

Quality Payment PROGRAM

MACRA WAVE 5 COST MEASURE DEVELOPMENT

February 23, 2022



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MACRA Wave 5 Cost Measure Development: Call for Public Comment

Outline



- Introduction
- Overview of Wave 5 Measure Development
- Prioritizing Clinical Areas and Episode Groups
- Request for Public Comment on Candidate Episode Groups
- Conclusion

Acronyms Included in this Presentation

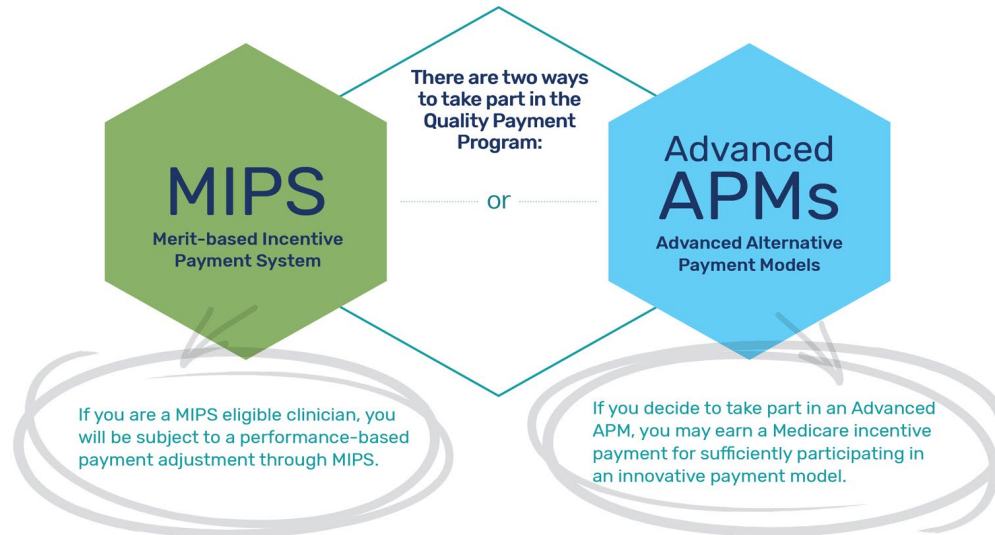


Acronym	Definition
APM	Alternative Payment Model
CMS	Centers for Medicare & Medicaid Services
COPD	Chronic Obstructive Pulmonary Disease
CS	Clinical Subcommittee
CPT/HCPCS	Current Procedural Terminology/Healthcare Common Procedure Coding System
E&M	Evaluation and Management
MIPS	Merit-based Incentive Payment System
MSPB	Medicare Spending Per Beneficiary
MVP	MIPS Value Pathways
PFE	Person and Family Engagement
PFP	Person and Family Partner
TEP	Technical Expert Panel
TPCC	Total Per Capita Cost
VEGF	Vascular Endothelial Growth Factor

INTRODUCTION

MIPS Assesses Clinician Performance Through Four Categories

- Clinicians can select how they want to participate in the Quality Payment Program based on their practice size, specialty, location, or patient population



- The MIPS Final Score is calculated for eligible clinicians across 4 performance categories: Quality, Cost, Promoting Interoperability, and Improvement Activities
- MIPS Value Pathways (MVPs) are a new participation framework that creates connections between Quality, Cost, and Improvement Activities categories
 - The goal is to move toward an aligned set of measure options relevant to a clinician's scope of practice meaningful to patient care
 - Seven MVPs will be available starting in 2023

