List of Measures under Consideration for December 1, 2016

Table of Contents

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 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 attempts to include those measures and make them available to the public so that the Measure Applications Partnership (MAP), the multi-stakeholder groups convened as required under 1890A of the Act, can provide their input on all potential measures and ensure alignment where appropriate. This list is 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 establishing core measure sets for use across similar programs, and looking first to existing program measures for use in new programs. Further, CMS programs must balance competing goals of establishing parsimonious sets of measures, while including sufficient measures to facilitate multi-specialty provider participation.

Statutory Requirement

Section 3014 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 the Medicare program.

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)[1]; and

[1] 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 for CMS 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) 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 the Medicare program. 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

Through publication of this list, CMS will make publicly available and seek the multi-stakeholder groups' input on 97 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 ACA 3014 pre-rulemaking process, all programs contributed measures to this list except the Hospital-Acquired Condition Reduction Program, the Hospital Readmissions Reduction Program, and the Skilled Nursing Facility Value-Based Purchasing Program. All Hospital Readmissions Reduction Program measures that CMS is considering for possible future adoption have previously appeared on the MUC List, and CMS has received MAP input on those measures.

- 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.
- The NQF already endorses many of the measures contained in this list, with a number of other measures pending endorsement.
- Some measures are part of a mandatory reporting program. However, a number of measures, if adopted, would be part of an optional reporting program. Under optional programs, providers or suppliers may choose whether to participate.
- 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.
- CMS will continue aligning measures across programs whenever possible, including establishing "core" measure sets, and, when choosing measures for new programs, it will look 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.
- The 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.
- Measures contained on this list had to fill a quality and efficiency measurement need and were assessed for alignment among 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 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

Recent Legislation

The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act) requires that post-acute care (PAC) settings, including Long-Term Care Hospitals (LTCHs), Inpatient Rehabilitation Facilities (IRFs), Skilled Nursing Facilities (SNFs), and Home Health Agencies (HHAs), report standardized patient assessment data with respect to certain clinical assessment categories and with respect to quality measures by means of the PAC patient assessment instruments (Minimum Data Set—MDS for SNFs, Outcome and Assessment Information Set—OASIS for HHAs, Inpatient Rehabilitation Facility Patient Assessment Instrument—IRF-PAI for IRFs, and Long-Term Care Hospital Continuity Assessment Record and Evaluation [CARE] Data Set for LTCHs). Further, the IMPACT Act requires the submission of data pertaining to resource use and other measure domains. The IMPACT Act requires that the assessment data reported by PAC providers be standardized and interoperable to allow for the exchange of such data to facilitate coordinated care and improved beneficiary outcomes.

In order to comply with the IMPACT Act requirements, CMS added certain quality measure concepts on the 2016 MUC list with respect to IRF settings for the Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP), LTCH settings for the Long-Term Care Hospital Quality Reporting Program (LTCH QRP), SNF settings for the Skilled Nursing Facility Quality Reporting Program (SNF QRP), and HHAs for the Home Health Quality Reporting Program (HH QRP). Measure concepts added to the 2016 MUC list are: (1) the Transfer of Information at Post-Acute Care Admission, Start, or Resumption of Care from Other Providers/Settings; (2) the

Transfer of Information at Post-Acute Care Discharge or End of Care to Other Providers/Settings; and (3) the Application of the Percent of Residents or Patients with Pressure Ulcers that are New or Worsened. Additionally, for the HH QRP, two additional quality measures were added to the 2016 MUC List to comply with the IMPACT Act: (1) the Percent of Home Health Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function; and (2) the Percent of Residents Experiencing One or More Falls with Major Injury. Additional measures required by the IMPACT Act will be made publicly available and transmitted to the MAP in the future.

The measure concepts that CMS has included in the 2016 MUC List are intended to address the domains for which the Secretary is required under the IMPACT Act to specify measures in FY/CY 2018 rulemaking. Therefore, to meet the immediate, statutorily required FY/CY 2018 timelines, our review and consideration were given to measures that:

- Address a current area for improvement that is tied to a stated domain within the Act;
- Minimize added burden to the providers;
- Where possible, avoid any impact on current assessment items that are already collected;
- Where possible, avoid duplication of existing assessment concepts.

Section 101 of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) repealed the Medicare sustainable growth rate (SGR) methodology for updates to the physician fee schedule (PFS) and replaced it with a series of specified annual update

percentages. It also established a new Merit-based Incentive Payment System (MIPS) for MIPS eligible clinicians under the PFS starting with calendar year 2019. Section 101 of MACRA also sunsets payment adjustments under the current programs of the Physician Quality Reporting System (PQRS), the Physician Value-Based Payment Modifier (VM), and the Medicare Electronic Health Records (EHR) Incentive Program for Eligible Professionals starting with calendar year 2019 and consolidates aspects of these programs into the new MIPS.

CMS issued a Notice of Proposed Rulemaking (NPRM) on May 9, 2016 regarding MIPS implementation (81 Fed. Reg. 28,162) and issued a Final Rule (FR) with comment period on 10/14/16 at https://qualitypaymentprogram.cms.gov. This final rule with comment period provided details on the finalized MIPS measures as well as which measures are "new" to MIPS and therefore have been submitted to peer-reviewed journals in accordance with Section 1848(q)(2)(D)(iv) of the Act.

The pre-rulemaking process is not required to apply to the selection of MIPS quality measures. The MAP process enables CMS to obtain additional input from relevant eligible clinician organizations and other stakeholders, including state and national medical societies, in finalizing the annual list of quality measures. In the October 14, 2016 final rule, CMS stated that the MAP's recommendations could be considered as part of the comprehensive assessment of each measure considered for inclusion under MIPS. Additionally, CMS finalized that a subset of the measures currently implemented in PQRS and VM would also be available for MIPS implementation. There are 35 measures on the 2016 MUC list that could be used under MIPS beginning in the 2018 performance period.