



**List of Measures under Consideration for December 1, 2014**

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## **OVERVIEW**

### ***Background***

The Centers for Medicare & Medicaid Services (CMS) is issuing this List of Measures under Consideration (MUC) (the List) to comply with Section 1890A(a)(2) of the Social Security Act (the Act), which requires the Department of Health and Human Services (DHHS) to make publicly available a list of certain categories of quality and efficiency measures that it is considering for adoption through rulemaking for the Medicare program. Because this List contains measures that were suggested to us by the public, this List contains more measures than will ultimately be adopted by CMS for optional or mandatory reporting programs under Medicare. When organizations, such as physician specialty societies, request that CMS consider measures, CMS makes every effort to include those measures and make them available to the public so that the Measure Applications Partnership (MAP), the multi-stakeholder groups convened as required under 1890A of the Act, can provide their input on all potential measures. CMS will continue its goal of aligning measures across programs. Measure alignment includes establishing core measure sets for use across similar programs, and looking first to existing program measures for use in new programs. Further, CMS programs must balance competing goals of establishing parsimonious sets of measures, while including sufficient measures to facilitate multi-specialty provider participation.

## ***Statutory Requirement***

Section 3014 of the Affordable Care Act (ACA) (P.L. 111-148) created a new Section 1890A of the Social Security Act, which requires that DHHS establish a federal pre-rulemaking process for the selection of certain categories of quality and efficiency measures for use by DHHS. These categories of measures are described in section 1890(b)(7)(B) of the Act. One of the steps in the pre-rulemaking process requires that DHHS make publicly available, not later than December 1<sup>st</sup> annually, a list of quality and efficiency measures DHHS is considering adopting, through the federal rulemaking process, for use in the Medicare program.

The pre-rulemaking process includes the following additional steps:

1. Providing the opportunity for multi-stakeholder groups to provide input not later than February 1<sup>st</sup> annually to DHHS on the selection of quality and efficiency measures;
2. Considering the multi-stakeholder groups' input in selecting quality and efficiency measures;
3. Publishing in the Federal Register the rationale for the use of any quality and efficiency measures that are not endorsed by the entity with a contract under Section 1890 of the Act, which is currently the National Quality Forum (NQF)<sup>1</sup>; and

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<sup>1</sup> The rationale for adopting measures not endorsed by the consensus-based entity will be published in notice-and-comment rulemaking where such measures are proposed and finalized.

4. Assessing the quality and efficiency impact of the use of endorsed measures and making that assessment available to the public at least every three years. (The first report was released in March 2012 and is available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/2015-National-Impact-Assessment-Report-and-Appendices.zip>.) The next report is expected to be released in March 2015.

### ***Fulfilling DHHS's Requirement to Make Its Measures under Consideration Publicly Available***

The 2014 MUC List, which is compiled by CMS, will be posted for CMS on the NQF's website (<http://www.qualityforum.org/MAP/>).

This posting will satisfy an important requirement of the pre-rulemaking process by making public the quality and efficiency measures DHHS is considering for use in the Medicare program. Additionally, CMS's website will indicate that the MUC list is being posted on NQF's website.

### ***Included Measures***

This List identifies the quality and efficiency measures under consideration by the Secretary of DHHS for use under the Medicare program. Measures that appear on this List but are not selected for use under the Medicare program for the current rulemaking cycle will remain under consideration. They remain under consideration only for purposes of the particular program or other use that CMS was considering them for when they were placed on this List. These measures can be selected for those previously

considered purposes and programs/uses in future rulemaking cycles. The 2013 List and the Measures Application Partnership Report can be found at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rulemaking>

### ***Applicable Programs***

The following programs that now implement or will implement quality and efficiency measures have been identified as meeting the criteria listed above. Accordingly, any quality and efficiency measures DHHS considers for these programs must be included in the List of Measures under Consideration:

1. Ambulatory Surgical Center Quality Reporting Program
2. End-Stage Renal Disease (ESRD) Quality Incentive Program
3. Home Health Quality Reporting Program
4. Hospice Quality Reporting Program
5. Hospital-Acquired Condition Reduction Program
6. Hospital Inpatient Quality Reporting Program
7. Hospital Outpatient Quality Reporting Program
8. Hospital Readmission Reduction Program

9. Hospital Value-Based Purchasing Program
10. Inpatient Psychiatric Facility Quality Reporting Program
11. Inpatient Rehabilitation Facility Quality Reporting Program
12. Long-Term Care Hospital Quality Reporting Program
13. Medicare and Medicaid Electronic Health Record (EHR) Incentive Program for Eligible Professionals
14. Medicare and Medicaid EHR Incentive Programs for Eligible Hospitals or Critical Access Hospitals
15. Medicare Shared Savings
16. Medicare Physician Quality Reporting System
17. Physician Compare
18. Physician Feedback/Quality and Resource Utilization Reports
19. Physician Value-Based Payment Modifier Program
20. Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program
21. Skilled Nursing Facility Value-Based Purchasing Program

## ***Measures List Highlights***

Through publication of the 2014 list of measures, CMS will make publicly available and seek the multi-stakeholder groups' input on 202 measures under consideration for use in the Medicare program.

We note several important points to consider and highlight:

- ◆ Of the applicable programs covered by the ACA 3014 pre-rulemaking process, all programs contributed measures to this List except the Hospice Quality Reporting Program. All Hospice Quality Reporting measures that CMS is considering for possible future adoption have previously appeared on this List, and CMS has received MAP input on those measures. This Program has submitted no additional measures at this time for consideration for the current rulemaking cycle or subsequent rulemaking cycles.
- ◆ If CMS chooses not to adopt a measure under this List for the current rulemaking cycle, the measure remains under consideration by the Secretary and may be proposed and adopted in subsequent rulemaking cycles.
- ◆ The NQF already endorses many of the measures contained in this List with a number of other measures pending endorsement.
- ◆ Some measures are part of a mandatory reporting program. However, a number of measures, if adopted, would be part of an optional reporting program. Under this type of program, providers or suppliers may choose whether to participate.



- ◆ CMS sought to be inclusive with respect to new measures on this List. For example, two meetings were convened to obtain input and consensus on this List from across the DHHS.
- ◆ CMS will continue aligning measures across programs whenever possible, including establishing “core” measure sets, and, when choosing measures for new programs, it will look first to measures that are currently in existing programs. CMS’s goal is to fill critical gaps in measurement that align with and support the National Quality Strategy.
- ◆ This List includes measures that CMS is currently considering for the Medicare program. Inclusion of a measure on this List does not require CMS to adopt the measure for the identified program.
- ◆ Measures contained on this List had to fill a quality and efficiency measurement need and were assessed for alignment amongst CMS programs when applicable.
- ◆ In an effort to provide a more meaningful List, CMS included only measures that contain adequate specifications.
- ◆ The following components of the DHHS contributed to and supported CMS in a majority of measures on this List:
  1. Office of the Assistant Secretary for Planning and Evaluation
  2. Office of the National Coordinator for Health Information Technology
  3. National Institutes of Health
  4. Agency for Healthcare Research and Quality
  5. Health Resources and Services Administration

6. Centers for Disease Control and Prevention
7. Substance Abuse and Mental Health Services Administration
8. Office of the Assistant Secretary for Planning and Evaluation
9. Indian Health Service
10. Administration for Community Living