MIPS 2022 Cost Performance Category is 30 Percent of the MIPS Final Score



- The cost performance category is 30 percent of the MIPS Final Score for the 2022 performance period
- Cost performance category score is as an average for all applicable cost measures
 - A cost measure represents the cost to Medicare for items and services furnished to a patient during an episode
- There are 2 general types of cost measures:
 - **Global or population-based measures:** These are intended to focus on broad types of care, such as primary care or inpatient care
 - **Episode-based cost measures :**These measures are focused around clinicians' roles in performing specific procedures, treating or managing defined conditions, or other specific types of care
- The number of cost measures has increased over time:
 - 2017 and 2018: MSPB and TPCC
 - 2019: MSPB and TPCC, and 8 episode-based cost measures
 - 2020 and 2021: Revised MSPB and TPCC, and 18 episode-based cost measures
 - 2022: Revised MSPB and TPCC, and 23 episode-based cost measures
- There is no additional reporting burden as the measures are calculated using administrative claims data

MIPS 2022 Cost Performance Category Includes 25 Cost Measures



Population-Based Cost Measures	
Medicare Spending Per Beneficiary (MSPB) Clinician <i>(revised for 2020)</i>	
Total Per Capita Cost (TPCC) <i>(revised for 2020)</i>	
Episode-Based Cost Measures	
Acute Kidney Injury Requiring New Inpatient Dialysis	Lumbar Spine Fusion for Degenerative Disease, 1-3 Levels
Asthma/COPD*	Lumpectomy, Partial Mastectomy, Simple Mastectomy
Colon and Rectal Resection*	Melanoma Resection*
Diabetes*	Non-Emergent Coronary Artery Bypass Graft
Elective Outpatient Percutaneous Coronary Intervention	Renal or Ureteral Stone Surgical Treatment
Elective Primary Hip Arthroplasty	Revascularization for Lower Extremity Chronic Critical Limb Ischemia
Femoral or Inguinal Hernia Repair	Routine Cataract Removal with Intraocular Lens Implantation
Hemodialysis Access Creation	Screening/Surveillance Colonoscopy
Inpatient Chronic Obstructive Pulmonary Disease Exacerbation	Sepsis*
Intracranial Hemorrhage or Cerebral Infarction	Simple Pneumonia with Hospitalization
Knee Arthroplasty	ST-Elevation Myocardial Infarction with Percutaneous Coronary Intervention
Lower Gastrointestinal Hemorrhage	

*New in 2022

Episode-Based Cost Measures Assess Clinician Performance for Specific Types of Care



- An episode-based cost measure represents Medicare payment for the medical care furnished to a patient during an episode of care
- These measures are clinically refined and only include the costs of relevant services in an episode:
 - Direct costs of treatment (e.g., surgical procedure, pre-operative workup)
 - Costs of services resulting from that treatment (e.g., routine follow-up care, post-acute care, complications)
- Measures inform clinicians on the costs of their patients' care during an episode to identify opportunities for improvement
- Based on 3 primary types of episode groups:
 - Acute Inpatient Medical Conditions focus on the treatment for an exacerbation of a condition requiring hospitalization
 - Procedurals focus on a procedure of a defined purpose or type
 - Chronic Conditions focus on treatment for an ongoing clinical condition at the time of a medical visit

Episode-Based Cost Measures Have Been Developed in Multiple Waves Since 2017



- Episode-based cost measures developed in “Waves” or cycles where a number of measures follow the same development process and timeline

Wave	Number of Measures	Summary of Stakeholder Engagement
Wave 1 (2017-2018)	<ul style="list-style-type: none">• 8 measures	<ul style="list-style-type: none">• 148 members of convened panels, affiliated with 98 specialty societies and organizations
Wave 2 (2018)	<ul style="list-style-type: none">• 11 measures	<ul style="list-style-type: none">• 267 members, affiliated with 120 societies and organizations
Wave 3 (2019-2020)	<ul style="list-style-type: none">• 5 measures	<ul style="list-style-type: none">• 166 members, affiliated with 110 societies and organizations
Wave 4 (2020-2022)	<ul style="list-style-type: none">• 4 measures	<ul style="list-style-type: none">• 73 members, affiliated with 63 specialty societies and organizations

