# Pre-Rulemaking Measure Review (PRMR) 2023 Measures Under Consideration (MUC), Clinician Measures Listening Session

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December 14, 2023

Contract Number 75CMC230010

# Agenda

- Welcome and introduction

- Ground rules

- CMS opening remarks

- Overview of CMS programs; clinician workgroup

- Discussion of clinician committee measures by group

- Next steps and key timeline

# Housekeeping Reminders

- Housekeeping reminders:
  - The system will allow you to mute/unmute yourself and turn your video on/off throughout the event
  - Please raise your hand and unmute yourself when called on
  - Please lower your hand and mute yourself following your question/comment
  - Please state your first and last name if you are a call-in user
  - We encourage you to keep your video on throughout the event
  - Feel free to use the chat feature to communicate with Battelle staff
- If you are experiencing technical issues, please contact the project team via chat on the virtual platform or at PQMsupport@battelle.org
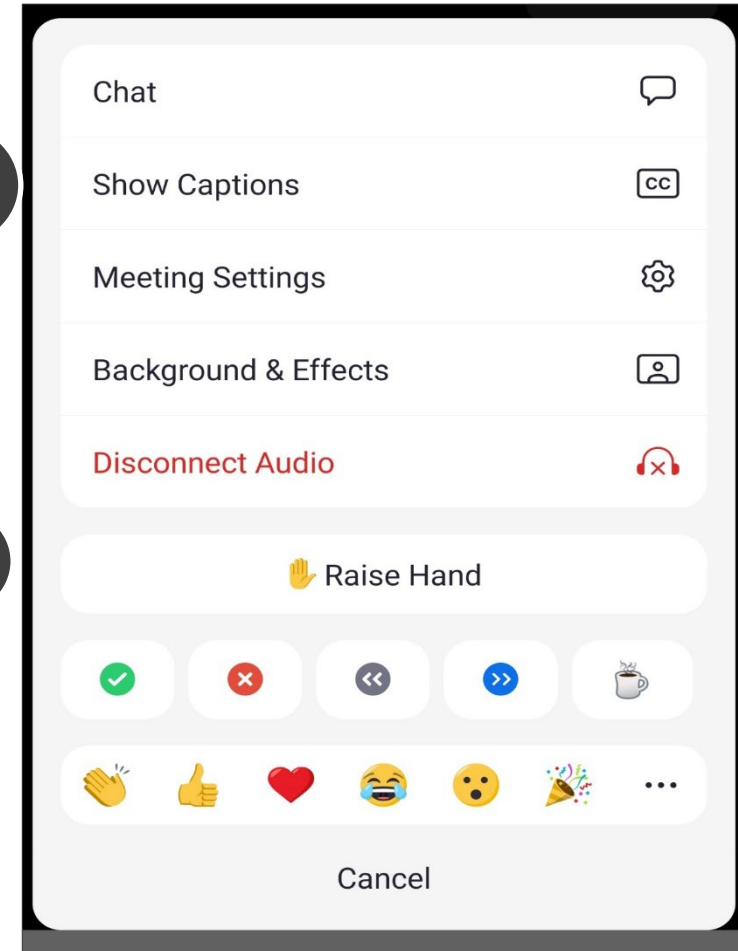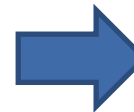
# Using the Zoom Platform
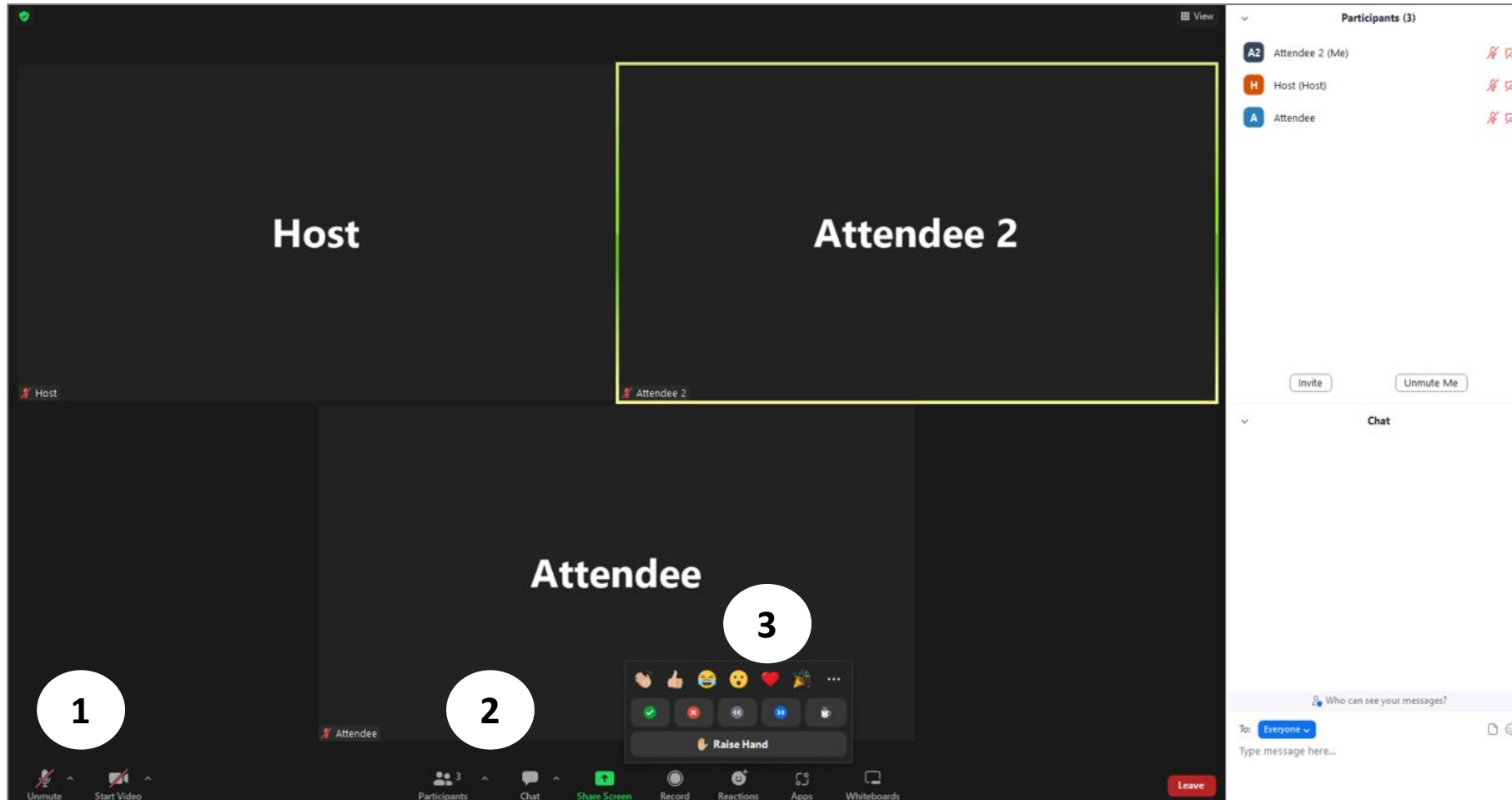


