

# Navigating Measure Implementation

Turning Data into Actionable Results

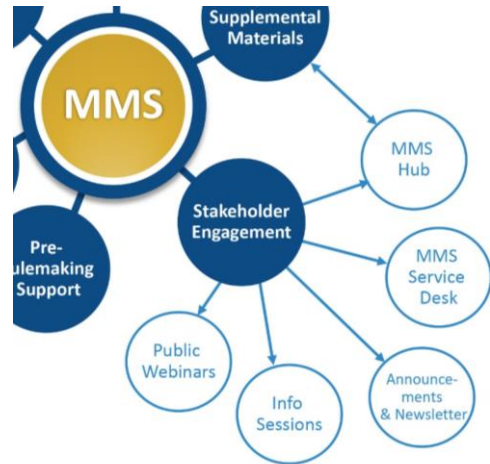


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# Welcome

The purpose of CMS's Measures Management System (MMS) Information Sessions are to

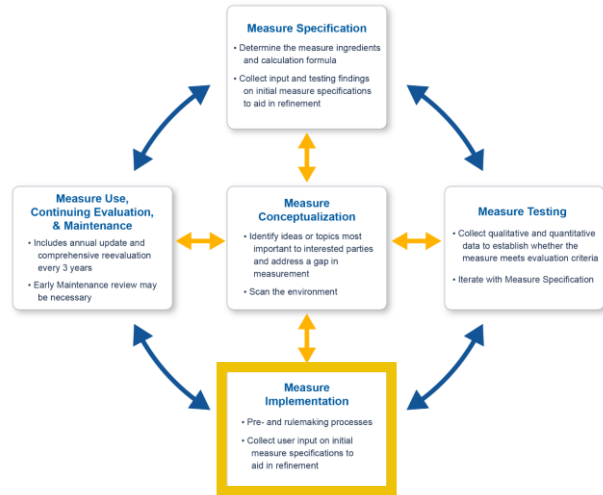
- educate about quality measurement
- promote a standard approach to measure development and maintenance
- encourage public involvement throughout the Measure Lifecycle



# Presentation Objectives

- Define measure implementation
- Discuss factors impacting implementation
- Explore the rulemaking vs non-rulemaking measure selection process
- Provide an overview of the various implementation pathways
- Discuss measure rollout and a real-world example of dry runs

# Measure Implementation



3

<https://mmshub.cms.gov/measure-lifecycle/measure-implementation/overview>



## What is Measure Implementation?

# What is Measure Implementation?

- Quality measure implementation includes all activities associated with progressing a measure from the development state into an active, in-use state, including consensus endorsement, measure selection, and measure rollout processes.
- Measure implementation is the time to begin collecting user input on initial measure specification to aid in any refinements.

# Factors Impacting Implementation

Implementation processes for measures can vary from one measure set to another depending on several factors. For example

- Scope of measure implementation
- Measured entity
- Data collection process
- Ultimate use of the measure (e.g., quality improvement, public reporting, pay-for-reporting, value-based purchasing)
- Program into which the measure is adopted

6

The scope of measure implementation could entail a measure of measure set being:

1. Implemented in a new program
2. Added as a new measure or measure set for an existing program
3. Put forth for CMS consensus-based entity (CBE) endorsement.



# Measure Selection Process



# Candidate Measure Identification

- Identify measure gaps and priorities
- Search CMS Measures Inventory Tool (CMIT) and Partnership for Quality Measurement (PQM) Submission Tool and Repository (STAR) Measure Database for existing measures
- Call for measures
  - Pre-rulemaking and rulemaking
  - Programs not required to use pre- and rulemaking processes, e.g., Center for Medicare and Medicaid Innovation measures, Quality Rating System (Marketplace)

# CMS Measure Selection Criteria<sup>1</sup>

- Does the candidate measure align with the quality priorities?
- Is the candidate measure a digital measure? An outcome measure? Patient-reported?
- Is the candidate measure fulfilling a Meaningful Measure domain gap for this program?
- Does the candidate measure address a performance gap?
- Does the candidate measure identify opportunities for improvement?

<sup>1</sup> Specific programs may have additional criteria, e.g., Qualified Clinical Data Registries (QCDRs)

9

We use Meaningful Measures both to evaluate measures in CMS programs, but also to categorize measures and note gaps where new measures are needed.