- Development in 2020-2022:
 - Wave 4 includes 4 new measures:
 - Chronic condition measures for Heart Failure, Major Depressive Disorder, and Low Back Pain
 - Measure for Emergency Medicine
 - One acute inpatient medical condition measure originally developed during Wave 2 began undergoing refinement (Psychoses/Related Conditions)
 - Chronic condition measures for Chronic Kidney Disease (CKD) and End-Stage Renal Disease (ESRD) were re-specified for MIPS (will be field tested in the future)
- We are now seeking input to start Wave 5 of measure development

OVERVIEW OF WAVE 5 DEVELOPMENT

Wave 5 Measure Development Offers More Flexible Participation Options



- Acumen collects a wide range of stakeholder feedback and incorporates it into each step of measure development
 - Broad set of perspectives help prioritize measures for development to meet Meaningful Measures goals
 - In-depth input allows for iterative development and testing to ensure measures are clinically appropriate and meaningfully assess cost of care
- In Waves 1-3, we obtained stakeholder input by convening experts in CS structured around a clinical area or a measure framework
 - CS met for a one-day in-person meeting to discuss and vote on preferred episode groups
- In Wave 4, we gathered input on prioritization through a call for public comment (and will continue to do so for Wave 5)
 - Many remaining clinical topics require further stakeholder input for targeted questions to help with measure prioritization (e.g., determine viability)
 - This approach provides stakeholders with more flexibility to engage over a longer period, given the COVID-19 public health emergency and its unique challenges

Stakeholders Provide Input at Each Stage of Measure Development



TEP provides high-level input and guidance

- Panel of 20 members
- Composed of members from specialty societies, academia, healthcare administration, and individuals with lived experience of patient and family perspective
- Provides high-level guidance on overarching topics for the project (e.g., measure framework, criteria for prioritizing measures)

Stakeholders provide input to prioritize measures for development

- In Waves 1-3, CS convened around clinical areas (approx. 20 to 50 members)
 - Composed of members with diverse experience within clinical areas of focus
 - Considers candidate episode groups and recommends 1-2 for development into cost measures using criteria from the TEP and the PFE perspective
 - Recommends composition for smaller Clinician Expert Workgroups
- In Wave 4, input was gathered through public comment instead of convening CS (this will also be done for Wave 5)

Clinician Expert Workgroups build out specifications

- Panels of 15-20 members
- Composed of members with expertise in the care on which the measure focuses, including clinicians across patient care continuum
- Provides detailed input on measure specifications over several meetings based on clinical expertise and consideration of empirical analyses and environmental scan/literature review
- Person and Family Partners (PFPs) provide input via focus groups and interviews, and PFPs share findings with workgroups at webinars; there are ~5 PFPs per workgroup

Wave 4 Measure Development Timeline

December 2020 – May 2022



**Public
Comment
Period**

12/16 – 2/5

**Call for
Nominees**

4/26 - 5/21

**Workgroup
Meeting #1**

6/21-6/24

**Workgroup
Meeting #2**

8/23 – 9/1

**Field
Testing (FT)**

1/10 – 2/25

**Workgroup
Meeting #3**

3/14 – 3/25

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
2020	2021												2022				

Measure
Prioritization

Measure
Selection

Iterative Development & Testing

Field Testing &
Measure Refinement

Finalize
Measure

Projected Wave 5 Measure Development Timeline

February 2022 – May 2023



**Public
Comment
Period**

2/18 – 4/1

**Call for
Nominees**

**Workgroup
Meeting #1**

**Workgroup
Meeting #2**

**Field
Testing (FT)**

**Workgroup
Meeting #3**

Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
2021	2022												2023				

Measure Prioritization

Measure
Selection

Iterative Development & Testing

Field Testing &
Measure Refinement

Finalize
Measure

PRIORITIZING CLINICAL AREAS AND EPISODE GROUPS

Information Gathering Involves Considering Previous Stakeholder Input



- Our prioritization criteria were developed and refined with input from the TEP, PFE, CS, workgroups, and public comment to identify strong candidate episode groups
- A draft list of episode groups and trigger codes from 2016 (“December 2016 posting”) was used as a starting point for selecting episode groups in Waves 1-3; however, we seek to expand beyond this list as it does not include some types of care
- We gathered and considered input on a range of topics during the Wave 4 public comment period
- Our TEP in February 2020 and July 2021 discussed how to focus prioritization while considering the tradeoffs between:
 - Expanding coverage by focusing on new clinical areas
 - Building more in-depth measurement for high-cost areas
 - Prioritizing specialty gaps for future Waves
- TEP members expressed interest in developing measures for specialties with little or no episode-based cost measures in MIPS