1. Click the lower part of your screen to mute/unmute, start, or pause video

2. Click on the participant or chat button to access the full participant list or the chat box

3. To raise your hand, select the raised hand function under the reactions tab

# Using the Zoom Platform (Phone View)
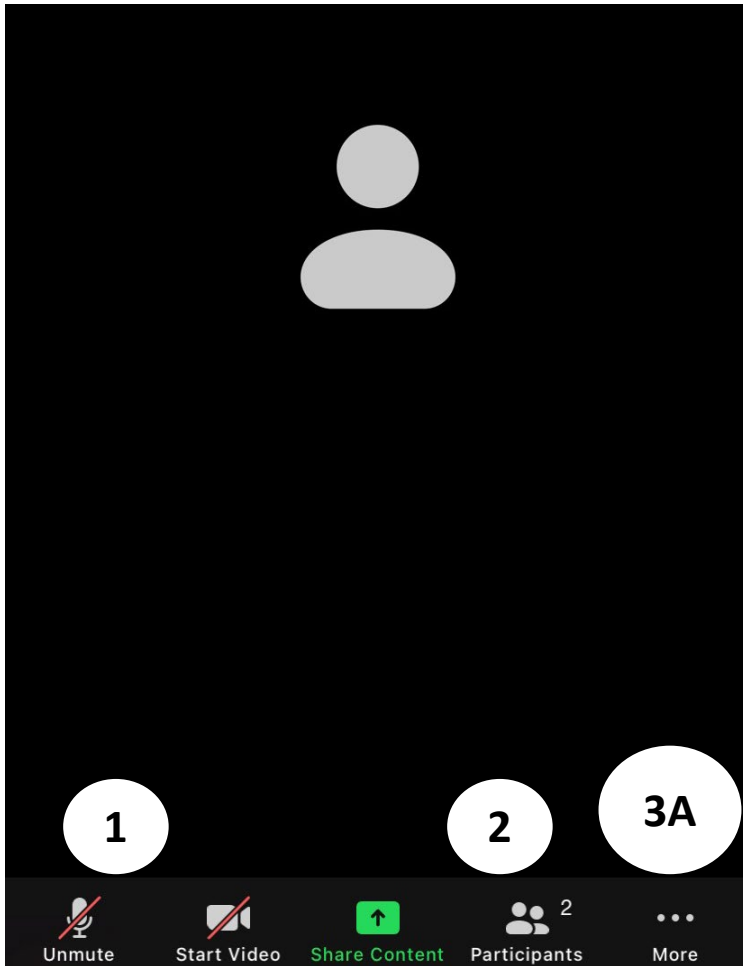
1. Click the lower part of your screen to mute/unmute, start or pause video

2. Click on the participant button to view the full participant list

3. Click on "more" button to (3A) view the chat box, (3B) show closed captions, or to (3C) raise your hand. To raise your hand, select the raised hand function under the reactions tab

**1** Unmute

**2** Start Video

Share Content

**2** Participants

**More**

**3A**

**3B**
- Chat
- Show Captions
- Meeting Settings
- Background & Effects
- Disconnect Audio

**3C**
- Raise Hand

Cancel

# Meeting Ground Rules

- Respect all voices

- Remain engaged and actively participate

- Keep your comments concise and focused

- Be respectful and allow others to contribute

- Share your experiences

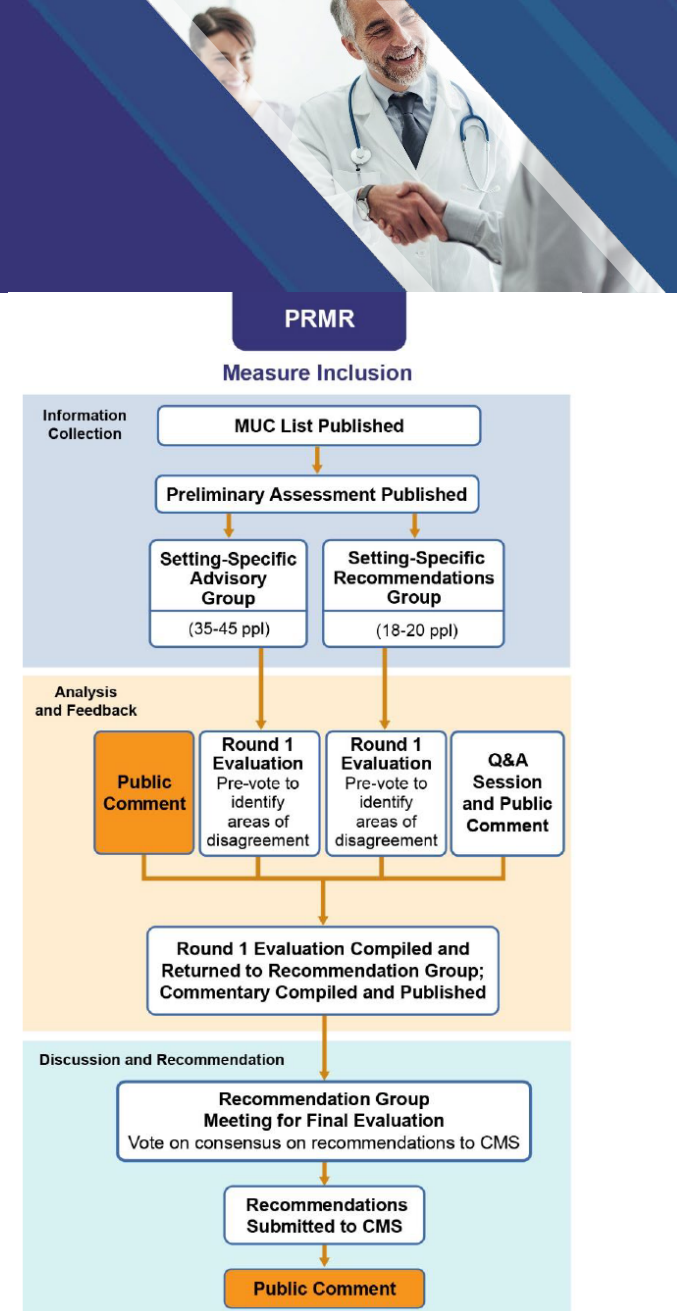- Learn from others

# PRMR Process

# PRMR Process

**The PRMR process builds consensus regarding MUC list measures as to whether they are appropriate for consideration for CMS quality reporting programs and value-based programs**

Three major phases:

