List of Measures under Consideration for December 21, 2020

OVERVIEW

Background

It has been an unprecedented year as the Centers for Medicare & Medicaid Services (CMS) and its healthcare partners across the country have led the way to protect the health and safety of this nation's patients and providers in response to the Novel Coronavirus (COVID-19) pandemic. This year in particular, it is especially crucial that CMS engages with stakeholders to strengthen CMS's quality measurement portfolio, solicit feedback early from the public as well as CMS's overall approach to quality measurement as COVID-19 becomes more prevalent across the country. The pre-rulemaking process provides CMS with a vehicle to hear from stakeholders for early consideration of measures, as well as allowing CMS the opportunity to review measures developed by the public.

CMS is issuing this List of Measures under Consideration (MUC) to comply with statutory requirements,[1] which require the Secretary of the Department of Health and Human Services (HHS) to make publicly available a list of certain quality and efficiency measures it is considering for adoption through rulemaking under Medicare. Among the measures, the list includes measures CMS is considering that were suggested 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 the Measure Applications Partnership (MAP), the statutorily required[2] multi-stakeholder groups, can provide their input on potential measures. Inclusion of a measure on

[1] Section 1890A(a)(2) of the Social Security Act (42 U.S.C. § 1395aaa-1(a)(2)).
[2] Section 1890A(a) of the Social Security Act (42 U.S.C. § 1395aaa-1(a)).

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

HHS is statutorily required[3] to establish a federal pre-rulemaking process for the selection of certain quality and efficiency measures[4] for use by HHS. One of the steps in the pre-rulemaking process requires that HHS make publicly available, not later than December 1 annually, a list of quality and efficiency measures HHS 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 HHS 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,

[3] Section 1890A of the Social Security Act (42 U.S.C. § 1395aaa-1).
[4] As listed in Section 1890(b)(7)(B) of the Social Security Act (42 U.S.C. § 1395aaa).

which is currently the National Quality Forum (NQF)[5]; and

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, 2015, and 2018 editions of that report and related documents are available at the website of the CMS National Impact Assessment.)

Fulfilling HHS'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 and the CMS Pre-Rulemaking site. This posting will satisfy an important requirement of the pre-rulemaking process by making public the quality and efficiency measures that HHS is considering for use under certain Medicare quality programs. Additionally, the CMS website will indicate 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 HHS 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

[5] The rationale for adopting measures not endorsed by the consensus-based entity will be published in rulemaking where such measures are proposed and finalized.

Lists and Measure Applications Partnership (MAP) Reports can be found at:

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-RuleMaking.html.

Applicable Programs

The following programs that now use or will use quality and efficiency measures have been identified to take part in pre-rulemaking. Not all programs have measures on the current MUC list; those shown in **boldface** have one or more measures in 2020. Tab 1 in the associated Excel file shows the numbers of measures per program.

- **Ambulatory Surgical Center Quality Reporting Program (ASCQR)**
- **End-Stage Renal Disease Quality Incentive Program (ESRD QIP)**
- Home Health Quality Reporting Program (HH QRP)
- **Hospice Quality Reporting Program (HQRP)**
- Hospital-Acquired Condition Reduction Program (HACRP)
- **Hospital Inpatient Quality Reporting Program (Hospital IQR Program)**
- **Hospital Outpatient Quality Reporting Program (Hospital OQR Program)**
- Hospital Readmissions Reduction Program (HRRP)
- Hospital Value-Based Purchasing Program (HVBP)
- **Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)**
- **Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)**

- **Long-Term Care Hospital Quality Reporting Program (LTCH QRP)**
- **Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs)**
- **Medicare Shared Savings Program**
- **Merit-based Incentive Payment System (MIPS)**
- Part C and D Star Rating [Medicare]
- **Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program (PCHQR)**
- **Skilled Nursing Facility Quality Reporting Program (SNF QRP)**
- 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 20 measures under consideration for use in Medicare programs. CMS notes several important points to consider and highlight:

- CMS has included three measures intended to evaluate COVID-19 vaccination coverage and help protect healthcare personnel and patients. The vaccination measures align with 11 CMS programs.
- 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:
    - Office of the Assistant Secretary for Health
    - Office of the National Coordinator for Health Information Technology
    - National Institutes of Health

- Agency for Healthcare Research and Quality
- Health Resources and Services Administration
- Centers for Disease Control and Prevention
- Substance Abuse and Mental Health Services Administration
- Office of the Assistant Secretary for Planning and Evaluation
- Indian Health Service
- Food and Drug Administration

- CMS will continue aligning measures across programs whenever possible with the goals of moving payment toward value, improving outcomes for patients, and reducing regulatory burden for clinicians and providers through focusing everyone's efforts on the same quality areas. In an effort to provide a more meaningful List of Measures under Consideration, CMS included only measures that contain adequate specifications. Measures contained on this list had to fill a quality and efficiency measurement need and were assessed for alignment across CMS programs when applicable. To achieve this goal of alignment across programs, measures in the 2020 MUC list were reviewed using the Meaningful Measures Framework.

Meaningful Measures

The Meaningful Measures key themes and framework, launched in October 2017 as a response to the increased regulatory and reporting burden on providers, continues to guide CMS. The Meaningful Measures Initiative is aimed at identifying the highest priority areas for quality measurement and quality improvement in order to assess the core quality of care issues that are most vital to advancing the agency's work to improve patient outcomes. The Meaningful

Measures Initiative represents a new approach to quality measures that will work to:

- Provide rapid performance feedback to providers;
- Accelerate the move to fully digital measures;
- Unleash the voice of the patient through use of patient reported outcome measures;
- Use measures that will advance innovative payment structures;
- Increase alignment of measures;
- Promote use of all payer data (where feasible); and
- Focus on major domain outcomes.

While CMS is still receiving feedback in order to finalize a new framework, CMS has used the existing Meaningful Measures framework to categorize measures and ensure that they align with the most critical quality areas, which are mapped out in the second tab of the associated Excel file by priority and area.

By including Meaningful Measures in its programs, CMS addresses the following cross-cutting measure criteria:

- Eliminating disparities
- Tracking measurable outcomes and impact
- Safeguarding public health
- Achieving cost savings
- Improving access for rural communities
- Reducing burden.

Through the Meaningful Measures Initiative, CMS can improve the quality of healthcare for all Americans by continuing to modernize the quality reporting and payment programs, including alignment across all programs.

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