Prioritization Criteria Builds on Input from TEP and Patient and Family Engagement (PFE)



Criteria	Description
Clinical Coherence	<ul style="list-style-type: none"> • <i>TEP</i>: Identify individuals with a similar stage and severity of a particular illness or condition; Comparability in clinician treatment of condition • <i>PFE</i>: Contain elements that are easy to differentiate from routine care
Impact and Importance to MIPS	<ul style="list-style-type: none"> • <i>TEP</i>: Includes a large share of Medicare Parts A and B expenditures; Affects a large number of clinicians, particularly those that do not currently have episode-based cost measures; Affects a large number of beneficiaries so that the measure can inform patient care choices • <i>PFE</i>: Affects a high volume of patients • <i>Additional guidance</i>: Supports agency priorities, such as areas identified in the Meaningful Measures Framework
Opportunity for Cost Performance Improvement	<ul style="list-style-type: none"> • <i>TEP</i>: Ensures clinicians have the ability to exercise influence on a significant share of cost during the episode (e.g., through reduction of unnecessary or low-value services, appropriate use of screening and testing, and improved care coordination to reduce intensity or frequency of downstream consequences) • <i>PFE</i>: Improves care coordination; Has potential to reduce unnecessary costs
Alignment with Quality Indicators to Assess Clinician Value	<ul style="list-style-type: none"> • <i>TEP</i>: Exhibits the potential for alignment with established quality indicators; Captures the cost dimension of clinician care that current or potential quality measures can pair with to form an overall assessment of value of care • <i>PFE</i>: Has related quality measures

Measures Need to Meet Essential Features to Effectively Assess Clinician Cost Performance



- Gathering information to prioritize and conceptualize episode groups helps ensure measures can be developed to be effective at evaluating cost
- Acumen has worked with stakeholders to define and vet standards for essential measure features:
 - Episode definitions have clinical face validity and consistency with practice standards
 - Construction of episodes/measures is readily understandable to providers
 - Providers are held accountable for costs of assigned services they can reasonably influence, which accurately captures their role
 - Measures convey concrete guidance indicating how providers can alter practice to improve measured performance
 - Variation in measures helps distinguish quality of care across individual providers
 - Measure specifications allow for consistent calculation and reproducibility using Medicare data

Candidate Clinical Areas and Episode Groups Identified Via Broad Assessment



- Acumen’s approach to identify candidate clinical areas and episode groups for consideration of development in Wave 5 involved assessing benefits and drawbacks based on extensive prior stakeholder input
- This assessment was framed around:
 - **Measure prioritization criteria** (clinical coherence, measure importance [impact], opportunity for improvement, and alignment with MIPS quality measures)
 - A candidate measure’s ability to meet the **essential features of cost measures**
- For example, we explored whether a candidate measure’s concept:
 - Is likely to have sufficient variation across clinicians in cost performance (opportunity for improvement)
 - Has potential for alignment with MIPS quality measures
- We conducted research to identify key challenges that require further investigation and stakeholder input
- **We need your input to identify preferred measures for Wave 5 development and how to overcome key challenges** (e.g., identifying severity or staging using claims data)



