Overview of the List of Measures Under Consideration
December 1, 2024

Background

The Centers for Medicare & Medicaid Services (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) establish a pre-rulemaking process that includes making publicly available a list of certain quality and efficiency measures that the Secretary is considering for adoption through rulemaking under Medicare.[1] Publication of this MUC List is also reviewed as part of the Pre-Rulemaking Measure Review (PRMR) process, which provides CMS with an opportunity to hear from interested parties early in CMS's consideration of measures for inclusion into CMS quality reporting and value-based programs.

CMS submits both its own measures and accepts measure submissions from the public, such as from measure developers, for inclusion in the MUC List. CMS evaluates all submitted measures to determine whether CMS would consider them for use in one or more Medicare quality reporting and value-based payment programs. The measures CMS selects are placed on the MUC List and reviewed during the pre-rulemaking process by groups of interested parties convened by the consensus-based entity (CBE), as required by section 1890A(a) of the Social Security Act (the "Act"), to provide substantiated recommendations for measure selection.[2] The Act defines a group as a "voluntary

[1] *See* section 1890A(a)(2) of the Social Security Act (42 U.S.C. § 1395aaa-1(a)(2)).
[2] The consensus-based entity contracted with HHS for managing the pre-rulemaking review process and measure endorsement is The Battelle Memorial Institute. Battelle manages the Partnership for Quality Measurement (PQM) to conduct processes including pre-rulemaking review and endorsement of measures. *See* section 1890 of the Social Security Act (42 U.S.C. § 1395aaa).

collaborative of organizations representing a broad group of stakeholders interested in or affected by the use of such quality and efficiency measure." [3] The CBE must transmit the recommendations of the CBE-convened interested party groups to the HHS Secretary no later than February 1. These interested parties include individuals receiving care, family, and caregivers; specialty societies; national organizations; advocates; clinicians and providers; facilities; and quality measure experts. 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 a measure from the MUC List to be included in a Medicare program.

Consistent with one of the eight CMS National Quality Strategy goals, CMS will continue efforts to align measures across programs, if applicable. Measure alignment includes looking first to existing program measures for use in new programs. CMS leaders came together to streamline quality measures across CMS quality programs for the adult and pediatric populations as a key action to further quality measure alignment goals. Their efforts resulted in the "Universal Foundation," an adult and pediatric set of quality measures with the aim of focusing provider attention; reducing burden; identifying disparities in care; prioritizing development of interoperable, digital quality measures; allowing for program comparisons; and helping identify measurement gaps. As CMS moves forward with the Universal Foundation, we will evaluate the use of those measures across applicable programs, while still including other, additional appropriate measures to fulfill the purpose of the program and improve health outcomes for Americans.

[3] *See* section 1890(b)(7)(D) of the Social Security Act (42 U.S.C. § 1395aaa-1(a)(2)).

Statutory Requirement

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 in certain programs. [4] The pre-rulemaking process requires that HHS make publicly available on an annual basis, not later than December 1 each year, a list of quality and efficiency measures, what CMS refers to as the MUC List, HHS is considering adopting, through the rulemaking process, for use in certain Medicare quality programs and for publicly reporting performance information in certain Medicare program.

The pre-rulemaking process incorporates several key steps to enhance the selection of quality and efficiency measures. It allows interested parties to offer input through public comments and groups organized by the CBE. The recommendations gathered from the CBE-convened interested parties are delivered to HHS in a report no later than February 1 each year. Additionally, the process mandates that the Secretary consider the input from interested party groups when selecting quality and efficiency measures for use in specific programs. This structured approach ensures a broad range of perspectives are considered in the decision-making process.

Once a measure has progressed through the pre-rulemaking process and enters the rulemaking phase, there are steps to follow to ensure transparency and accountability. For certain quality and efficiency measures, the rationale for adopting measures not endorsed by the consensus-based entity will be published in the rulemaking where such measures are

[4] 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)).

proposed and, if applicable, finalized.[5] Additionally, the Secretary is required to assess the impact of the endorsed measures on quality and efficiency.[6] This assessment must be made available to the public at least every three years. The results of these assessments can be accessed through the CMS website 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.