1. Information collection
2. Analysis and feedback
3. Discussion and recommendation
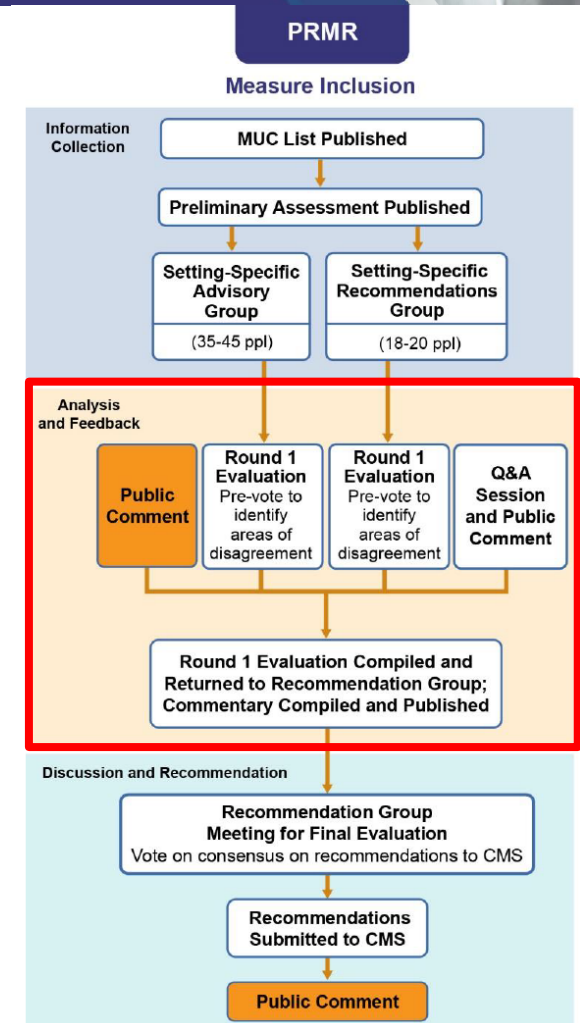
# PRMR Process: Analysis and Feedback

- ## Round One Evaluation

  - Advisory group and recommendation group members review PAs. They submit initial ratings on the measures with explanations.

  - Ratings are used to determine areas of non-consensus. This helps focus discussion during the recommendation group meeting.

- ## Public Comment and Listening Sessions

  - A 21-day call for public comment occurs with the MUC list release.

  - PQM will host three public listening sessions, one per setting, where CMS, Battelle staff, and measure developers/stewards address questions.

  - Comments received through the comment process and during listening sessions will be made publicly available on the PQM website.



PRMR
Measure Inclusion

Information Collection

MUC List Published

Preliminary Assessment Published

Setting-Specific Advisory Group (35-45 ppl)

Setting-Specific Recommendations Group (18-20 ppl)

Analysis and Feedback

Public Comment

Round 1 Evaluation Pre-vote to identify areas of disagreement

Round 1 Evaluation Pre-vote to identify areas of disagreement

Q&A Session and Public Comment

Round 1 Evaluation Compiled and Returned to Recommendation Group; Commentary Compiled and Published

Discussion and Recommendation

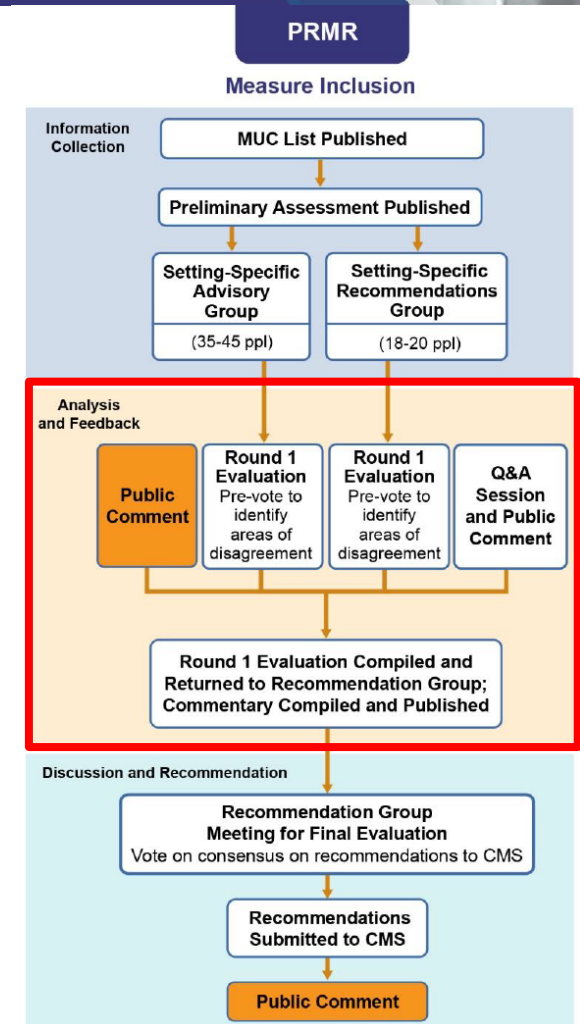Recommendation Group Meeting for Final Evaluation Vote on consensus on recommendations to CMS

Recommendations Submitted to CMS

Public Comment

- Information collected from the public comment process, listening sessions, and written feedback from PRMR groups is compiled and synthesized.

  - Round One Evaluations are used to identify areas of non-consensus. Areas of non-consensus are emphasized in the recommendation group meetings for final evaluation agenda.

  - Feedback from the advisory groups and recommendation groups, along with public comments, are provided to the recommendation groups to consider as they vote.
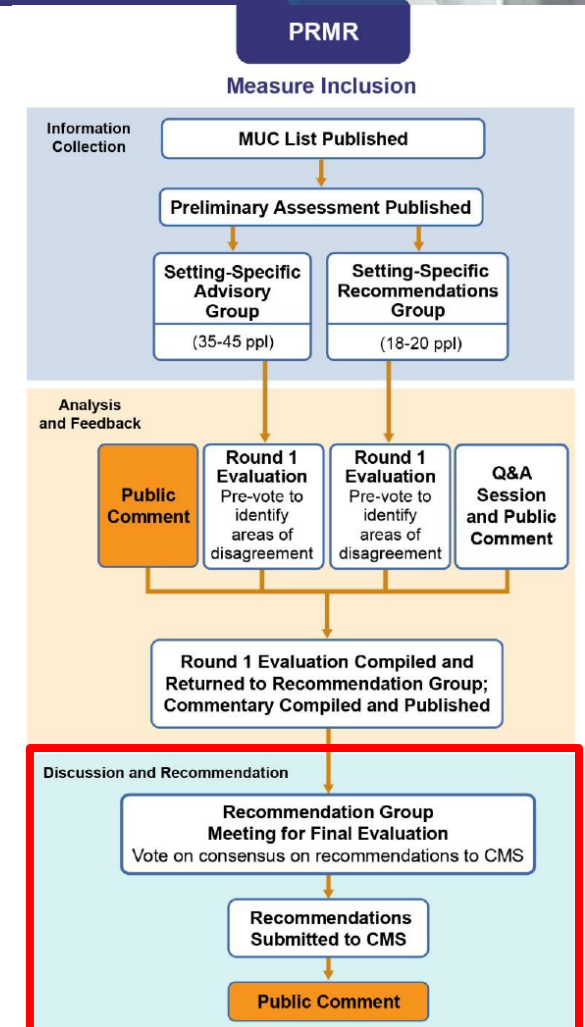
## Recommendation Group Meeting for Final Evaluation

- In January, the recommendation groups meet to discuss issues/concerns raised during the public comment period and feedback from the advisory groups.

- The meeting agenda prioritizes areas of non-consensus identified in the analysis and feedback phase.

- The recommendation group meetings for final evaluation involves:

  - An efficient iterative voting process to ensure a meaningful approach for making final recommendations

  - Trained facilitators and committee-selected lead discussants

- Recommendations from the meeting are submitted to CMS.

