS MERIT Tips &
Tricks Session**
April 21
2:00 PM Eastern

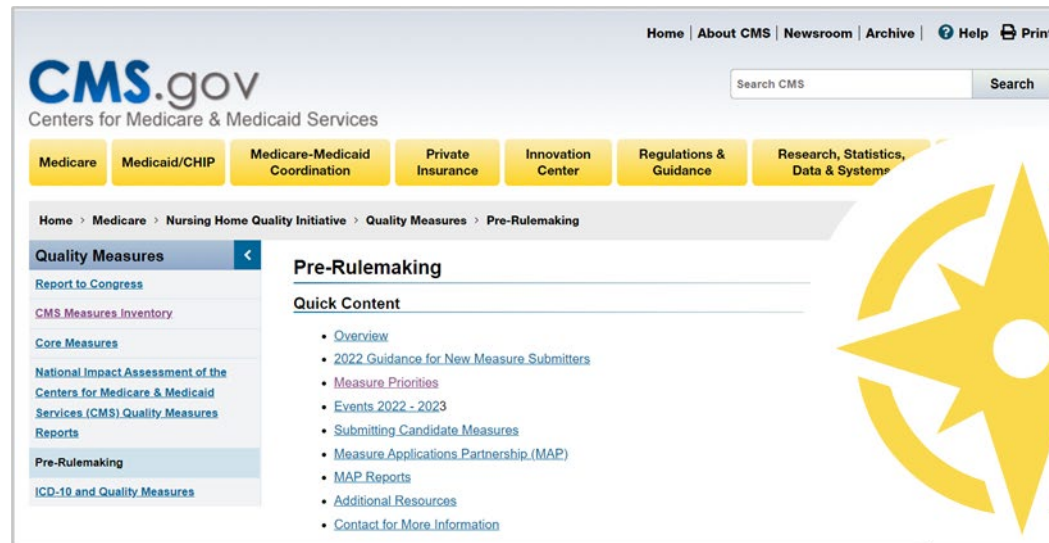


Contact MMSSupport@battelle.org
for CMS MERIT questions

Pre-Rulemaking Resources

Tour of Pre-Rulemaking Website

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>



Questions?

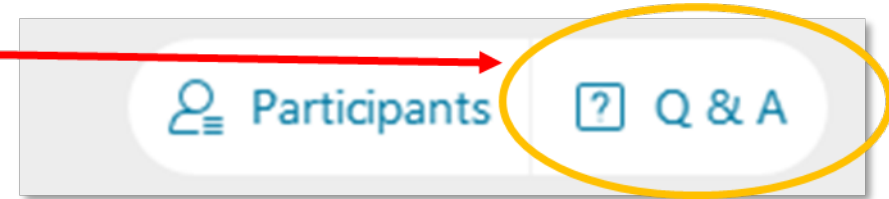


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Poll

We want your feedback!
Please complete the
WebEx poll to let us know
how were doing.



Contacts for Pre-Rulemaking

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