

List of Measures under Consideration for December 1, 2012

Overview

CMS is issuing this List of Measures under Consideration to comply with Section 1890A of the Social Security Act (Act), which requires the Department of Health and Human Services (DHHS) to publicly present quality and efficiency measures it is considering for adoption through rulemaking for the Medicare program. Because the list contains measures we are considering that were suggested to us by the public, this list is larger than what will ultimately be adopted by CMS for optional or mandatory reporting programs in Medicare. When organizations, such as physician specialty societies, request that CMS consider measures, CMS attempts to include them and make these measures 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. 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. For example, the Physician Quality Reporting System (PQRS) program accounts for the bulk of the measures under consideration in this list (281 measures out of 507), with the vast majority of these measures requested by physician specialty groups.

Statutory Requirement

Section 3014 of the Affordable Care Act (ACA) (P.L. 111-148) created a new Section 1890A of the Act, which requires the establishment of a federal pre-rulemaking process for the selection of quality and efficiency measures used by DHHS. Measures include those used under certain Medicare programs listed under section 1890(b)(7)(B)(i)(I) of the Act as well as those used in reporting performance information to the public. The pre-rulemaking process includes:

1. Making publicly available, by December 1st annually, a list of measures DHHS is considering for adoption through the federal rulemaking process for qualifying programs and for reporting performance information to the public;
2. Providing the opportunity for multi-stakeholder groups to provide input by February 1st annually to DHHS on the selection of quality and efficiency measures and for DHHS to consider the multi-stakeholder groups' input in selecting measures;
3. Publishing the rationale for the use of any quality and efficiency measures that are not endorsed by the consensus based entity under contract with the DHHS under Section 1890 of the Act, currently the National Quality Forum (NQF)¹; 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 first report was released in March 2012). Available at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Downloads/NationalImpactAssessmentofQualityMeasuresFINAL.PDF>

¹ The rationale for adopting measures not endorsed by the consensus based entity will be published in regulations where such measures are proposed and finalized

Fulfilling Multi-Stakeholder Group Input Requirements

The List of Measures under Consideration, which will be posted for CMS on the NQF's website (www.qualityforum.org/MAP/), satisfies the first and second requirements of the pre-rulemaking process. Additionally, CMS will update the webpage that describes this process and submission of the measures list to the NQF MAP for posting.

Included Measures. The current List of Measures under Consideration identifies the quality and efficiency measures under consideration by the Secretary of DHHS for the Medicare program. The measures are described under Section 1890(b)(7)(B) of the Act, which was added by Section 3014 of the ACA. Quality and efficiency measures include:

1. Measures for use in the Medicare quality programs specifically listed in Section 1890(b)(7)(B)(i)(I) of the Act;
2. Measures for use in reporting performance data to the public; and
3. Measures that have been developed for use in health care programs other than for use under the Social Security Act.

Measures that fall into one or more of the above categories would belong on the pre-rulemaking list if we are considering those measures for use under the Medicare program. Measures that appear on this list but are not selected for a Medicare program will remain under consideration for future rulemaking cycles.

Applicable Programs

The following programs implementing measures have been identified to meet the criteria listed above. Accordingly, measures from these programs are eligible to be included in the List of Measures under Consideration:

1. Ambulatory Surgical Center Quality Reporting
2. E-Prescribing Incentive Program
3. End Stage Renal Disease Quality Improvement Program
4. Home Health Quality Reporting
5. Hospice Quality Reporting
6. Hospital Acquired Condition Payment Reduction (ACA 3008)
7. Hospital Inpatient Quality Reporting
8. Hospital Outpatient Quality Reporting
9. Hospital Readmission Reduction Program
10. Hospital Value-Based Purchasing

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11. Inpatient Psychiatric Facility Quality Reporting
12. Inpatient Rehabilitation Facility Quality Reporting
13. Long-term Care Hospital Quality Reporting
14. Medicare and Medicaid EHR Incentive Program for Eligible Professionals
15. Medicare and Medicaid EHR Incentive Program for Hospitals and CAHs
16. Medicare Shared Savings Program
17. Medicare Physician Quality Reporting System (PQRS)
18. Physician Compare
19. Physician Feedback
20. Value-Based Modifier Program
21. Prospective Payment System (PPS) Exempt Cancer Hospital Quality Reporting

Measures List Highlights

Through publication of this list, CMS will make publicly available and seek multi-stakeholder group input on 50 new 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, 19 programs contributed measures to include in this list (e.g., 2 programs did not contribute measures).
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- External stakeholders contributed to and support the majority of measures on this list.
- The NQF already endorses many of the measures contained in this list with 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 this type of program, providers or suppliers can choose whether to participate.
- CMS sought to be inclusive of new measures in the pre-rulemaking measure list to be responsive to stakeholder feedback. For example, although we anticipate that only a subset of measures will actually be their adopted, the Physician Quality Reporting System (PQRS) program has a large number of measures under consideration to address many of the specialty societies that wish to offer a robust set of measures applicable to providers. Out of the 507 measures under consideration, 281 are under consideration for PQRS in response to an annual Call for Measures that is held to encourage increased participation.
- Particular CMS programs must balance competing goals of establishing parsimonious sets of measures, while including sufficient measures to facilitate multi-specialty provider participation. CMS will continue aligning measures across programs, including establishing “core” measure sets, and when choosing measures

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for new programs, it will look first to measures that are currently in existing programs. CMS's goal is fill critical gaps in measurement that align with and support the National Quality Strategy.

- The measures list includes measures which CMS is currently considering for the Medicare program. Inclusion of a measure on this list does not require CMS to select the measure for the identified program.