



**Overview of the List of Measures Under Consideration  
for December 1, 2021**

## *Background*

The pre-rulemaking process provides CMS with a vehicle to hear from stakeholders for early consideration of measures.

CMS is issuing this List of Measures Under Consideration (MUC) to comply with the statutory requirement,<sup>1</sup> which requires the Secretary of the Department of Health and Human Services (HHS) to make publicly available a list of certain quality and efficiency measures that the Secretary is considering for adoption through rulemaking under Medicare. Among the measures, the list includes measures CMS is considering that were originally suggested by the public. When organizations, such as physician specialty societies, request that CMS consider measures, CMS evaluates the suggested measures to determine whether CMS would consider them for use in one or more Medicare programs. If CMS determines that it would consider the measures and the pre-rulemaking process applies to those measures, CMS adds them to the MUC List as part of the pre-rulemaking process so the Measure Applications Partnership (MAP) can provide input. Inclusion of a measure on this list does not require CMS to propose to adopt or finalize the adoption of the measure for the identified program. Therefore, this list may include a larger number of measures than the number of measures CMS will decide to propose for adoption through rulemaking.

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<sup>1</sup> See section 1890A(a)(2) of the Social Security Act (42 U.S.C. § 1395aaa-1(a)(2)).

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. 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<sup>2</sup> to establish a pre-rulemaking process for the selection of certain quality and efficiency measures<sup>3</sup> 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 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 to HHS not later than February 1 annually on the selection of quality and efficiency measures;
2. Requiring the Secretary to consider the multi-stakeholder groups' input in selecting quality and efficiency measures;

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<sup>2</sup> See section 1890A(a) of the Social Security Act (42 U.S.C. § 1395aaa-1(a)).

<sup>3</sup> As listed in section 1890(b)(7)(B) of the Social Security Act (42 U.S.C. § 1395aaa(b)(7)(B)).

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>4</sup>; 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, 2018, and 2021 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 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 the Secretary is considering for use under certain Medicare quality programs.

### *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. They remain under consideration

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<sup>4</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.

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. The 2021 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-RuleMaking.html>.

### *Applicable Programs*

The following programs, which now use or will use quality and efficiency measures, take part in the section 1890A pre-rulemaking process. Not all of these programs have measures on the current MUC List; those shown in **boldface** have one or more measures on this 2021 MUC List.

- ◆ 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 29 measures under consideration for use in Medicare programs. These 29 unique measures may be considered for more than one CMS program resulting in 44 total individual measures. Of these 29 unique measures, four (4) measures are currently fully implemented in CMS programs and are on the MUC List due to substantive changes made to the specifications. The 29 measures proposed in the 2021 MUC List include 10 process measures, 9 outcome measures, 4 patient reported outcome measures, 2

structure measures, 1 intermediate outcome measure, 1 cost/resource use measure, 1 efficiency measure, and 1 patient engagement/experience measure. CMS notes several important points to consider and highlight:

- ◆ CMS will continue to balance the alignment of measures across programs whenever possible with the goals of moving payment toward value and reducing regulatory burden for clinicians and providers through focusing everyone's efforts on the same quality areas with the ultimate goal of improving outcomes for patients. Measures contained on this list fulfill a quality and efficiency measurement need and were assessed for alignment across CMS programs when applicable.

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