

The Centers for Medicare & Medicaid Services (CMS) and its contractor, Acumen, LLC, will conduct field testing for 5 newly developed episode-based cost measures, including a **Low Back Pain (LBP) cost measure**, from **Jan. 10 through Feb. 25**.

The LBP measure was developed with input from various specialty societies, including the AANS and the CNS, and focuses on *chronic/medical* management of this condition. Although costs related to spinal surgery may be captured by this measure, surgery is not the triggering event. Note that a previously developed [Lumbar Spine Fusion cost measure](#), which is currently in use under the Merit-based Incentive Payment System (MIPS), focuses on *acute* management of surgical patients. For patients that have received a lumbar fusion, the Lumbar Fusion cost measure is likely of greater relevance to neurosurgeons than the LBP measure. Nevertheless, a neurosurgeon could be held accountable for the LBP measure depending on the order of relevant services, although under the attribution methodology, surgeons were less frequently attributed episodes under the measure compared to other specialties such as Chiropractic, Physical Therapy, and Physical Medicine and Rehabilitation.

The LBP measure will undergo field testing before it is considered for use in MIPS and tied to performance-based Medicare payment adjustments. Field testing is an opportunity for clinicians to learn about episode-based cost measures and to provide [feedback via an online survey](#) on the draft measures. It also helps Acumen assess each measure's importance, scientific acceptability, and clinical validity. Feedback shared on the LBP measure will be used to consider potential measure refinements following field testing.

Clinicians and clinician groups attributed at least 20 episodes for the LBP measure will receive a Field Test Report with information about their cost performance that covers the period from Jan. 1 to Dec. 31, 2019. The start or continuation of a clinician or group's management of a patient's low back pain is identified by the appearance of Medicare claims for a pair of services within 60 days of one another. Although surgery would not trigger the initiation of an episode, certain E&M and procedural codes could (e.g., spinal injections, spinal neurostimulators, and imaging). Furthermore, costs related to surgery could be assigned to the broader episode, and clinicians who are attributed episodes under this measure will be given data on which other clinicians contributed to the total cost of that patient's care. Note that the measure is also stratified into smaller patient cohorts that recognize the need to consider surgical patients and non-surgical patients separately and complex LBP patients (i.e., radiculopathy, spinal stenosis, or spondylolisthesis) and non-complex LBP patients separately.

For a more detailed description of the measure's population, subgroups, and attribution methodology, please see this [Measure Specifications Quick Reference Guide](#), as well as the measure's full specifications and a list of the codes that specify the measure [available for download [here](#)].

TINs and NPIs who qualify for a Field Test Report should receive an email notification from cmslists@subscriptions.cms.hhs.gov regarding the availability of a report.

How to Provide Feedback

All stakeholders—regardless of whether you receive a report—are invited to provide feedback. You can provide feedback on the draft measure specifications through [this online survey](#). A document containing specific questions about the measure for stakeholders to reference while reviewing the materials is available [here](#).

- **The survey will open on Jan. 10 and close at 11:59pm ET on Feb. 25.**

- All survey questions will be optional. Participation is voluntary, and all feedback may be submitted anonymously.
- You may attach a comment letter (as a PDF or Word document) in addition to or as an alternative to responding to the survey questions.
- The link to the survey, which does not require a login, will be included in the Field Test Reports and across other supplemental documentation so that you will be able to navigate easily to it from the documents you review.

Stakeholder feedback is vital in the measure development process and will inform the final specifications of the Low Back Pain episode-based cost measures currently under development. We hope you will consider sharing your input.