**PRMR**

**Measure Inclusion**

**Information Collection**
- MUC List Published
- Preliminary Assessment Published
- Setting-Specific Advisory Group (35-45 ppl)
- Setting-Specific Recommendations Group (18-20 ppl)

**Analysis and Feedback**
- Public Comment
- Round 1 Evaluation Pre-vote to identify areas of disagreement
- Round 1 Evaluation Pre-vote to identify areas of disagreement
- Q&A Session and Public Comment
- Round 1 Evaluation Compiled and Returned to Recommendation Group; Commentary Compiled and Published

**Discussion and Recommendation**
- Recommendation Group Meeting for Final Evaluation Vote on consensus on recommendations to CMS
- Recommendations Submitted to CMS
- Public Comment

# PRMR Process: Discussion and Recommendation (cont.)

- Final recommendations from the recommendation group will be published February 1 on the [PQM website](#).

- There is a 15-day second public comment period.

- The intent of this comment opportunity is to provide additional feedback on MUC and the final recommendations to CMS.
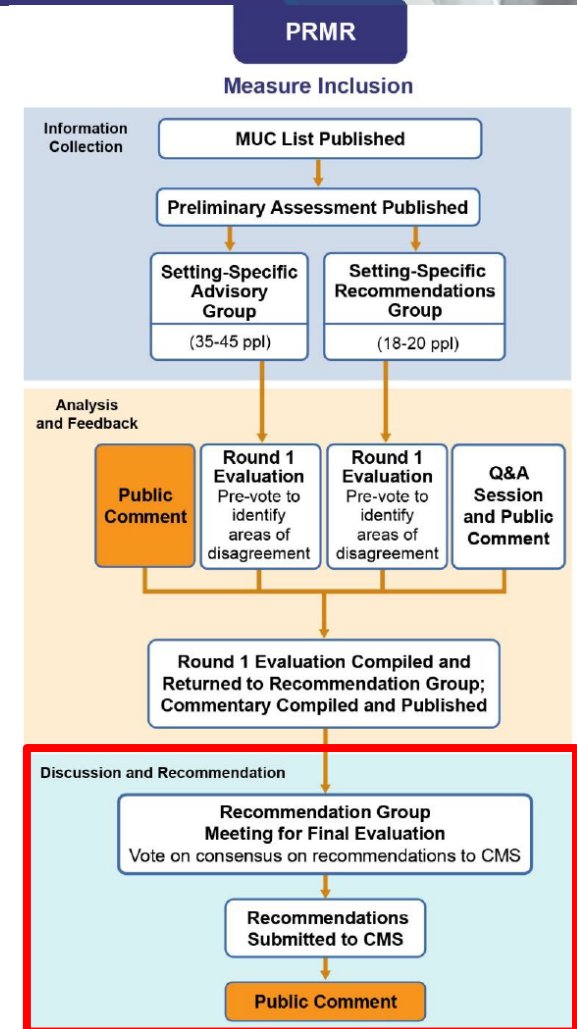
# CMS Opening Remarks & Review of Clinician Programs

Michelle Schreiber, MD, Deputy Director of the Center for Clinical Standards and Quality (CCSQ) for the Centers for Medicare & Medicaid Services (CMS)

# Overview of Quality Measurement at CMS

# What Makes a Good Measure

- High Impact
- Meaningful
- Supports Scientific Evidence and Best Practice
- No Unintended Consequences
- Valid
- Reliable
- Feasible
- Appropriate Risk Adjustment
- Attributable
- Actionable

# Using Measures to Drive Improved Performance

- Measures used to drive quality and outcomes improvement
  - Should support ongoing performance improvement efforts and goals
  - May be used in incentives or penalties
  - Most programs start as incentives, or pay to report, and then transition to pay for performance
- Measures used to inform – transparent public reporting to inform consumers in making their health care choices.
- Measures are for accountability through incentivizes/penalties for performance
- Link performance to payment as opposed to just pay for volume
- CMS goal – to have all healthcare payments in advanced value payment models (value = quality + safety + experience / cost)
- How do measures move us in a direction of advanced value payment models, and what measures are most valuable in this payment world

# CMS National Quality Strategy



**Mission**

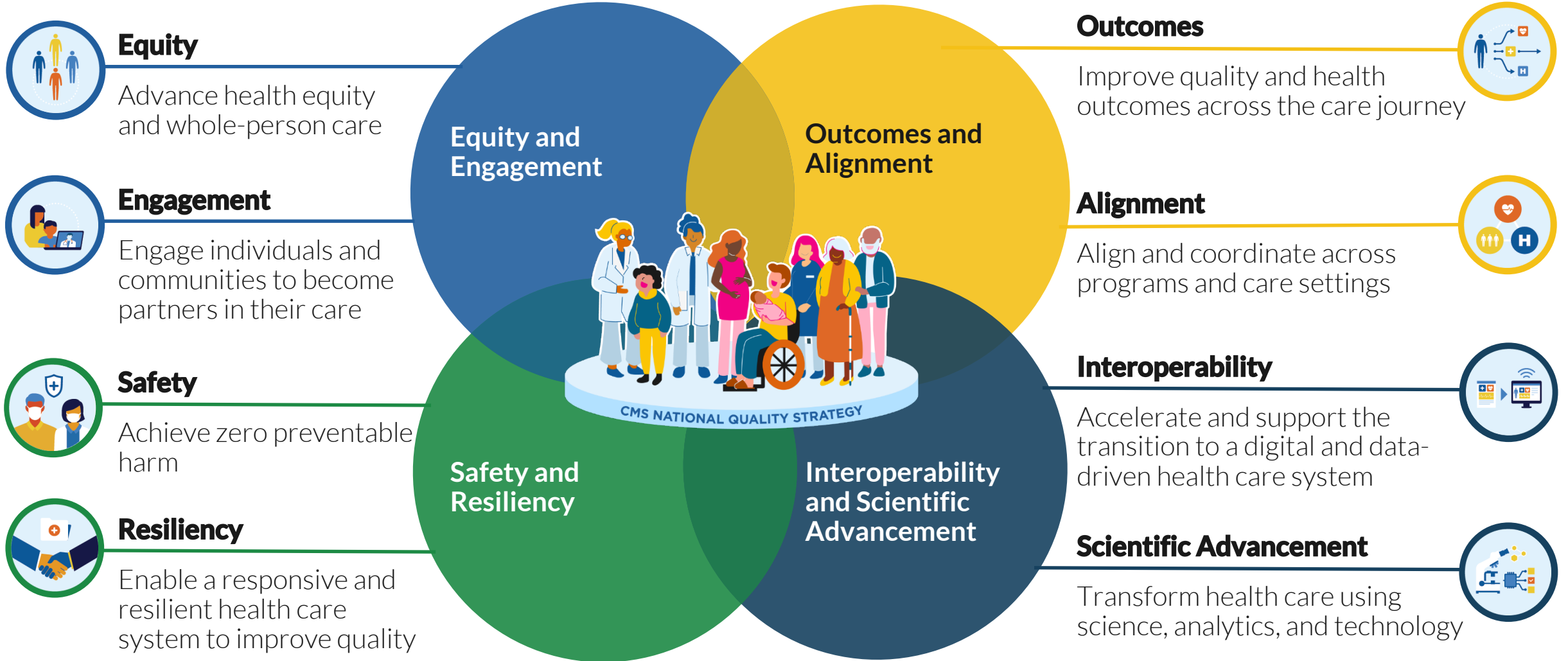To achieve optimal health and well-being for all individuals.

