Overview of the List of Measures Under Consideration
December 15, 2025

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 Health and Human Services (HHS) establish a pre-rulemaking process that includes making publicly available a list of 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 external measure developers, for inclusion on 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 collaborative of organizations representing a broad group of stakeholders interested in or affected by the use of such quality and efficiency measures." [3] The CBE must transmit the

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

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.

To relieve burden, CMS continues to align measures across programs and transition to digital measures wherever 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; 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.

Statutory Requirement

The Act requires that the Secretary of HHS establish a pre-rulemaking process for the selection of 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 programs.

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 Federal Register through rulemaking, where

[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)).

such measures are 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.

Make America Healthy Again (MAHA)

CMS aims to align quality measures with the MAHA initiative in our Quality Reporting and Value Based Programs. The MAHA initiative emphasizes health care priorities such as chronic illness, disease prevention (primary: preventing disease onset; secondary: early detection and intervention; tertiary: managing established diseases), nutrition, physical fitness and wellness. CMS has accepted specific measures onto this year's MUC List that support these priorities, as shown in the table below.

Table 1. Measures on the 2025 MUC List that align to MAHA priorities

MUC ID	Measure Title	CMS Programs
MUC2025-020	Advance Care Planning (ACP)	Ambulatory Surgical Center Quality Reporting Program; End-Stage Renal Disease Quality Incentive Program; Home Health Quality Reporting Program; Hospital Inpatient Quality Reporting Program; Hospital Outpatient Quality Reporting Program; Hospital Value-Based Purchasing Program; Inpatient Psychiatric Facility Quality Reporting Program; Inpatient Rehabilitation Facility Quality Reporting Program; Long-Term Care Hospital Quality Reporting Program; Medicare Promoting Interoperability Program; Merit-based Incentive Payment System; Prospective Payment System-Exempt Cancer Hospital Quality Reporting

[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)).

MUC ID	Measure Title	CMS Programs
		Program; Rural Emergency Hospital Quality Reporting Program; Skilled Nursing Facility Quality Reporting Program; Skilled Nursing Facility Value-Based Purchasing Program
MUC2025-011	Dialysis Facility Discussion of Patient Life Goals	End-Stage Renal Disease Quality Incentive Program
MUC2025-053	Excess Days in Acute Care (EDAC) After Hospitalization for Diabetes	Hospital Inpatient Quality Reporting Program
MUC2025-067	Hospital Harm - Postoperative Venous Thromboembolism	Hospital Inpatient Quality Reporting Program; Hospital-Acquired Condition Reduction Program; Medicare Promoting Interoperability Program
MUC2025-034	Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management	Merit-based Incentive Payment System
MUC2025-065	Malnutrition Care Score	Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program
MUC2025-042	Rate of Timely Follow-up on Abnormal Screening Mammograms for Breast Cancer Detection	Merit-based Incentive Payment System
MUC2025-043	Rate of Timely Follow-up on Positive Stool-based Tests for Colorectal Cancer Detection	Merit-based Incentive Payment System

CMS is also promoting the early review of five measures that align with MAHA and national healthcare priorities discussed in the table following this paragraph. CMS conducted an extensive environmental scan to identify both existing measures currently in use in certain programs and measure concepts in the development stage that could be specified and used in CMS programs in which they are not currently used. As part of this commitment, CMS will obtain feedback from interested parties on these quality measures in a special public comment period and roundtable discussion convened by the CBE, Battelle Memorial Institute's Partnership for Quality Measurement. CMS intends to seek input on opportunities for expanded use in CMS programs, alternative measures to consider, and further alignment to help meet the Administration's quality priorities. These quality measures focus on the following

health care priorities: Person-Centered Care, Physical Activity, Nutrition, Safety, Obesity, and Well-being (see table 2 below).