# CMS Measure Selection Criteria<sup>1</sup>

- Does the candidate measure improve upon or enhance any existing measures in the public or private sector? If so, could the existing measure be removed?
- Is the measure evidence-based, fully developed, and tested?
- Would the measure be burdensome to operationalize or result in other negative unintended consequences?
- Is the measure endorsed by the CMS consensus-based entity?

<sup>1</sup> Specific programs may have additional criteria, e.g., QCDRs

# Fully Developed Measure Definition

The measure developer has completed

- Person/encounter-level testing, when appropriate, for each critical data element and the specifications do not need changes based on the results
- Reliability testing, when appropriate, at the accountable entity level and the specifications do not need changes based on the results
- Empiric validity testing at the accountable entity level, when appropriate, and the specifications do not need changes based on the results
  - 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

- The measure developer tested the survey or tool and the instrument does not require changes based on the results

# Implementation Pathways

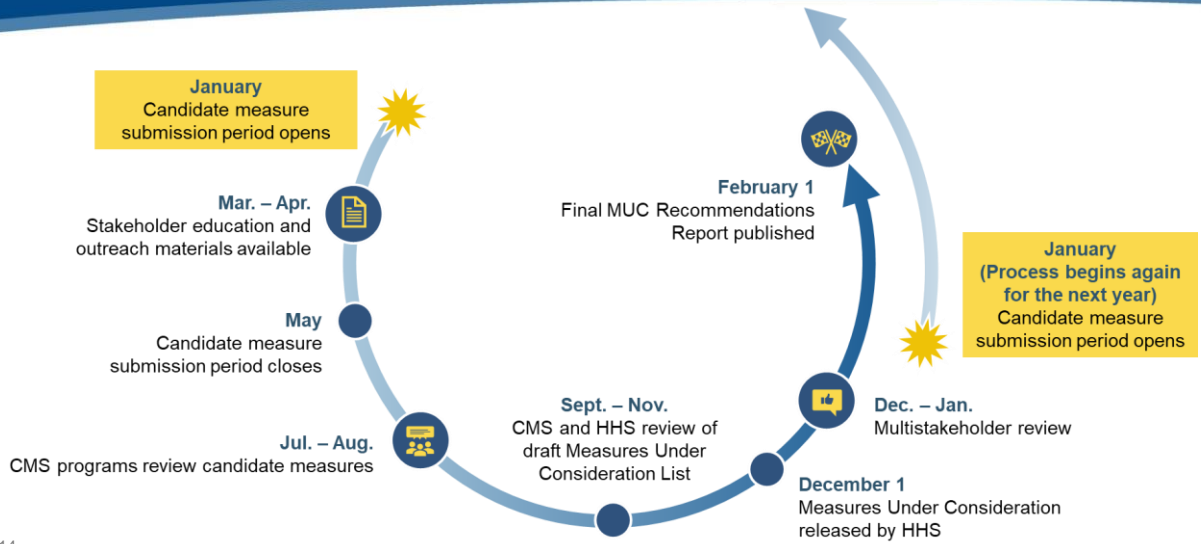
- Not all programs follow the same processes for selection and implementation.
- Depending on the program, measures will go through one of these processes:
  - Pre-Rulemaking and Rulemaking
  - Call Letters (e.g., Health Insurance Marketplace Quality Initiatives)
  - Medicaid measure selection
  - Qualified Clinical Data Registry (QCDR) Process



# Pre-Rulemaking and Rulemaking Process

13

# Recursive & Overlapping Measure Implementation Process



# Pre-Rulemaking Process – Medicare Programs

The pre-rulemaking process applies to certain Medicare programs

Quality Programs	Quality Programs continued
Ambulatory Surgical Center Quality Reporting	Inpatient Rehabilitation Facility Quality Reporting
End-Stage Renal Disease Quality Incentive	Long-Term Care Hospital Quality Reporting
Home Health Quality Reporting	Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs)
Hospice Quality Reporting	Medicare Shared Savings
Hospital-Acquired Condition Reduction	Merit-based Incentive Payment System
Hospital Inpatient Quality Reporting	Part C and D Star Rating
Hospital Outpatient Quality Reporting	Prospective Payment System-Exempt
Hospital Readmissions Reduction	Cancer Hospital Quality Reporting
Hospital Value-Based Purchasing	Rural Emergency Hospital Quality Reporting Program
Inpatient Psychiatric Facility Quality Reporting	Skilled Nursing Facility Quality Reporting
	Skilled Nursing Facility Value-Based Purchasing

