

Listening session on the development of episode-based cost measures for the Merit-based Incentive Payment System (MIPS) in the Quality Payment Program 12:00 – 1:30 pm ET April 5

We are writing to let you know that the Centers for Medicare & Medicaid Services (CMS) and its contractor (Acumen, LLC) are hosting an upcoming listening session on the development of episode-based cost measures for the Merit-based Incentive Payment System (MIPS) in the Quality Payment Program. Please share this information with anyone who may be interested in participating in this event.

Listening Session: MIPS Cost Measure Development

Date: Wednesday, April 5th 2017

Time: 12:00 – 1:30pm Eastern Time

Description: The listening session is an opportunity for stakeholders to learn about and provide feedback on episode-based cost measure development. There will be a 30-minute presentation on what is a cost measure and the role of stakeholders in cost measure development. This presentation will include a discussion of the draft list of episode groups and trigger codes currently posted for public comment until April 24, 2017 here: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-Feedback.html>.

A one-hour feedback session will follow the presentation where participants will have the opportunity to provide any feedback or comments. In particular, we are interested in hearing your thoughts on the following questions:

1. Are the criteria proposed for prioritizing the development of episode groups (cost share, clinician coverage, opportunity for improvement and linkage to quality) appropriate? Are there other criteria to add? Are any of these criteria more important than others?
2. Should the focus of episode development be on comparing discrete events, such as acute hospitalizations or procedures? Alternatively, should the focus be on the clinical conditions for which those events occur? How can cost measure development take into account multiple options that might be available in the care of a particular clinical condition?
3. We intend to inform you on the resource use of each member of the clinical team. Direct and indirect service assignment enables one clinician's directly-performed services to be considered as another clinician's indirect services when performed in the same clinical context. How can this concept be used to determine accountability for each member of the clinical team as an alternative to the entire episode being attributed to a single clinician?
4. Considering the cost of clinical services needs to account for the effects of those services on the quality of care. What options are available now that enable consideration of quality? Also, what infrastructure improvements can be considered over time to improve the linkage between cost and quality?
5. Measuring the cost of caring for chronic conditions remains a challenge in terms of linking discrete services to specific clinical conditions when treating patients with multiple comorbidities. This challenge is compounded by the relative short time frame of episode windows compared to the ongoing nature of chronic conditions. How can we best overcome this difficulty and capture the cost of caring for chronic conditions?
6. How can cost measurement best account for medical complexity and other risk factors?

Target Audience: Physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, and other clinicians who provide care to Medicare beneficiaries, as well as organizations representing clinicians and other interested stakeholders.

Call Materials: After the webinar, CMS will post the slide deck when it is available here:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Quality-Payment-Program-Events.html>

Registration: <https://engage.vevent.com/index.jsp?eid=3536&seid=747>

Kind regards,

Acumen MACRA Episode-Based Cost Measure Development Team