**Vision**

CMS, a trusted partner, is shaping a resilient, high-value American health care system that delivers high-quality, safe, and equitable care for all.
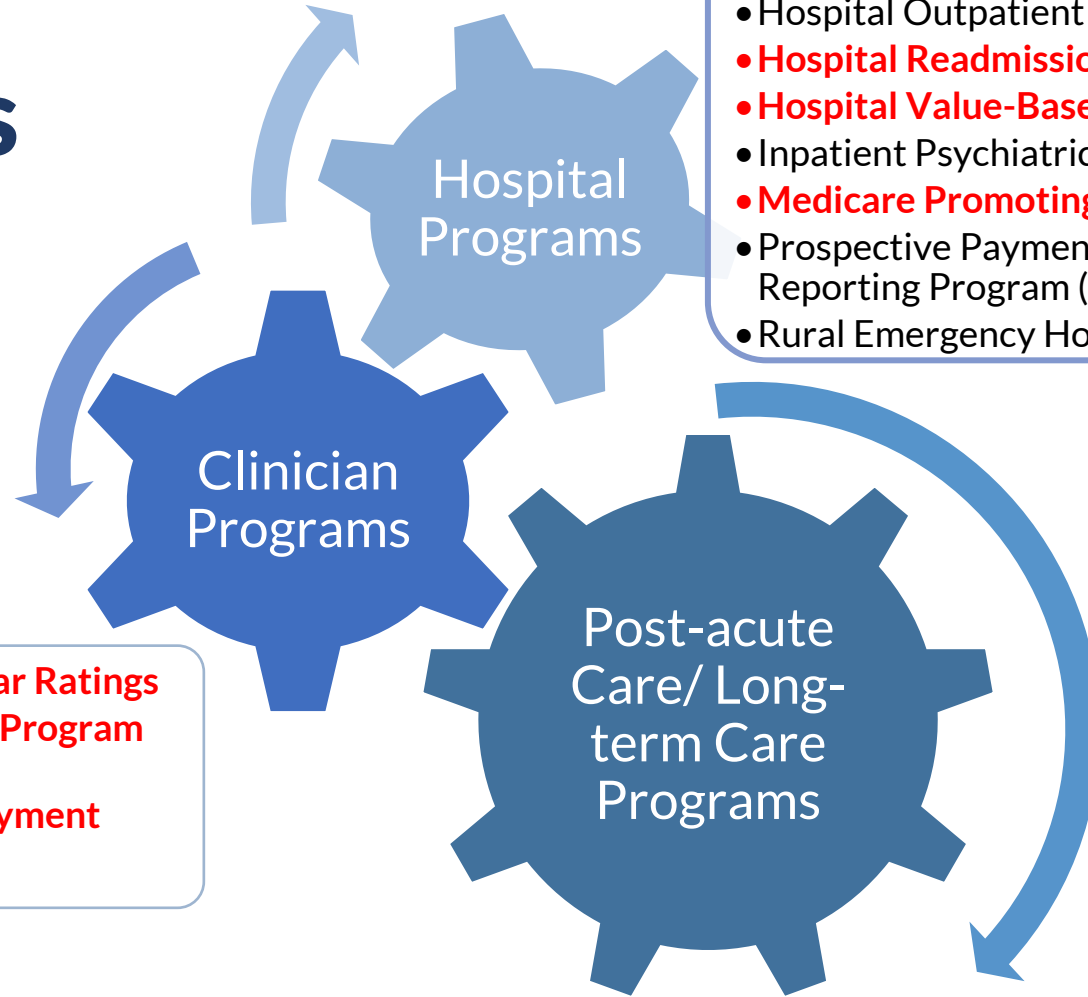
CMS National Quality Strategy serves as our framework for quality measurement

# CMS National Quality Strategy Goals

The Eight Goals of the CMS National Quality Strategy are Organized into Four Priority Areas:

**Equity**
Advance health equity and whole-person care

**Engagement**
Engage individuals and communities to become partners in their care

**Safety**
Achieve zero preventable harm

**Resiliency**
Enable a responsive and resilient health care system to improve quality

**Outcomes**
Improve quality and health outcomes across the care journey

**Alignment**
Align and coordinate across programs and care settings

**Interoperability**
Accelerate and support the transition to a digital and data-driven health care system

**Scientific Advancement**
Transform health care using science, analytics, and technology

Equity and Engagement

Outcomes and Alignment

Safety and Resiliency

Interoperability and Scientific Advancement

CMS NATIONAL QUALITY STRATEGY

# Medicare Quality Programs



- Ambulatory Surgical Center Quality Reporting Program (ASCQR)
- End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
- **Hospital-Acquired Conditions Reduction Program (HACRP)**
- Hospital Inpatient Quality Reporting (Hospital IQR Program)
- Hospital Outpatient Quality Reporting (Hospital OQR Program)
- **Hospital Readmissions Reduction Program (HRRP)**
- **Hospital Value-Based Purchasing Program (HVBP)**
- Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)
- **Medicare Promoting Interoperability Program (PI)**
- Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting Program (PCHQR)
- Rural Emergency Hospital Quality Reporting Program (REHQR)

