

## Measures Under Consideration for Calendar Year 2012

### Overview

Section 3014 of the Patient Protection and Affordable Care Act of 2010 (Affordable Care Act) (P.L. 111-148 and P.L. 111-152) requires the establishment of a federal “pre-rulemaking process” for the selection of quality and efficiency measures for specific qualifying programs within the Department of Health and Human Services (HHS). This process includes:

1. Making publicly available, by December 1st annually, a list of measures currently under consideration by HHS for qualifying programs within the Department, including measures suggested by the public;
2. Providing the opportunity for multi-stakeholder groups to review and provide input by February 1st annually to HHS on the measures under consideration, and for HHS to consider this input;
3. Publishing the rationale for the selection of any quality and efficiency measures that are not endorsed by the National Quality Forum (NQF); and
4. Assessing the impact of endorsed quality and efficiency measures at least every three years (the first report due to the public by March 1, 2012).

### CMS is working to streamline quality measures

CMS is issuing this list in fulfillment of a statutory requirement to publicly present measures it is considering for adoption in the following year, including measures suggested by the public. Accordingly, it is a much larger list than will ultimately be adopted for optional or mandatory reporting programs in Medicare, Medicaid, and the Children’s Health Insurance Program.

CMS will continue its goal of aligning measures across programs, including establishing “core” measure sets using existing program measures for new programs (e.g., establishing a core hospital measure set for the Hospital Value-based Purchasing Program using measures that were previously implemented in the Hospital Inpatient Quality Reporting Program). Similarly, CMS will also work to align across core sets (e.g., for meaningful use and other programs) when possible within statutory requirements.

Further, CMS programs must balance competing goals of establishing parsimonious sets of measures, while including sufficient measures to facilitate provider participation (for example, the PQRS and the Medicare and Medicaid EHR Incentive Program, which together include the bulk of the measures under consideration included in this list (284 measures), are included at the request of physician specialty groups to allow their full participation in the programs).

### Fulfilling Multi-Stakeholder Group Input Requirements

The list of measures and its submission and posting on the National Quality Forum’s (NQF) Measure Applications Partnership (MAP) website ([www.qualityforum.org/MAP/](http://www.qualityforum.org/MAP/)) are in response to the first and second requirements of the multi-stakeholder group input process articulated above. Additionally, CMS will establish a webpage ([www.CMS.gov/QualityMeasures/MultiStakeholderGroupInput](http://www.CMS.gov/QualityMeasures/MultiStakeholderGroupInput)) that describes this process and the submission of this measures list to the NQF MAP.

### Included Measures

The Centers for Medicare and Medicaid Services has compiled an ACA 3014 measures list that identifies the quality and efficiency measures under consideration by the HHS Secretary as described in Section 1890(b)(7)(B). Applicable quality and efficiency measures include:

## Measures Under Consideration for Calendar Year 2012

1. Measures implemented through the federal rulemaking process and measure sets listed specifically in Section 1890(b)(7)(B)(i)(I) of the Social Security Act (or);
2. Measures implemented through the federal rulemaking process and used for reporting quality and efficiency performance data to the public (or);
3. Measures implemented through the federal rulemaking process and for use in health care programs other than for use under the Social Security Act.

"Measures under consideration" for calendar year 2012 are those measures that have not been finalized in previous rules and regulations for a particular CMS program, and that CMS is considering for adoption in calendar year 2012, including measures suggested by the public.

The following programs have been identified to meet the criteria listed above. Accordingly, measures from these programs are included in the ACA 3014 Measures List.

1. Ambulatory Surgical Center Quality Reporting
2. CMS Nursing Home Quality Initiative and Nursing Home Compare Measures
3. e-Rx Incentive Program
4. End Stage Renal Disease Quality Improvement
5. Home Health Quality Reporting
6. Hospice Quality Reporting
7. Hospital Inpatient Quality Reporting
8. Hospital Outpatient Quality Reporting
9. Hospital Value-Based Purchasing
10. Inpatient Psychiatric Facility Quality Reporting
11. Inpatient Rehabilitation Facility Quality Reporting
12. Long-term Care Hospital Quality Reporting
13. Medicare and Medicaid EHR Incentive Program for Eligible Professionals
14. Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs
15. Medicare Shared Savings Program
16. Measures Physician Quality Reporting System
17. Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting

The following programs are additionally included by CMS for multi-stakeholder input. CMS believes that recognizing these programs will foster alignment of the measures with the programs listed above, harmonization of the measures across other settings, reduction of provider reporting burden, and alignment of the measures with the National Quality Strategy.

1. Children's Health Insurance Program Reauthorization Act Quality Reporting
2. Health Insurance Exchange Quality Reporting
3. Initial Core Set of Health Care Quality Measures For Medicaid-Eligible Adults
4. Medicare Part C Plan Rating- Quality and Performance Measures
5. Medicare Part D Plan Rating- Quality and Performance Measures

## Measures Under Consideration for Calendar Year 2012

### 6. Physician Feedback/Value-Based Modifier Program<sup>1</sup>

Note: if a program does not have any measures included in this list, this indicates that the program is not currently considering adopting new measures in calendar year 2012. However, CMS welcomes multi-stakeholder group measures recommendations for all 23 CMS programs.

#### Measures List Highlights

Through publication of this document for calendar year 2012, CMS will make publicly available and seek multi-stakeholder group input on 367 new measures under consideration across the above referenced 23 CMS programs.

We note several important points to consider and highlight:

- The measures list includes those measures currently under consideration. Inclusion of a measure does not require CMS to select the measure for the identified program. Similarly, although this list contains all measures currently under consideration, CMS may adopt other measures that are not included in this list if necessary.
- There are 23 CMS programs involved.
- CMS categorized 60 new quality and efficiency “measures under consideration” as likely to be included in 2012 in the referenced 23 CMS programs.
- Over 95% of the measures are supported by external stakeholders who suggested the measures, or are measures endorsed by multi-stakeholder groups such as NQF. The vast majority of the new measures under consideration will not be required for reporting; instead the measures will be optional for providers who choose to report.
- CMS will continue its goal of aligning measures across programs, including establishing “core” measure sets using existing program measures for new programs (e.g., establishing a core hospital measure set for the Hospital Value-based Purchasing Program using measures that were previously implemented in the Hospital Inpatient Quality Reporting Program). Similarly, CMS will also work to align across core sets (e.g., for meaningful use and other programs) when possible.
- CMS has an obligation, by statute for some programs, to provide measures applicable to all providers if possible. As such, CMS sought to be comprehensive in its inclusion of new measures in the ACA 3014 Measures List and to be responsive to stakeholder feedback (e.g., 153 measures recommended by stakeholders for the Physician Quality Reporting System (PQRS) were included in the list), but anticipates only a subset of measures will actually be adopted for its programs.
- Similarly, particular CMS programs must balance competing goals of establishing parsimonious sets of measures, while including sufficient measures to facilitate provider participation (e.g., PQRS and the Medicare and Medicaid EHR Incentive Program, which together include the bulk of proposed measures (284 measures)).