15

Not all CMS programs go through the pre-rulemaking cycle; *only* these 19 listed here, which are all Medicare quality programs. For more information on the programs that participate in rulemaking, go to the MUC List Program-Specific Measures Needs and Priorities:  
<https://mmshub.cms.gov/sites/default/files/2023-MUC-List-Program-Specific-Measure-Needs-and-Priorities.pdf>

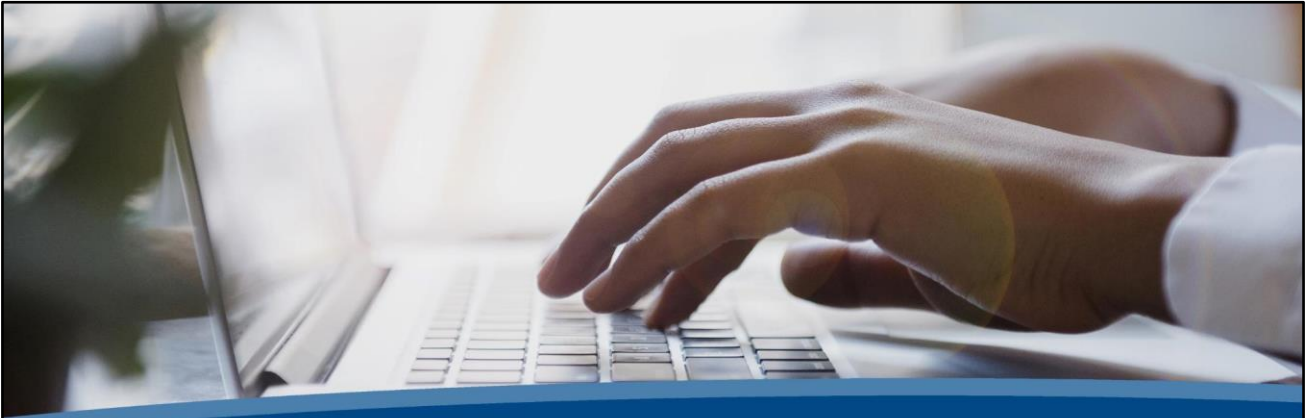


# Rulemaking Process

After CMS completes the pre-rulemaking process and selects measures to propose in rulemaking, the next steps in the cycle are

- **Proposed rules:** the selected candidate measures added to the proposed rules and published in the Federal Register. A proposed rule is generally available for public comment for 60 days.
- **Final rules:** CMS considers the comments received, determines whether to finalize selection of the candidate measures, and publishes the measure determination in the final rules in the Federal Register.

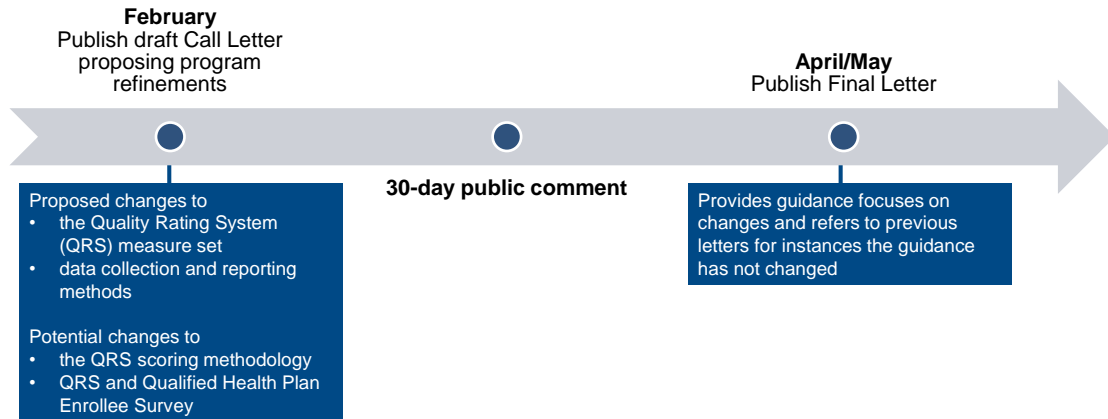
\*CMS treats existing measures that undergo substantive changes as new measures.