MUC List Measures

The MUC List identifies the quality and efficiency measures under consideration by CMS for use in certain Medicare quality programs designated by statute as well as additional quality programs specified by the Secretary.[7] 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 2024 MUC List, as well as prior year MUC Lists and CBE Recommendation Reports, can be found at: https://mmshub.cms.gov/measure-lifecycle/measure-implementation/pre-rulemaking/lists-and-reports.

[5] *See* section 1890A(a)(5) of the Social Security Act (42 U.S.C. § 1395aaa-1(a)(5)). There may be program-specific statutes that similarly require that the Secretary provide a rationale for proposing and, if applicable, finalizing a measure for use that has not been endorsed by the CBE.
[6] See section 1890A(a)(2) of the Social Security Act (42 U.S.C § 1395aaa-1(a)(2)).
[7] See section 1890A(a)(2) of the Social Security Act (42 U.S.C § 1395aaa-1(a)(2)).

Applicable Programs

The following programs, as designated by statute or specified by the Secretary, use the pre-rulemaking process described in section 1890A of the Social Security Act, except the Merit-based Incentive Payment System, which participates voluntarily.[8] Not all programs have measures on the current MUC List; those shown in **boldface** have one or more measures on the 2024 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)

[8] Prior to the introduction of MIPS, programs such as PQRS were mandated to undergo the pre-rulemaking process. With the enactment of MACRA in 2015, which led to the sunset of PQRS and the initiation of MIPS, the legislation did not explicitly mandate MIPS to undergo pre-rulemaking. This was confirmed by the Office of General Counsel (OGC). Consequently, MIPS's participation in the pre-rulemaking process is voluntary and serves to enhance transparency.

- Long-Term Care Hospital Quality Reporting Program (LTCHQRP)
- **Medicare Promoting Interoperability Program**
- Medicare Shared Savings Program
- **Merit-based Incentive Payment System (MIPS)**
- **Part C Star Ratings (Part C)**
- Part D Star Ratings (Part 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 57 measure submissions for inclusion on the 2024 MUC List. These measure submissions can be submitted by CMS-contracted measure developers, as well as external developers. After review, CMS approved 41 of these measures for inclusion on the 2024 MUC List. By publishing this list, CMS makes publicly available and seeks interested parties' input on the 41 measures under consideration for use in applicable Medicare programs. These 41 measures may be considered for more than one Medicare program. For several measures, there are slight differences for the same type of measure across programs that result in measure specification differences. These differences require unique measures

to be listed multiple times on the MUC List to adequately describe the distinctions between the variants, thus resulting in 52 program-specific measures on the 2024 MUC List.

Measures contained on this list fulfill a quality and efficiency measurement need and were assessed for alignment across Medicare programs, when applicable. Of these 41 measures, 14 measures are currently implemented in Medicare programs and are on the MUC List due to substantive changes made to the measure specifications. The 41 measures on the 2024 MUC List include 26 outcome measures (including intermediate and Patient-Reported Outcome-based Performance Measures (PRO-PMs), 11 process measures, 1 structure measure, and 3 cost/resource use measures. The following are some highlights about the 2024 MUC List and how the list of measures advances goals of the CMS National Quality Strategy:

- 100% of the measures rely on data submissions using at least one digital data source and 78% of these measures rely on data submissions using only digital data sources, which is consistent with CMS's priority for the development of interoperable and digital quality measures.

- 63% of the measures are outcome focused, promoting alignment and improved health outcomes across the care journey.

- 37% of the measures address the Person-Centered Care Meaningful Measure Priority, accelerating equity and engagement for all individuals.

If you are interested in exploring more detailed specifications of the measures included in this MUC List for 2024, please access the "Past Candidate Measures" tab on the MUC Entry/Review Information Tool (MERIT) website. Please note that accessing this information requires an account, which you can create at no cost. For more information, please contact Melissa Gross at Melissa.Gross@cms.hhs.gov.