



**List of Measures under Consideration for December 1, 2017**

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## **OVERVIEW**

### ***Background***

The Centers for Medicare & Medicaid Services (CMS) is issuing this List of Measures under Consideration (MUC) to comply with Section 1890A(a)(2) of the Social Security Act (the Act), which requires the Secretary of the Department of Health and Human Services (DHHS) to make publicly available a list of certain categories of quality and efficiency measures it is considering for adoption through rulemaking for the Medicare program. Among the measures, the list includes measures we are considering that were suggested to us by the public. When organizations, such as physician specialty societies, request that CMS consider measures, CMS evaluates the submission for inclusion on the MUC List so that the Measure Applications Partnership (MAP), the multi-stakeholder groups convened as required under 1890A of the Act, can provide their input on potential measures and ensure alignment where appropriate. Inclusion of a measure on this list does not require CMS to adopt the measure for the identified program. Therefore, this list is likely larger than what will ultimately be adopted by CMS for optional or mandatory reporting programs in Medicare.

CMS will continue its goal of aligning measures across programs. Measure alignment includes looking first to existing program measures for use in new programs. Further, CMS programs must balance competing goals of establishing parsimonious measure sets, while including sufficient measures to facilitate multi-specialty provider and supplier participation.

## ***Statutory Requirement***

Section 3014(b) of the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148, enacted on March 23, 2010) added Section 1890A to 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 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 annually, a list of quality and efficiency measures DHHS is considering adopting, through the federal rulemaking process, for use in certain Medicare quality programs.

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 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 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 2012 and 2015 editions of that report and related documents are available at the [website of the CMS National Impact Assessment](#).)

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

The attached MUC List, which is compiled by CMS, will be posted on the [NQF website](#). This posting will satisfy an important requirement of the pre-rulemaking process by making public the quality and efficiency measures described in section 1890(b)(7)(B) of the Act that DHHS is considering for use under Medicare. Additionally, the CMS website will indicate that the MUC list is being posted on the NQF website.

### ***Included Measures***

This MUC List identifies the quality and efficiency measures under consideration by the Secretary of DHHS for use in certain Medicare quality programs. 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 for future rulemaking cycles. They remain under consideration only for purposes of the particular program or other use for which CMS was considering them when they were placed on the MUC List. These measures can be selected for those previously considered purposes and programs/uses in future rulemaking cycles. This MUC List as well as prior year MUC Lists and Measure Applications Partnership (MAP) Reports can be found at:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>.

## **Applicable Programs**

The following programs that now use or will use quality and efficiency measures have been identified for inclusion on this list.

1. Ambulatory Surgical Center Quality Reporting Program (ASCQR)
2. End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
3. Home Health Quality Reporting Program (HH QRP)
4. Hospice Quality Reporting Program (HQRP)
5. Hospital-Acquired Condition Reduction Program (HACRP)
6. Hospital Inpatient Quality Reporting Program (HIQR)
7. Hospital Outpatient Quality Reporting Program (HOQR)
8. Hospital Readmissions Reduction Program (HRRP)
9. Hospital Value-Based Purchasing Program (HVBP)
10. Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)
11. Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
12. Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
13. Medicare and Medicaid EHR Incentive Program for Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs)
14. Medicare Shared Savings Program (MSSP)
15. Merit-based Incentive Payment System (MIPS)

16. Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting Program (PCHQR)

17. Skilled Nursing Facility Quality Reporting Program (SNF QRP)

18. Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)

### ***Measures List Highlights***

By publishing this list, CMS will make publicly available and seek the multi-stakeholder groups' input on 32 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 pre-rulemaking process in section 1890A of the Social Security Act, all programs contributed measures to this list in 2017 except the Home Health Quality Reporting Program, the Hospice Quality Reporting Program, the Hospital-Acquired Condition Reduction Program, the Hospital Readmissions Reduction Program, the Hospital Value-Based Purchasing Program, the Inpatient Psychiatric Facility Quality Reporting Program, the Inpatient Rehabilitation Facility Quality Reporting Program, the Long-Term Care Hospital Quality Reporting Program, and the Skilled Nursing Facility Value-Based Purchasing Program.
- ◆ The 2017 MUC 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.
- ◆ 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 without being published again as part of a future MUC list.

- ◆ Some measures, if adopted, will become part of a mandatory reporting program. A number of other measures, if adopted, will become part of an optional reporting program. Under optional programs, providers or suppliers may choose whether to participate.
- ◆ CMS will continue aligning measures across programs whenever possible, including looking 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.
- ◆ Measures contained on this list had to fill a quality and efficiency measurement need and were assessed for alignment across CMS programs when applicable.
- ◆ In an effort to provide a more meaningful List of Measures under Consideration, CMS included only measures that contain adequate specifications.
- ◆ The NQF already endorses many of the measures contained in this list, with a number of other measures pending endorsement.
- ◆ CMS sought to be inclusive with respect to new measures on the MUC List. For example, three meetings were convened to obtain input and consensus on the MUC List from across the Department of Health and Human Services.



- ◆ The following components of the Department of Health and Human Services contributed to and supported CMS in publishing a majority of measures on this list:
  1. Office of the Assistant Secretary for Health
  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