# **Call Letters, Medicaid/CHIP Informational Bulletin, and QCDR Process Overview**

# Non-Pre-Rulemaking Example

## Health Insurance Marketplace Example



18

7/26/2023

### Health Insurance Marketplace Example

Exchanges fall under ACA section 1311(c)(1) – certification, (3) – rating system, and (4) – enrollee satisfaction system

In February, publishes a draft Call Letter proposing program refinements including

Proposed changes to the Quality Rating System (QRS) measure set

Proposed changes to data collection and reporting methods

Potential changes to the QRS scoring methodology

Potential refinements to QRS and Qualified Health Plan Enrollee Survey

Interested parties encouraged to submit comments

30-day comment period

In April/May, publishes Final Letter

Provides guidance focuses on changes and refers to previous letters for instances the guidance has not changed

CMS publishes the Call Letters on the MQI website and notifications through their email list and other communication channels such as CCIIO (Center for Consumer Information and Insurance Oversight) webinars and newsletters.

# Non-Pre-Rulemaking Example

- Health Insurance Marketplace Example (cont)
  - In March, publish call for public comment on proposed changes the QHP Enrollee Experience Survey in the Federal Register
  - In March, publish next year's measure's technical specifications (e.g., March 2023 publish 2024 specifications)
  - In May, publish Quality Rating Information Bulletin

19

7/26/2023

FR notice - Paperwork Reduction Act requirement – Information Collection Request (ICR)

Renewal of and changes to the Office of Management and Budget clearance

60-day comment period

Quality Rating Information Bulletin – provides information on a variety of topics pertinent to the QRS.

# Medicaid and Children's Health Insurance Program (CHIP)

- Each state has its own measure selection and reporting processes
- Currently, state measure reporting to CMS is voluntary
- Mandatory reporting of the Child Core Set and Behavioral Health measures from the Adult Core Set beginning in 2024 – done via rulemaking process
- CMS publishes an annual Center for Medicaid and CHIP Services (CMCS) Informational Bulletin and updates to core set specifications
- CMS makes available Child, Adult, Maternity, Behavioral Health, and Home Health core measure sets
- CMS provides technical assistance for all core sets and analytic support for adult core set measures

# QCDRs and Qualified Registries

- QCDRs and qualified registries are usually specialty-based organization quality data repositories
- Uses rulemaking processes as part of the Physician Fee Schedule
- Introduced primarily as an option to reduce reporting burden, as many clinicians already reported to registries, and increase options for measure reporting for specialists
- Every year, CMS publishes a self-nomination toolkit for QCDRs and registries, includes
  - QCDR Self-Nomination Fact Sheet
  - Qualified Registries Self-Nomination Fact Sheet
  - QCDR and Qualified Registry Self-Nomination User Guide
  - QCDR Measure Development Handbook – processes and measure selection criteria
- QCDR /qualified registries available for Merit-based Incentive Payment System (MIPS)-eligible clinician measure reporting since payment year 2019

# QCDRs and Qualified Registries (cont)

Qualified Registries can only submit MIPS measures (except Consumer Assessment of Healthcare Providers and Systems [CAHPS] for MIPS Survey and QCDR measures), improvement activities, and promoting interoperability on behalf of MIPS-eligible clinicians

QCDRs can submit for MIPS-eligible clinicians

- MIPS quality measures
- Consensus-based entity endorsed measures
- QCDR measures developed by that QCDR – up to 30/year
- QCDR measures developed by other QCDRs with permission
- Subset of CAHPS for MIPS survey, but does not count as submitting CAHPS for MIPS survey
- Improvement activities
- Promoting interoperability



# Measure Rollout



# What is Measure Rollout?

Measure rollout occurs after the program adopts/finalizes a measure for use in a program. The rollout process may include collection of data for a dry run from all measured entities across the country and share calculated rates with the measured entities.

# Communication & Education

- When communicating and coordinating with all parties involved in the rollout, the measure developer must consider the timelines of other processes (for example, rulemaking, PQM projects, and quality alliances).
- The measure developer prepares and presents education for the end users on what is being measured and how to interpret the results. The measure developer also documents the results of any educational activities and assesses whether the activities were adequate to meet the needs of the end users of the measure.

## **Example**

The measure developer should report on the number of educational events, including the attendance at each

- Conference call and recordings of the calls
- Web-based presentation and recordings of the presentations
- Workshop at conferences or scientific society meetings
- Train-the-trainer event

25

# Dry Runs

CMS does not use dry run data for payment but may use dry run data as a baseline for future payment years.