Field Testing Materials

Field testing materials will be available on the [MACRA Feedback Page](#) and at the links below at the start of field testing, including:

- Specifications for the measures undergoing field testing
 - [Quick Reference Measure Summary](#)
 - [Draft Measure Methodology and Measure Code Lists](#) with codes and logic for the measure
- Informational field testing documents
 - [Frequently Asked Questions \(FAQ\) document](#)
 - [Measure Development Process document](#)
 - [Measure Testing Forms](#) and a [National Summary Data Report](#), which provide analytic results about the measure
 - [Mock Field Test Reports](#) *[Note that at the time of publication, Acumen only provided a mock report related to the Heart Failure measure as an example of the format that it would use for presenting performance data on chronic condition measures. Although the data are not related to LBP, the general framework/format should be the same.]*
 - A [Questions for Field Testing Measure Specifications document](#), which contains a list of the survey questions for stakeholders to reference while reviewing materials
- Documents about accessing the Field Test Reports
 - Quality Payment Program Access User Guide ([click to download ZIP](#)) with guidance on how to create an account
 - [Field Test Report User Access Guide](#) with information on how to access the report on the Quality Payment Program website

Cost Measures Field Testing Webinars

Stakeholders may also access a recorded field testing webinar ([slides](#) and [recording](#)) that provides information on the cost measures undergoing field testing.

Accessing the Field Test Reports

You or your group's authorized representative can access the Measure Field Test Report(s) using a Quality Payment Program [website account](#). If you do not have an account, you will need to register for a HCQIS Access Roles and Profile (HARP) account in order to sign in.¹ Once you have access, you can connect with your organization by navigating to the "Manage Access" tab of the Quality Payment Program website. If you're part of a clinician group, you'll select the

¹ CMS, "QPP Account," Quality Payment Program, <https://qpp.cms.gov/login?page=register>

“practice” organization type, and if you’re an individual clinician, you’ll select the “individual clinician” organization type.

The Quality Payment Program Access User Guide ([download here](#)) provides more information on how to sign up for a Quality Payment Program account and how to connect with the appropriate organization.²

Note: Field Test Reports are separate from the Quality Payment Program Performance Feedback Reports, though both reports are made available through this website.

Groups are identified by their Medicare billing TIN. A group consists of two or more eligible clinicians, as identified by their NPIs that bill under the same TIN. A group will receive a Field Test Report if the TIN is attributed the minimum number of cases for a measure among all NPIs billing under the TIN. For a QPP account, a group can have either of the following roles:

- Security Official
- Staff User

Users who have a Security Official role will be able to see all TIN- NPI reports within their TIN, as well as the TIN’s overall report, so it’s a role that is more appropriate for someone who is in an administrative position at the TIN. Each organization must have a Security Official role before any other group members can request a Staff User role. The group-level users (i.e., Security Official and Staff Users) have access to the group practice’s reports and the individual-level reports for the solo practitioners within the group practice.

An individual eligible clinician (or a solo practitioner) is identified by a single NPI that bills under the TIN. They’ll receive a Field Test Report if the NPI is attributed the minimum number of cases for a measure. Clinicians looking to view only their TIN-NPI report should connect to the individual clinician organization type, regardless of whether they’re a part of a group practice or they practice on their own. The Field Test Report Access User Guide available on the [MACRA Feedback Page](#) at the start of field testing provides more information on accessing a Field Test Report.

Project Background

To learn more about the episode-based cost measure development process, please refer to the [Measure Development Process document](#).

The LBP measure represents Wave 4 of CMS/Acumen’s episode-based cost measure development. This process began in December 2020 and is scheduled to conclude in May 2022. The workgroups providing input on the five Wave 4 measures undergoing field testing in 2022 represent a total of 86 members affiliated with 66 professional societies, including the AANS and the CNS. Summaries from workgroup meetings held to-date can be found on the [MACRA Feedback Page](#).

If you have specific questions about the LBP measure or how to access your field test report, or would like to share any concerns with the AANS and the CNS, please contact Rachel Groman in the AANS/CNS Washington Office at rgroman@hhs.com or 202-618-3944.

² CMS, “Quality Payment Program Access User Guide,” Quality Payment Program, <https://qpp-cm-prod-content.s3.amazonaws.com/uploads/335/QPP%20Access%20User%20Guide.zip>