List of Measures under Consideration for December 1, 2015

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. 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 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.

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) created a new Section 1890A of 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 categories of 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 DHHS is considering for use in the Medicare program. 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. They remain under consideration only for purposes of the particular program or other use that CMS was considering them for 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 Measures

Application 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 implement or will implement quality and efficiency measures have been identified as meeting the criteria listed above. Accordingly, any quality and efficiency measures DHHS considers for these programs must be included in the List of Measures under Consideration:

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. Medicare and Medicaid EHR Incentive Program for Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs)
8. Hospital Outpatient Quality Reporting Program (HOQR)
9. Hospital Readmissions Reduction Program (HRRP)

10. Hospital Value-Based Purchasing Program (HVBP)
11. Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)
12. Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
13. Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
14. Merit-based Incentive Payment System (MIPS)
15. Medicare Shared Savings Program (MSSP)
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 131 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 Readmissions Reduction 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. This Program has submitted no additional measures at this time for consideration for the current rulemaking cycle or subsequent rulemaking cycles.

- 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 publishing again as part of the 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 this type of program, 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 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

Legislative Effects on CMS Programs

The Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act), signed into law by President Obama in October 2014, requires long-term care hospitals (LTCHs), Inpatient Rehabilitation Facilities (IRFs), Skilled Nursing Facilities (SNFs), and Home Health Agencies (HHAs) to report standardized patient assessment data, at a minimum with respect to certain statutorily-mandated categories, using the post-acute care (PAC) assessment instruments that these providers currently use to submit data to CMS for other purposes. The IMPACT Act further requires: the Secretary to specify quality, resource use and other measures that cover, at a minimum, certain statutorily-mandated domains; and that these providers report data on those measures. The IMPACT Act requires that the assessment data reported by these providers be standardized and interoperable to allow for the exchange of such data among PAC providers and other providers, inform person-centered discharge planning, and facilitate coordinated care and improved patient outcomes.

In order to comply with the IMPACT Act requirements, CMS has included four quality measure concepts on the 2015 MUC list with respect to the IRF, LTCH, SNF, and HHA settings for the IRF Quality Reporting Program (IRF QRP), LTCH Quality Reporting Program (QRP), SNF Quality Reporting Program (QRP), and HH Quality Reporting Program (QRP), respectively. Measure concepts added to the 2015 MUC list are: (1) the Potentially Preventable 30-Day Post-Discharge Readmission quality measure for LTCHs, IRFs, SNFs, and HHAs (one measure per each setting); (2) the Discharge to Community quality measure for LTCHs, IRFs, SNFs, and HHAs (one

measure per each setting); (3) the Medicare Spending per Beneficiary-Post Acute Care (PAC) quality measure for LTCHs, IRFs, SNFs, and HHAs (one measure per each setting); and (4) the Drug Regimen Review Conducted with Follow-Up for Identified Issues quality measure for LTCHs, IRFs, SNFs, and HHAs (one measure per each setting). 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 2015 MUC List are intended to address the domains for which the Secretary is required to specify measures in FY/CY 2017 rulemaking. Therefore, to meet the immediate, statutorily required FY/CY 2017 timelines, our review and consideration was 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) repeals the Medicare sustainable growth rate (SGR) methodology for updates to the physician fee schedule (PFS) and replaces it with a series of specified annual update percentages. It also establishes a new Merit-based Incentive Payment System (MIPS) for MIPS eligible professionals (EPs) under the PFS starting with calendar year 2019. Section 101 of MACRA also sunsets payments and 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. While CMS has not yet issued rulemaking regarding MIPS implementation, and although the pre-rulemaking process is not required to apply to the selection of MIPS quality measures, including timing of the performance period applicable for MIPS payment adjustments in 2019, CMS is including MIPS as one of the programs to be included in this List of Measures Under Consideration for potential rulemaking next year. Additionally, we note that measures currently active in PQRS and VM will also be available for MIPS implementation.