Overview of the List of Measures Under Consideration
for December 1, 2023

Background

The pre-rulemaking process provides the Centers for Medicare & Medicaid Services (CMS) with an opportunity to hear from interested parties early in CMS's consideration of measures.

CMS is issuing this List of Measures Under Consideration (MUC) to comply with the statutory requirement that the Secretary of the Department of Health and Human Services (HHS) make publicly available a list of certain quality and efficiency measures that the Secretary is considering for adoption through rulemaking under Medicare.[1] As a part of this process, CMS accepts measure submissions from the public, such as from societies who develop measures. Then, CMS evaluates all suggested measures to determine whether CMS would consider them for use in one or more Medicare quality reporting and value-based programs. The measures CMS selects are placed on the MUC List and reviewed by a multi-interested party group convened by the consensus-based entity (CBE). Through this process, the Pre-Rulemaking Measure Review (PRMR) process, input is provided by the CBE on behalf of individuals receiving care, family, and caregivers; specialty societies; national organizations; advocates; clinicians and providers; facilities; and quality measure experts to the HHS Secretary no later than February 1. Inclusion of a measure on the MUC list does not obligate CMS to propose to adopt or finalize the adoption of the measure for the identified program. Rulemaking is still required for any measure to be included in a program.

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

As one of the eight [CMS National Quality Strategy](#) goals, CMS will continue its goal of aligning measures across programs. Measure alignment includes looking first to existing program measures for use in new programs, as well as looking across programs to see if the measure is used in other CMS programs. To further the goals of the CMS National Quality Strategy, CMS leaders from across the Agency came together to streamline quality measures across CMS quality programs for the adult and pediatric populations. This "[Universal Foundation](#)" of quality measures will focus provider attention, reduce burden, identify disparities in care, prioritize development of interoperable, digital quality measures, allow for comparisons across programs, and help identify measurement gaps. As CMS moves forward with the Universal Foundation, we will be evaluating the use of those measures across applicable programs, while still including sufficient measures to fulfill the purpose of the program and improve health outcomes for Americans.

Statutory Requirement

The Social Security Act (the Act) requires that the Secretary of HHS establish a pre-rulemaking process for the selection of certain quality and efficiency measures for use by HHS.[2] 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,

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[2] *See* section 1890A(a) of the Act (42 U.S.C. § 1395aaa-1(a)); *see also* section 1890(b)(7)(B) of the Act (42 U.S.C. § 1395aaa(b)(7)(B)).

through the rulemaking process, for use in certain Medicare quality programs and for use in

publicly reporting performance information in any Medicare program.

The pre-rulemaking process includes the following additional steps:

1. Providing the opportunity for interested parties to provide input through public
   comments and committees convened by the CMS consensus-based entity [3]. These
   recommendations are delivered to HHS not later than February 1 annually for the
   selection of quality and efficiency measures.

2. Requiring the Secretary to consider the interested parties' 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 Battelle Memorial Institute [4].

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, available at,
   https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-
   Instruments/QualityMeasures/National-Impact-Assessment-of-the-Centers-for-
   Medicare-and-Medicaid-Services-CMS-Quality-Measures-Reports.

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[3] The CMS Consensus-Based Entity for measure endorsement is the Partnership for Quality Measurement (PQM).
[4] The rationale for adopting measures not endorsed by the consensus-based entity will be published in rulemaking
where such measures are proposed and finalized.

Included Measures

The MUC List identifies the quality and efficiency measures under consideration by CMS for use in certain Medicare quality programs. Measures that appear on this list that are not selected for use under the Medicare program for the current rulemaking cycle will remain under consideration for future rulemaking cycles. The 2023 MUC List, as well as prior year MUC Lists and Recommendation Reports, can be found at:

https://mmshub.cms.gov/measure-lifecycle/measure-implementation/pre-rulemaking/lists-and-reports.

Applicable Programs

The following programs comply with section 1890A pre-rulemaking process and use quality and efficiency measures. Not all programs have measures on the current MUC List; those shown in **boldface** have one or more measures on this 2023 MUC List.

- **Ambulatory Surgical Center Quality Reporting Program (ASCQR)**

- **End-Stage Renal Disease Quality Incentive Program (ESRD QIP)**

- Home Health Quality Reporting Program (Home Health 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 (IRFQRP)

- Long-Term Care Hospital Quality Reporting Program (LTCHQRP)

- **Medicare Promoting Interoperability Program for Eligible Hospitals (EHs) or Critical Access Hospitals (CAHs) (PI)**

- **Medicare Shared Savings Program (Shared Savings Program)**

- **Merit-based Incentive Payment System (MIPS)**

- **Part C and D Star Rating (Part C and D)**

- **Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program (PCHQRP)**

- **Rural Emergency Hospital Quality Reporting Program (REHQRP)**

- Skilled Nursing Facility Quality Reporting Program (SNFQRP)

- Skilled Nursing Facility Value-Based Purchasing Program (SNFVBP)

Measures List Highlights

CMS received 55 measure submissions for consideration on the 2023 MUC List. After review, CMS has approved 42 measures for inclusion in the 2023 MUC List. By publishing this

list, CMS will make publicly available and seek interested parties' input on the 42 measures under consideration for use in Medicare programs. These 42 measures may be considered for more than one CMS program. For several measures, there are slight distinctions between the variants of the same measure across programs that result in measure specification differences. These differences require measures to be listed multiple times on the MUC List to adequately describe the distinctions between the variants, thus resulting in 55 program-specific measures on the MUC List.

Measures contained on this list fulfill a quality and efficiency measurement need and were assessed for alignment across CMS programs when applicable. Of these 42 measures, 10 measures are currently fully implemented in CMS programs and are on the MUC List due to substantive changes made to the measure specifications. The 42 measures on the 2023 MUC List include 18 outcome measures (including intermediate and Patient-Reported Outcome-based Performance Measure (PRO-PM)), 12 process measures, 4 structure measures, and 8 cost/resource use measures. CMS highlights the following about the 2023 MUC List:

- 95% of the measures are digitally sourced, advancing the CMS National Quality Strategy goal of prioritizing the development of interoperable and digital quality measures.

- 43% of measures are outcome focused, promoting the CMS National Quality Strategy priority of alignment and improved health outcomes across the care journey.

♦ 26% of the measures address the Person-Centered Care Meaningful Measures

Priority 2.0, accelerating equity and engagement for all individuals.

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