If a dry run occurs, the measure developer ensures the rollout plan includes support for the measured entities to

- Improve the usability of the measure report to the measured entities in advance of implementation
- Identify and respond to questions and concerns about the measure
- Address issues with the report production process for process improvements prior to implementation

# Dry Runs

The measure developer documents the results from the dry run and assesses the measure's success in meeting the program's intentions for the dry run, such as

- Adequacy (specificity, accuracy) of the measure specifications
- Accuracy of the data collection method(s) by the measured entities
- Adequacy of CMS data receipt system
- Accuracy of the measure results calculation(s)
- Identification of unintended consequences, gaming, or misrepresentation (if any)
- Accuracy and adequacy of the measured entity reports (whether they are useful to the measured entities involved and whether the measure developer is to respond to questions and concerns)

# Dry Run Example

## Hospital Value-Based Purchasing (HVBP) Program

- ACA section 3001 – published January 5, 2010
  - Section (a)(1)- PROGRAM TO BEGIN IN FISCAL YEAR (FY) 2013.—The Program shall apply to payments for discharges occurring on or after October 1, 2012.
- 2011 IPPS proposed rule very briefly mentioned the HVBP Program
- Issued a proposed rule January 7, 2011, to implement the HVBP Program, final rule May 6, 2011
- Performed a dry run using April 1, 2008 – December 31, 2008, as the baseline period, and data from April 1, 2010 – December 31, 2010, as the hypothetical “performance” period
- Published Individualized HVBP “Dry Run” Reports February 28, 2012

### Finalized or required by ACA

- HVBP measures must come from those in use by the Hospital Inpatient Quality Reporting Program and published on Hospital Compare for at least 1 year
- Assess achievement and improvement by comparing baseline data with performance period data
- Budget-neutral adjustments to annual payment update, up to 2% + or – (CMS started with +/- 1%)
- Proposed and finalized 17 clinical process of care and Hospital CAHPS with a 3-quarter performance period beginning July 1, 2011 for FY 2013 payment period, baseline July 1, 2009 – March 31, 2010
- Complex scoring – achievement and improvement scores, thresholds, weighted domains

28

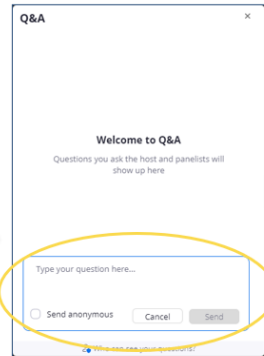
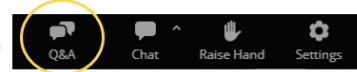
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CMS learned a lot from this Dry Run. Helped revise and streamline data and information flow and refine analytics.

# Questions

Open the Zoom Q&A function

- Type your **question** into the question box
- Press **send** to submit



# Resources and Links

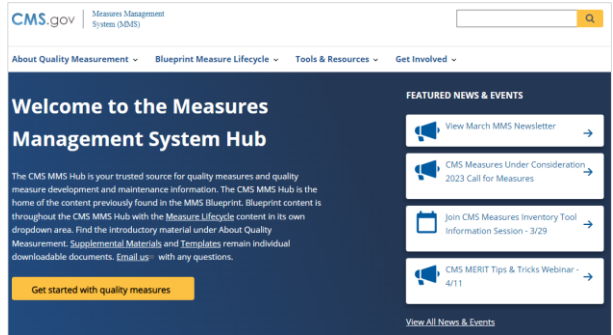
- [Patient Protection and Affordable Care Act](#)
- [CMS Measures Inventory Tool \(CMIT\)](#)
- [PQM Submission Tool and Repository \(STAR\)](#)
- [CMS MMS Hub](#)
- [Pre-Rulemaking](#)
- [Health Insurance Marketplace Quality Initiatives](#)
- [2023 Medicaid/CHIP Child, Adult, Maternity, Behavioral Health, and Home Health](#) core measure sets
- [CMCS Annual Core Set Review and Selection Processes](#)
- [2024 Self-Nomination Toolkit for QCDRs and Qualified Registries](#)

# For More Information

## CMS MMS Hub

Visit [mmshub.cms.gov](https://mmshub.cms.gov) for:

- Quality measurement resources,
- Latest MMS news and events
- Opportunities to get involved in quality measurement through public comments and participation in technical expert panels







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