REQUEST FOR PUBLIC COMMENT ON CANDIDATE EPISODE GROUPS

Candidate Episode Groups Focus on New Specialties and High-Impact Areas



- We identified 8 clinical areas with priority episode groups for consideration of development in Wave 5, representing 2 main ideas:
 - **Clinical Topics for Clinicians with Limited Episode-Based Cost Measures:**
 - Anesthesia Care
 - Diagnostic Radiology Procedures: Screening Mammography
 - Oncological Care: Cancer
 - Post-Acute Care (PAC)
 - **High-Cost Clinical Areas for Clinicians with Some Episode-Based Cost Measures:**
 - Rheumatoid Arthritis
 - Ophthalmologic Conditions
 - Kidney Care: Kidney Transplant Management
 - Gastrointestinal Surgery: Cholecystectomy
- For all candidate clinical areas and episode groups, **we need your input on:**
 - Opportunity for improvement
 - Draft trigger codes (see Preliminary Specifications of Wave 5 Candidate Episode Groups workbook)
 - Alignment of quality of care with cost measure
 - Composition of potential workgroups (i.e., specialties and types of experience)
 - Additional concerns or recommendations
- We also solicit interest for participation in Wave 5 workgroup (should a specific measure concept be selected for development)

An Anesthesia Care Measure Would Provide a Measure for Anesthesiologists and More



- A candidate measure within this general area could focus on the provision of anesthesia services by anesthesiologists and Certified Registered Nurse Anesthetists (CRNAs)
- A cost measure in this area has large potential beneficiary coverage and could potentially align with the clinical focus of the MVP for Patient Safety and Support of Positive Experiences with Anesthesia
- An episode could be triggered by CPT/HCPCS codes for all or specific types of anesthesia or interventional pain management
- **We are seeking your input on:**
 - Identifying the range of complications and other follow-up services that may be reasonably influenced by the clinician providing the anesthesia services rather than the surgeon alone
 - Determining the scope of the measure (narrow approach focusing on something like anesthesia for joint replacement v. broader approach for all anesthesia or interventional pain management)
 - Identifying additional services (besides injections) that could be included in an interventional pain management cost measure to differentiate between clinician performance
 - Determining whether an interventional pain management measure should focus on acute pain management, chronic pain management, or both

Diagnostic Radiology is a Large Specialty with Limited Episode-Based Cost Measures



- Diagnostic Radiology Procedures is a clinical area that could create an episode-based cost measure for diagnostic radiologists
- Prior stakeholder input indicates mammography would be the strongest candidate measure, citing high procedure frequency, degree of influence among diagnostic radiologists, and well-established quality metrics
- **We are seeking your input on:**
 - Identifying the scope of a mammography measure (e.g., undifferentiated cases), approaches to account for differences in the patient care trajectory depending on the findings of the scan, and suitable timeframes to capture radiologists' overall influence
 - Determining the types of services that may capture opportunities for improvement and differentiate between clinician performance
 - Identifying other viable measure concepts in diagnostic radiology that may provide high patient/clinician coverage with clinically coherent patient cohorts (e.g., outpatient chest scans)

An Cancer Measure Would Provide a Dedicated Episode-Based Cost Measure for Oncologists



- Oncologic specialties can have a dedicated cancer care measure
- Prostate cancer is one of the most common cancer diagnoses and has multiple treatment options (i.e., may have more cost variation than other types of cancer)
 - This cancer type may cover more urologists than oncologists
- A major concern for cancer care measures is that claims data lacks coding specificity for cancer staging, which is very important to stratify in cancer patient cohorts
- **We are seeking your input on:**
 - Accounting for cancer staging/severity using Medicare claims data via proxy approaches (or algorithms)
 - Determining the scope of a cancer care cost measure (narrow approach focused on a specific type of cancer like prostate, breast, or lung v. broad approach for all cancer stratifying by type and staging/severity)
 - Identifying non-drug services that may capture opportunities for improvement and differentiate between clinician performance

Post-Acute Care (PAC) Represents High Cost with Potential for Large Cost Improvement