Hospital Programs

Clinician Programs

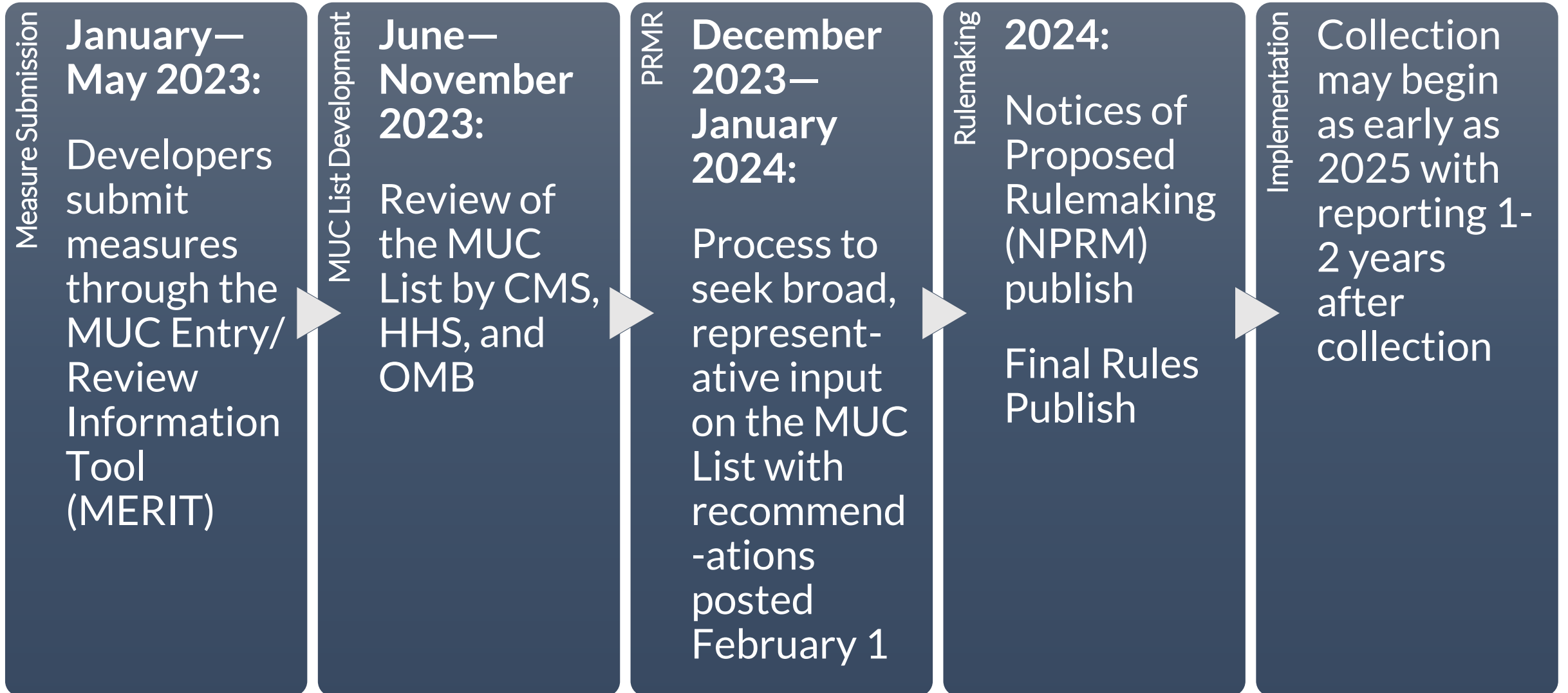Post-acute Care/ Long-term Care Programs

- **Medicare Part C and D Star Ratings**
- **Medicare Shared Savings Program (Shared Savings Program)**
- **Merit-based Incentive Payment System (MIPS) Program**

- Home Health Quality Reporting Program (Home Health QRP)
- **Home Health Value-Based Purchasing Program (Home Health VBP)**
- Hospice Quality Reporting Program (HQRP)
- Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
- Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
- Skilled Nursing Facility Quality Reporting Program (SNF QRP)
- **Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)**

**Red/Bold connotes PAY FOR PERFORMANCE; others are PAY FOR REPORTING**

# Measure Implementation

**Measure Submission**

**January—May 2023:**

Developers submit measures through the MUC Entry/Review Information Tool (MERIT)

**MUC List Development**

**June—November 2023:**

Review of the MUC List by CMS, HHS, and OMB

**PRMR**

**December 2023—January 2024:**

Process to seek broad, represent-ative input on the MUC List with recommend-ations posted February 1

**Rulemaking**

**2024:**

Notices of Proposed Rulemaking (NPRM) publish

Final Rules Publish

**Implementation**

Collection may begin as early as 2025 with reporting 1-2 years after collection

# 2023 MUC List Overview

The 42 measures on the 2023 MUC List include

- 18 outcome measures (including intermediate and Patient-Reported Outcome-based Performance Measure (PRO-PM)),
- 12 process measures,
- 4 structure measures, and
- 8 cost/resource use measures.

CMS highlights the following about the 2023 MUC List:

- 95% of the measures are digitally sourced, advancing the CMS National Quality Strategy goal of prioritizing the development of interoperable and digital quality measures.
- 43% of measures are outcome focused, promoting the CMS National Quality Strategy priority of alignment and improved health outcomes across the care journey.
- 26% of the measures address the Person-Centered Care Meaningful Measures Priority 2.0, accelerating equity and engagement for all individuals.

Thank you

# Clinician Committee Measures

# Cancer Care

# MUC2023-141 Positive PD-L1 Biomarker Expression Test Result Prior to First-Line Immune Checkpoint Inhibitor Therapy

- **Measure Steward:** Society for Immunotherapy of Cancer (SITC)

- **Brief Description of Measure:**

  - Percentage of patients aged 18 years and older, with a diagnosis of metastatic non-small cell lung cancer or squamous cell carcinoma of head and neck on first-line immune checkpoint inhibitor (ICI) therapy, who had a positive PD-L1 biomarker expression test result prior to giving ICI therapy.

  *Existing measure submitted previously but was not included in MUC List.

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Process | Medicare Fee for Service | Not Endorsed | Clinician: Individual Only |

# MUC2023-161 Appropriate Germline Testing for Ovarian Cancer Patients

- **Measure Steward:** American Society of Clinical Oncology (ASCO)

- **Brief Description of Measure:**

  - Percentage of patients, aged 18 and older, diagnosed with epithelial ovarian, fallopian tube, or primary peritoneal cancer who undergo germline testing within 6 months of diagnosis.

*New Measure

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Process | • Medicare Fee for Service<br>• All Payer | Not Endorsed | Clinician: Individual and Group |

- **Measure Steward:** American Academy of Dermatology (AAD)

- **Brief Description of Measure:**

  - Percentage of patients who had an excisional surgery for melanoma or melanoma in situ with initial AJCC staging of 0, I, or II, in the past 5 years in which the operating provider examines and/or diagnoses the patient for recurrence of melanoma.

  *This measure is currently used in the Merit-based Incentive Payment System (MIPS). It has been used since 2022 and is being submitted as is, aligning with the current version.

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Outcome | All Payer | Not Endorsed | Clinician: Individual and Group |

# MUC2023-207 Prostate Cancer

- **Measure Steward:** Centers for Medicare & Medicaid Services

- **Brief Description of Measure:**

  - The Prostate Cancer episode-based cost measure evaluates a clinician's or clinician group's risk-adjusted and specialty-adjusted cost to Medicare for patients who receive medical care to manage and treat prostate cancer.

*New Measure

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Cost/Resources Use | Medicare Fee-for-Service (FFS) | Not Endorsed | Clinician Group |

# Cancer Care

## MUC2023-141 Positive PD-L1 Biomarker Expression Test Result Prior to First-Line Immune Checkpoint Inhibitor Therapy

**Measure Steward:** Society for Immunotherapy of Cancer (SITC)

## MUC2023-161 Appropriate Germline Testing for Ovarian Cancer Patients

**Measure Steward:** American Society of Clinical Oncology (ASCO)

## MUC2023-211 Melanoma Tracking and Evaluation of Recurrence

**Measure Steward:** Measure Steward: American Academy of Dermatology (AAD)

## MUC2023-207 Prostate Cancer

**Measure Steward:** American Society of Clinical Oncology (ASCO)

# Opportunity for Public Comment

- MUC2023-141 Positive PD-L1 Biomarker Expression Test Result Prior to First-Line Immune Checkpoint Inhibitor Therapy
- MUC2023-161 Appropriate Germline Testing for Ovarian Cancer Patients
- MUC2023-211 Melanoma Tracking and Evaluation of Recurrence
- MUC2023-207 Prostate Cancer

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# Questions

- MUC2023-141 Positive PD-L1 Biomarker Expression Test Result Prior to First-Line Immune Checkpoint Inhibitor Therapy
- MUC2023-161 Appropriate Germline Testing for Ovarian Cancer Patients
- MUC2023-211 Melanoma Tracking and Evaluation of Recurrence
- MUC2023-207 Prostate Cancer

# Patient-Reported Measures

Begins at 12:30 pm ET

- **Measure Steward:** Purchaser Business Group on Health (PBGH)

- **Brief Description of Measure:**

  - The PRO-PM will assess fatigue following chemotherapy administered with curative intent to adult patients with breast cancer.