Table 2. Special Roundtable Discussion Measures for consideration on future MUC Lists

Measure Title	Administration and National Health Care Priority	Measure Description
Discharge Function (walking/eating/standing)	Physical Activity	The Discharge Function Score measure calculates the percent of Medicare residents who achieve a risk-adjusted expected function score at discharge. Functional status is measured through Section GG of the patient assessment instruments, which evaluates a resident's capacity to perform daily activities related to self-care and mobility.
Malnutrition Care Score (MCS)	Nutrition	This measure assesses the percentage of hospitalizations for adults 65 years and older (if reporting data from 2024 and 2025) or all adults 18 years and older (for reporting data in 2026 or later), with a length of stay of at least 24 hours that have received optimal malnutrition care during the current inpatient hospitalizations.
Percent of Residents Who Received an Antipsychotic Medication (Long-Stay)	Safety	This measure reports the percentage of long-stay residents who are receiving antipsychotic drugs in the target period.
Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up-plan	Obesity	Percentage of patients aged 18 years and older with a BMI documented during the current encounter or within the previous 12 months and who had a follow-up plan documented if most recent BMI was outside of normal parameters.
Well-Being Signs	Well-being	This measure encourages a focus on addressing what matters most to patients in clinical care, extending the focus beyond disease-oriented outcomes alone. The measure has three questions that ask the patient to consider the most important things that they do or wish to do in their daily lives. The measure asks: Over the past month, on average, how often have you been: (1) fully satisfied with how things are going? (2) Regularly involved in things that are important to you? (3) Functioning your best in most important things you do.

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 remain under consideration for future rulemaking cycles. The 2025 MUC List, as well as prior year MUC Lists and CBE Recommendation Reports, can be found on the Pre-Rulemaking MUC Lists and Recommendation Reports page of the Measures Management System (MMS) Hub.

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 2025 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 (HAC) Reduction Program**

[7] See section 1890A(a)(2) of the Social Security Act (42 U.S.C § 1395aaa-1(a)(2)).
[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. Consequently, MIPS's participation in the pre-rulemaking process is voluntary and serves to enhance transparency.

- **Hospital Inpatient Quality Reporting (IQR) Program**
- **Hospital Outpatient Quality Reporting (OQR) Program**
- **Hospital Readmissions Reduction Program (HRRP)**
- **Hospital Value-Based Purchasing (VBP) Program**
- **Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)**
- **Inpatient Rehabilitation Facility Quality Reporting Program (IRFQRP)**
- **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 (PPS) Cancer Hospital Quality Reporting (PCHQR) Program**
- **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 39 measure submissions for inclusion on the 2025 MUC List. These measure submissions can be submitted by CMS-contracted measure developers, as well as external developers. After review, CMS approved 24 of these measures for inclusion on the 2025 MUC List. By publishing this list, CMS makes publicly available and seeks interested parties' input on the 24 measures under consideration for use in applicable Medicare programs. These 24 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 some 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 2025 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 24 measures, ten are currently implemented in Medicare programs: eight are on the MUC List due to substantive changes made to their specifications, and two are on the MUC List because they were submitted for use in additional programs. The 24 measures on the 2025 MUC List include 18 outcome measures (including intermediate and Patient-Reported Outcome-based Performance Measures (PRO-PMs)), five process measures, and one structure measure. The following are some highlights of the 2025 MUC List:

- New measures include a focus on the Administration priorities such as chronic illness, prevention (primary: preventing disease onset; secondary: early detection and intervention; tertiary: managing established diseases), nutrition, physical fitness and

wellness. These measures include new additions such as Advance Care Plan, Prevention of Venous Thromboembolism, a new ESRD measure for life care goals, LDL monitoring for prevention of cardiovascular disease, an expanded malnutrition measure, early detection measures for both breast and colorectal cancers, and excess days of care for diabetes.

- One hundred percent (24 of 24) of the measures rely on data submissions using at least one digital data source, and 96 percent (23 of 24) 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.
- Seventy-five percent (18 of 24) of the measures are outcome focused, promoting alignment and improved health outcomes across the care journey.
- Twenty-nine percent (7 of 24) of the measures address the Chronic Conditions and Related Acute Events Meaningful Measure Priority, while 25 percent (6 of 24) of the measures address the Safety Meaningful Measure Priority, reflecting the importance in improving healthcare quality and patient well-being.

If you are interested in exploring more detailed specifications of the measures included in this MUC List for 2025, 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.