- PAC includes Skilled Nursing Facilities (SNF), Inpatient Rehabilitation Facilities (IRF), Home Health (HH), and Long-Term Care Hospitals (LTCH), representing large potential impact
- A PAC measure could:
 - Help ensure that all clinicians providing PAC have similar incentives to coordinate for cost-effective care (e.g., supporting care transitions, reducing transfers to emergency departments or hospitals, reducing pressure ulcers & falls)
 - Align with the Medicare Spending Per Beneficiary – Post-Acute Care (MSPB-PAC) measures that are attributed to PAC providers
- The measure for PAC could be constructed similarly to inpatient measures where an episode is triggered by a clinician billing certain E&M services on Part B Physician/Supplier claims during the event
- **We are seeking your input on:**
 - Accounting for the heterogeneity of patients in PAC (diagnosis groups, medical complexity, short-term v. long-term cases)
 - Determining suitable attribution methodologies (including differences across PAC settings)

Rheumatoid Arthritis is a Common Autoimmune Disease



- A Rheumatoid Arthritis measure would apply to rheumatologists and primary care clinicians that manage the ongoing care for patients with the condition
 - Rheumatologists have limited episode-based cost measures
- This measure concept was included as part of the Wave 4 public comment posting, and stakeholders provided valuable feedback on measure construction
 - We are considering this measure concept for Wave 5, as it meets many of the prioritization criteria and is a common condition among the Medicare population, representing opportunities for improvement (variation in treatment/drug options and efficient monitoring/imaging/therapy, including for adverse effects to treatments)
- A measure for Rheumatoid Arthritis could also align with the MVP for Advancing Rheumatology Patient Care (finalized for use starting 2023)
- **We are seeking your input on:**
 - Identifying an appropriate, clinically coherent patient cohort that may capture opportunities for improvement and differentiate between clinician performance
 - Accounting for severity and patients' responses to medication using Medicare claims data via proxy approaches (or algorithms)

Additional Measure for Ophthalmologic Care May Improve Specialty Coverage



- Ophthalmology is a large specialty with a diversity of practice across sub-specialties
 - MIPS already includes a cataract cost measure, though it only applies for ophthalmologists performing this specific procedure
- We identified 2 potential measure concepts that may improve specialty coverage and capture high-cost services (e.g., injections):
 - Age-related Macular Degeneration (AMD)
 - Retinal Detachment
- **We are seeking your input on:**
 - Identifying a clinically coherent patient cohort for AMD and Retinal Detachment that may capture opportunities for improvement and differentiate between clinician performance
 - Determining which services (e.g., anti-VEGF) would be appropriate for identifying whether a clinician is managing a patient's AMD condition
 - Identifying AMD clinical outcomes from claims data and approaches to avoid penalizing clinicians who treat patients requiring more expensive treatment
 - Accounting for differences across Retinal Detachment patients based on pre-existing conditions that may impact likelihood of treatment success
 - Determining other strong candidates for measure development in ophthalmologic care

A Kidney Transplant Management Measure Would Provide a Comprehensive Set of Kidney Care Measures



- Chronic Kidney Disease (CKD) and End-Stage Renal Disease (ESRD) currently being re-specified for use in MIPS
- Workgroup member input on the CKD/ESRD measures emphasized the importance of including kidney transplant recipients as part of cost measurement to represent the full spectrum of kidney care
- Kidney care is a high-cost area with strong opportunities for improvement
 - Kidney Transplant Management would capture costs such as return to maintenance dialysis if the transplant fails
- **We are seeking your input on:**
 - Aligning a kidney transplant measure with the CKD/ESRD measures to jointly assess the high costs of kidney care
 - Assessing potential unintended consequences of including or excluding the transplant recipient population in kidney care cost measurement

A Cholecystectomy Measure Could Build Out Further Coverage of Surgical Specialties