  *Submitted previously but not included in MUC List

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| PRO-PM or Patient Experience of Care | • Medicare Fee for Service<br>• Medicare Advantage<br>• Medicaid<br>• All Payer<br>• All adult cancer patients not restricted by payer type | Endorsed | Clinician: Individual and Group |

# MUC2023-162 Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer

- **Measure Steward:** PBGH

- **Brief Description of Measure:**

  - The PRO-PM will assess pain interference following chemotherapy administered with curative intent to adult patients with breast cancer.

  *New Measure

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| PRO-PM or Patient Experience of Care | • Medicare Fee for Service<br>• Medicare Advantage<br>• Medicaid<br>• All Payer<br>• All adult cancer patients not restricted by payer type | Endorsed | Clinician: Individual and Group |

# Patient-Reported Measures

**MUC2023-190 Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer**

**Measure Steward:** Purchaser Business Group on Health (PBGH)

**MUC2023-162 Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer**

**Measure Steward:** PBGH

# Opportunity for Public Comment

- MUC2023-190 Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer
- MUC2023-162 Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer

# Questions

- MUC2023-190 Patient-Reported Fatigue Following Chemotherapy among Adults with Breast Cancer
- MUC2023-162 Patient-Reported Pain Interference Following Chemotherapy among Adults with Breast Cancer

# Kidney Health

Begins at 1:00 pm ET

# MUC2023-203 Chronic Kidney Disease

- **Measure Steward:** CMS

- **Brief Description of Measure:**

  - The Chronic Kidney Disease (CKD) episode-based cost measure evaluates a clinician's or clinician group's risk-adjusted and specialty-adjusted cost to Medicare for patients who receive medical care to manage and treat stage 4 or 5 chronic kidney disease.

*New Measure

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Cost/Resource Use | Medicare Fee for Service | Not Endorsed | Clinician Group |

# MUC2023-204 End-Stage Renal Disease

- **Measure Steward:** CMS

- **Brief Description of Measure:**

  - The End-Stage Renal Disease (ESRD) episode-based cost measure evaluates a clinician's or clinician group's risk-adjusted and specialty-adjusted cost to Medicare for patients who receive medical care to manage ESRD.

*New Measure

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Cost/Resource Use | Medicare Fee for Service | Not Endorsed | Clinician Group |

# MUC2023-206 Kidney Transplant Management

- **Measure Steward:** CMS

- **Brief Description of Measure:**

  ▪ The End-Stage Renal Disease (ESRD) episode-based cost measure evaluates a clinician's or clinician group's risk-adjusted and specialty-adjusted cost to Medicare for patients who receive medical care to manage ESRD.

*New Measure

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Cost/Resource Use | Medicare Fee for Service | Not Endorsed | Clinician Group |

# Kidney Health

## MUC2023-203 Chronic Kidney Disease

**Measure Steward:** CMS

## MUC2023-204 End-Stage Renal Disease

**Measure Steward:** CMS

## MUC2023-206 Kidney Transplant Management

**Measure Steward:** CMS

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# Opportunity for Public Comment

- MUC2023-203 Chronic Kidney Disease
- MUC2023-204 End-Stage Renal Disease
- MUC2023-206 Kidney Transplant Management

# Questions

- MUC2023-203 Chronic Kidney Disease
- MUC2023-204 End-Stage Renal Disease
- MUC2023-206 Kidney Transplant Management

# COVID-19 Vaccination and Social Drivers of Health

Begins at 1:40 pm ET

# MUC2023-164 Adult COVID-19 Vaccination Status

- **Measure Steward:** CMS

- **Brief Description of Measure:**

  - Percentage of patients aged 18 years and older seen for a visit during the performance period that are up to date on their COVID-19 vaccinations as defined by CDC guidelines on current vaccination.

*Existing Measure

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Process | All Payer | Not Endorsed | Clinician: Individual and Group |

# MUC2023-199 Connection to Community Service Provider

- **Measure Steward:** OCHIN

- **Brief Description of Measure:**

  - Percent of patients 18 years of age or older who screen positive for one or more of the following health-related social needs (HRSNs): food insecurity, housing instability, transportation problems, utility help needs, or interpersonal safety; and had contact with a Community Service Provider (CSP) for at least one of their HRSNs within 60 days after discharge.

  *Existing Measure: previously submitted to the 2022 MUC List for consideration in the Merit-Based Incentive Payment System (MIPS) program. The measure has been refined and resubmitted for consideration in the Hospital IQR program.

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Process | All Payer | Not Endorsed | Facility |

# MUC2023-210 Resolution of At Least 1 Health-Related Social Needs

- **Measure Steward:** OCHIN

- **Brief Description of Measure:**

  - Percent of patients 18 years or older who screen positive for one or more of the following health related social needs (HRSNs): food insecurity, housing instability, transportation problems, utility help needs, or interpersonal safety; and report that at least 1 of their HRSNs was resolved within 12 months after discharge.

  *Previously submitted to the 2022 MUC List for consideration in the Merit-Based Incentive Payment System (MIPS) program. The measure has been resubmitted for consideration in the Hospital IQR program.

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|:---:|:---:|:---:|:---:|
| Outcome | All Payer | Not Endorsed | Facility |

# COVID-19 Vaccination and Social Drivers of Health

## MUC2023-164 Adult COVID-19 Vaccination Status

**Measure Steward:** CMS

## MUC2023-199 Connection to Community Service Provider

**Measure Steward:** OCHIN

## MUC2023-210 Resolution of At Least 1 Health-Related Social Need

**Measure Steward:** OCHIN

# Opportunity for Public Comment

- MUC2023-164 Adult COVID-19 Vaccination Status
- MUC2023-199 Connection to Community Service Provider
- MUC2023-210 Resolution of At Least 1 Health-Related Social Need

# Questions

- MUC2023-164 Adult COVID-19 Vaccination Status
- MUC2023-199 Connection to Community Service Provider
- MUC2023-210 Resolution of At Least 1 Health-Related Social Need

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**Partnership for**
**Quality Measurement**

# Break

Meeting resumes at 2:35 pm ET

# Surgical Procedures

Begins at 2:35 pm ET

# MUC2023-201 Cataract Removal with Intraocular Lens (IOL) Implantation

- **Measure Steward:** CMS

- **Brief Description of Measure:**

  ▪ The Cataract Removal with Intraocular Lens (IOL) Implantation episode-based cost measure evaluates a clinician's or clinician group's risk-adjusted cost to Medicare for patients who undergo a procedure for cataract removal with IOL implantation.

  *Existing Measure

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Cost/Resource Use | Medicare Fee for Service | Not Endorsed | Clinician: Group only |

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Quality Measurement**

# Opportunity for Public Comment

MUC2023-201 Cataract Removal with Intraocular Lens (IOL) Implantation

# Questions

MUC2023-201 Cataract Removal with Intraocular Lens (IOL) Implantation

# Substance Use Disorder

Begins at 2:55 pm ET

# MUC2023-137 Initial Opioid Prescribing for Long Duration (IOP-LD)

- **Measure Steward:** Pharmacy Quality Alliance (PQA)

- **Brief Description of Measure:**

  ▪ The IOP-LD measure analyzes the percentage of Medicare Part D beneficiaries, 18 years or older, with at least one initial opioid prescription for more than 7 cumulative days' supply.

