

## CMS Unveils Draft Quality Measure Development Plan for New Payment Models

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**PRACTICES** Healthcare Transactions and Regulatory, Healthcare and Life Sciences

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On December 18, 2015, the Centers for Medicare and Medicaid Services (“**CMS**”) released its draft Quality Measure Development Plan (“**QMDP**”). The QMDP offers an overarching framework for the development of quality measures used to effect payment adjustments to providers in the Merit-based Incentive Payment System (“**MIPS**”) and Alternative Payment Models (“**APMs**”) created by The Medicare Access and CHIP Reauthorization Act of 2015 (“**MACRA**”).

MIPS consolidates and replaces existing quality-based incentive programs such as the Physician Quality Reporting System, the Value Modifier, and the “Meaningful Use” program. The QMDP provides that, beginning in 2019, CMS will adjust payments based on a score assigned to the provider in four performance categories: (1) quality; (2) resource use; (3) clinical practice improvement activities; and (4) meaningful use of certified electronic health record technology.

APMs allow Health and Human Services and CMS to offer incentive payments to providers for participation in authorized programs, such as Accountable Care Organizations (“**ACOs**”), Patient Centered Medical Homes, and bundled payment models. MACRA requires that quality measures used in APMs be comparable to those used in MIPS.

While the QMDP does not propose any specific quality measures, it provides the principles that will guide their development. CMS states in the QMDP that its goal is to create a “patient-centered measure portfolio” that will do the following:

- follow patients with chronic conditions across the continuum of care;
- emphasize outcomes;
- address the patient experience, care coordination, and appropriate use of resources;
- promote multiple levels of accountability;
- apply to multiple types of providers;
- account for low-volume providers;
- align with other payment models and reporting systems, including those from the private sector and other government-payor programs; and
- rely on data generated from electronic health records.

In the QMDP, CMS commits to “collaborate with specialty groups and associations to develop measures that are important to both patients and providers and that represent important performance in the targeted quality domains.” CMS further states throughout the QMDP that it will listen to and involve all stakeholders in further developing quality measures for MIPS and APMs.

The comment period on the QMDP ends March 1, 2016. CMS will post the final QMDP that incorporates edits based on comments received from the public by May 1, 2016. Specific details regarding the quality measures CMS will use in implementing MIPS must be published in the

Federal Register by November 1, 2017. CMS will begin payment adjustments under MIPS on January 1, 2019, based on the 2018 performance period.