



**Overview of the List of Measures Under Consideration
for December 1, 2022**

Background

The pre-rulemaking process provides the Centers for Medicare & Medicaid Services (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 that the Secretary of the Department of Health and Human Services (HHS) make publicly available a list of certain quality and efficiency measures that the Secretary is considering for adoption through rulemaking under Medicare.¹ Among the list of measures CMS is considering are measures 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 use of a measure and the pre-rulemaking process applies to the measure, CMS adds it to the MUC List as part of the pre-rulemaking process so the Measure Applications Partnership (MAP) can provide input on the measure. Inclusion of a measure on this list does not obligate 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.

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

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

programs must balance competing goals of establishing parsimonious measure sets, while including sufficient measures to facilitate multi-specialty provider and supplier participation.

Statutory Requirement

The Social Security Act (the Act) requires that the Secretary of HHS establish a pre-rulemaking process for the selection of certain quality and efficiency measures for use by HHS.² 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 and for use in publicly reporting performance information in any Medicare program.

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;
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)³; and

² 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)).

³ 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, 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 website](#). 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 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 2022 MUC List as well as prior year MUC Lists and Measure Applications Partnership (MAP) Reports can be found at:

<https://mmshub.cms.gov/measure-lifecycle/measure-implementation/pre-rulemaking/lists-and-reports>.

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 2022 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 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 (IRFQRP)**
- ◆ **Long-Term Care Hospital Quality Reporting Program (LTCHQRP)**
- ◆ **Medicare Promoting Interoperability Program (PI)**
- ◆ Medicare Shared Savings Program

- ◆ **Merit-based Incentive Payment System (MIPS)**
- ◆ **Part C and D Star Rating (Part C and D)**
- ◆ **Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program (PCHQRP)**
- ◆ **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 78 unique measure submissions for consideration on the 2022 MUC List. After review, CMS has approved 52 unique measures for inclusion in the 2022 MUC List. By publishing this list, CMS will make publicly available and seek the multi-stakeholder groups' input on 52 measures under consideration for use in Medicare programs. These 52 unique measures may be considered for more than one CMS program. For several measures there are slight distinctions between the variants of the same unique measure across programs that result in measure specification differences. These differences require unique measures to be listed multiple times on the MUC List to adequately describe the distinctions between the variants, thus resulting in 81 measure combinations on the MUC List.

Of these 52 unique measures, 6 measures are currently fully implemented in CMS programs and are on the MUC List due to substantive changes made to the measure specifications. The 52 measures proposed in the 2022 MUC List include 22 outcome measures (including intermediate and PRO-PM), 18 process measures, 4 structure measures,

5 cost/resource use measure, 2 composite measures, and 1 efficiency measure. CMS notes the below 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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