  *New Measure

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Process | All Payer | Endorsed | Health Plan |

# MUC2023-179 Initiation and Engagement of Substance Use Disorder Treatment (IET)

- **Measure Steward:** National Committee for Quality Assurance (NCQA)

- **Brief Description of Measure:**

  - The percentage of new substance use disorder (SUD) episodes that result in treatment initiation and engagement. Two rates are reported:

    - Initiation of SUD Treatment: The percentage of new SUD episodes that result in treatment initiation through an inpatient SUD admission, outpatient visit, intensive outpatient encounter, partial hospitalization, telehealth visit or medication treatment within 14 days. (Presented in this MERIT submission form.)

    - Engagement of SUD Treatment: The percentage of new SUD episodes that have evidence of treatment engagement within 34 days of initiation. (Presented in Attachment 1 – IET Measure Engagement Rate of this MERIT submission.)

    *New Measure

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Process | All Payer | Not Endorsed | • Administrative Data (non-claims)<br>• Claims Data<br>• Electronic Clinical Data (non-EHR)<br>• Electronic Health Record |

# Substance Use Disorder

**MUC2023-137 Initial Opioid Prescribing for Long Duration (IOP-LD)**

**Measure Steward:** PQA

**MUC2023-179 Initiation and Engagement of Substance Use Disorder Treatment (IET)**

**Measure Steward:** NCQA

# Opportunity for Public Comment

- MUC2023-137 Initial Opioid Prescribing for Long Duration (IOP-LD)
- MUC2023-179 Initiation and Engagement of Substance Use Disorder Treatment (IET)

# Questions

- MUC2023-137 Initial Opioid Prescribing for Long Duration (IOP-LD)
- MUC2023-179 Initiation and Engagement of Substance Use Disorder Treatment (IET)

# Cardiovascular Care

Begins at 3:35 pm ET

# MUC2023-205 Inpatient (IP) Percutaneous Coronary Intervention (PCI)

- **Measure Steward:** CMS

- **Brief Description of Measure:**

  - The Inpatient (IP) Percutaneous Coronary Intervention (PCI) episode-based cost measure evaluates a clinician's or clinician group's risk-adjusted cost to Medicare for patients who present with a cardiac event and emergently receive PCI as treatment.

  *Existing Measure

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Cost/Resource Use | Medicare Fee-for-Service (FFS) | Not Endorsed | Clinician Group |

# Opportunity for Public Comment

MUC2023-205 Inpatient (IP) Percutaneous Coronary Intervention (PCI)

# Questions

MUC2023-205 Inpatient (IP) Percutaneous Coronary Intervention (PCI)

# Health Care Management

Begins at 4:00 pm ET

# MUC2023-212 Level I Denials Upheld Rate Measure

- **Measure Steward:** Federation of American Hospitals (FAH)

- **Brief Description of Measure:**

  - This rating shows how often a Medicare Advantage Organization review found their original determination decision to deny coverage to be reasonable.

  *Existing Measure: submitted previously but not included in MUC List

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Process | Medicare Advantage | Not Endorsed | Health Plan |

# Opportunity for Public Comment

MUC2023-212 Level I Denials Upheld Rate Measure

# Questions

MUC2023-212 Level I Denials Upheld Rate Measure

# Disease Management

Begins at 4:20 pm ET

# MUC2023-208 Respiratory Infection Hospitalization

- **Measure Steward:** CMS

- **Brief Description of Measure:**

  - The Respiratory Infection Hospitalization episode-based cost measure evaluates a clinician's or clinician group's risk-adjusted cost to Medicare for patients who receive inpatient treatment for a respiratory infection.

  *Existing Measure

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|:---:|:---:|:---:|:---:|
| Cost/Resource Use | All Payer | Not Endorsed | Clinician Group |

# MUC2023-209 Rheumatoid Arthritis

- **Measure Steward:** CMS

- **Brief Description of Measure:**

  - The Rheumatoid Arthritis episode-based cost measure evaluates a clinician's or clinician group's risk-adjusted and specialty-adjusted cost to Medicare for patients who receive medical care to manage and treat rheumatoid arthritis.

*New Measure

| Measure Type | Target Population | Endorsement Status | Level of Analysis |
|---|---|---|---|
| Cost/Resource Use | Medicare Fee for Service | Not Endorsed | Clinician Group |

# Disease Management

## MUC2023-208 Respiratory Infection Hospitalization

**Measure Steward:** CMS

## MUC2023-209 Rheumatoid Arthritis

**Measure Steward:** CMS

# Opportunity for Public Comment

- MUC2023-208 Respiratory Infection Hospitalization
- MUC2023-209 Rheumatoid Arthritis

# Questions

- MUC2023-208 Respiratory Infection Hospitalization
- MUC2023-209 Rheumatoid Arthritis

# Next Steps

# Public Comment and Review Meetings

- **CMS measure and program leads had the opportunity to review the Preliminary Analyses prior to publication.**
  - Received November 13 and due back to Battelle on November 28.

- **Public comments will be made public approximately 1 week after the public comment period closes for review.**
  - Estimated timeline: delivery December 29-January 3.

- **CMS measure and program leads will have an opportunity to meet with Battelle staff to discuss the areas of consensus and disagreement across the measures.**
  - Meeting January 4 for all programs (CMS leads only).
  - Battelle will provide one-page summary of public comment themes and verbal discussion of comments.
  - CMS leads, measure developers, and stewards will receive updated written materials week prior to the review meetings.

### November 2023

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| 29 | 30 | 31 | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| 19 | 20 | 21 | 22 | 23 | 24 | 25 |
| 26 | 27 | 28 | 29 | 30 | 1 | 2 |

### December 2023

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| 26 | 27 | 28 | 29 | 30 | 1 | 2 |
| 3 | 4 | 5 | 6 | 7 | 8 | 9 |
| 10 | 11 | 12 | 13 | 14 | 15 | 16 |
| 17 | 18 | 19 | 20 | 21 | 22 | 23 |
| 24 | 25 | 26 | 27 | 28 | 29 | 30 |

### January 2024

| S | M | T | W | T | F | S |
|---|---|---|---|---|---|---|
| 30 | 1 | 2 | 3 | 4 | 5 | 6 |
| 7 | 8 | 9 | 10 | 11 | 12 | 13 |
| 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| 21 | 22 | 23 | 24 | 25 | 26 | 27 |
| 28 | 29 | 30 | 31 | 1 | 2 | 3 |

# PRMR Meetings

- **Listening Sessions**
  - Hospital Listening Session Meeting: December 15, 2023, 11:00 am-5:00 pm ET
  - PAC/LTC Listening Session Meeting: December 18, 2023, 11:00 am-2:00 pm ET

- **PRMR CMS Program and Measure Lead Preparation Meeting (CMS Leads Only)** – January 4, 2024, 12-3 p.m. ET

- **Measure Review Meetings (all day)**
  - Clinician Recommendation Group Meeting: January 16-17, 2024
  - Hospital Recommendation Group Meeting: January 18-19, 2024
  - PAC/LTC Recommendation Group Meeting: January 22, 2024

# Questions:

Contact us at p4qm.org/contact
or by emailing pqmsupport@battelle.org