- MIPS includes 15 episode-based cost measures focused on particularly high frequency and/or costly procedures
 - Cholecystectomy is one of the remaining procedures that could build out further coverage of specialties such as general surgery
- Cost improvement opportunities include:
 - Reducing lengthier stays and hospital or emergency department visits
 - Mitigating complications (e.g., bile leaks, bleeding, infection, injury to nearby structures, risks of general anesthesia like blood clots/pneumonia)
 - Improving post-surgical instructions
- **We are seeking your input on:**
 - Defining the overall scope to ensure the measure may capture opportunities for improvement and differentiate between clinician performance (e.g., whether to include bile duct surgery, laparoscopic surgery, open surgery, and/or interventional radiology procedures on the bile duct)
 - Distinguishing and accounting for emergent and non-emergent cases
 - Identifying services that proceduralists can reasonably influence in the short- and long-term

Public Comment Posting Materials are Available on the CMS Currently Accepting Comments Page



- You can view public comment posting materials on the CMS Currently Accepting Comments Page:
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/PC-Currently-Accepting-Comments>
- **Wave 5 Measure Development—Call for Public Comment document**
 - Contains information on the following:
 - Background of cost measure development
 - Overview of approach to measure prioritization and selection
 - Essential features of cost measures
 - List of questions for candidate clinical areas and episode groups
- **Preliminary Specifications for Wave 5 Candidate Episode Groups workbook**
 - List of preliminary trigger codes to define patient cohort
 - We are seeking your input on these trigger codes to help determine clinically coherent patient cohorts that may capture sufficient opportunities for improvement and differentiate between clinician performance

Public Comment on Wave 5 Development is Open Until April 1, 2022



- To provide feedback, stakeholders may submit a response or upload a comment letter (PDF or Word document) to the **Wave 5 Measure Development Survey** from **February 18, 2022**, through **April 1, 2022** at **11:59 p.m. Eastern Time**:
 - https://acumen.qualtrics.com/jfe/form/SV_0qB0oApVFxbj8tU
- Stakeholders may also:
 - Express interest in participating in Wave 5 development in the appropriate section of the survey
 - Email our team with any questions at:
 - macra-cost-measures-info@acumenllc.com
- We will use your feedback to work with CMS to confirm measures to develop in Wave 5 later this year

CONCLUSION

Next Steps



- Acumen will compile stakeholder feedback to consider in recommendations to CMS about which episode groups to develop in Wave 5
 - CMS will make the final decision on which episode groups to develop in Wave 5
- Acumen will then identify members of the Clinician Expert Workgroups and PFPs by:
 - Reviewing comments expressing interest in Wave 5 participation from the Wave 5 Measure Development Survey
 - Posting a call for nominations later this year
- Wave 5 workgroups will convene multiple times in 2022 – 2023 to provide detailed clinical input that informs measure development and specification
 - Wave 5 workgroup webinars will have a public dial-in option for stakeholders at large, and meeting summaries are posted on the MACRA Feedback Page:
 - <https://www.cms.gov/Medicare/Quality-Payment-Program/Quality-Payment-Program/Give-Feedback>
- Wave 5 measures will be field tested (likely in late 2022 / early 2023), providing stakeholders at large an opportunity to provide input on the measures and their specifications

Episode-Based Cost Measure Resources



- CMS Currently Accepting Comments Page
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/PC-Currently-Accepting-Comments>
- Wave 5 Measure Development Survey
 - https://acumen.qualtrics.com/jfe/form/SV_0qB0oApVFxbj8tU
- MACRA Feedback Page
 - Episode-Based Cost Measure Specifications, Measure Development Process Document, and other resources on episode-based cost measures are available here:
<https://www.cms.gov/Medicare/Quality-Payment-Program/Quality-Payment-Program/Give-Feedback>
- Draft List of MACRA Episode Groups and Trigger Codes (“December 2016 Posting”)
 - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/Draft-list-of-episode-groups-and-trigger-codes-December-2016.zip>
- MACRA Episode-Based Cost Measures Mailing List
 - https://www.surveymonkey.com/r/macra_clinical_subcommittee_mailing_list
- Please contact the Acumen MACRA Cost Measures Support Team at: macra-cost-measures-info@acumenllc.com

