

Centers for Medicare & Medicaid Services and Acumen, LLC Field Testing

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 (QPP). These measures, which were developed with input from AAHKS and AAOS, as well as other clinician groups, include a knee arthroplasty cost measure that may be of significant interest to you. Field testing is an opportunity for affected clinicians and other stakeholders to provide feedback on the measures. Feedback shared on the measure specifications will be used to consider potential refinements.

Field testing will take place from **October 16** through **November 15, 2017**. During this time, clinicians (TIN-NPIs) and clinician groups (TINs) who are attributed at least 10 episodes for one or more measures will have the opportunity to view a confidential report with information about their cost measure performance. We expect that these reports will become available to a number of AAHKS members. Those who do not receive a report can view a mock report and supplemental documentation on the measures that will be publicly posted on the [CMS website](#). **Acumen is seeking feedback from all stakeholders** on the measures, confidential or mock report, and supplemental documentation.

The following materials will be released on October 16, 2017:

- Confidential Field Test reports will be released to clinicians and group practices with 10 or more episodes:
 - Acumen will distribute confidential field test reports to group practices and solo practitioners through the [CMS Enterprise Portal](#), which CMS has used in the past for distributing Quality and Resource Use Reports (QRURs). Please note that this field testing of new cost measures is separate from measures reported QRURs, which you may also be receiving around the same time.
 - Accessing your field test reports requires that you have an Enterprise Identity Management (EIDM) account and that you have access to a “Physician Quality and Value Programs” role within that application on the portal.
 - 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 the relevant guide in the “Documents & Downloads” section of [this website](#) (please search for “New EIDM Account” using Ctrl+F to jump to the relevant document(s)).
 - 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.
 - 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.
 - 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 have any questions about the measure development process, please contact QPPCostMeasureTesting@ketchum.com.

Project Background

Policy Context

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 [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 clinician 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.

The episode-based cost measures which will be reported to group practices and solo practitioners who meet a 10-episode case minimum for at least one measure during field testing are the following:

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