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  - Please raise your hand and unmute yourself when called on
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NATIONAL QUALITY FORUM

Meeting Ground Rules

- Be prepared, having reviewed the meeting materials beforehand
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- Remain engaged and actively participate
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- Keep your comments concise and focused
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- Share your experiences
- Learn from others

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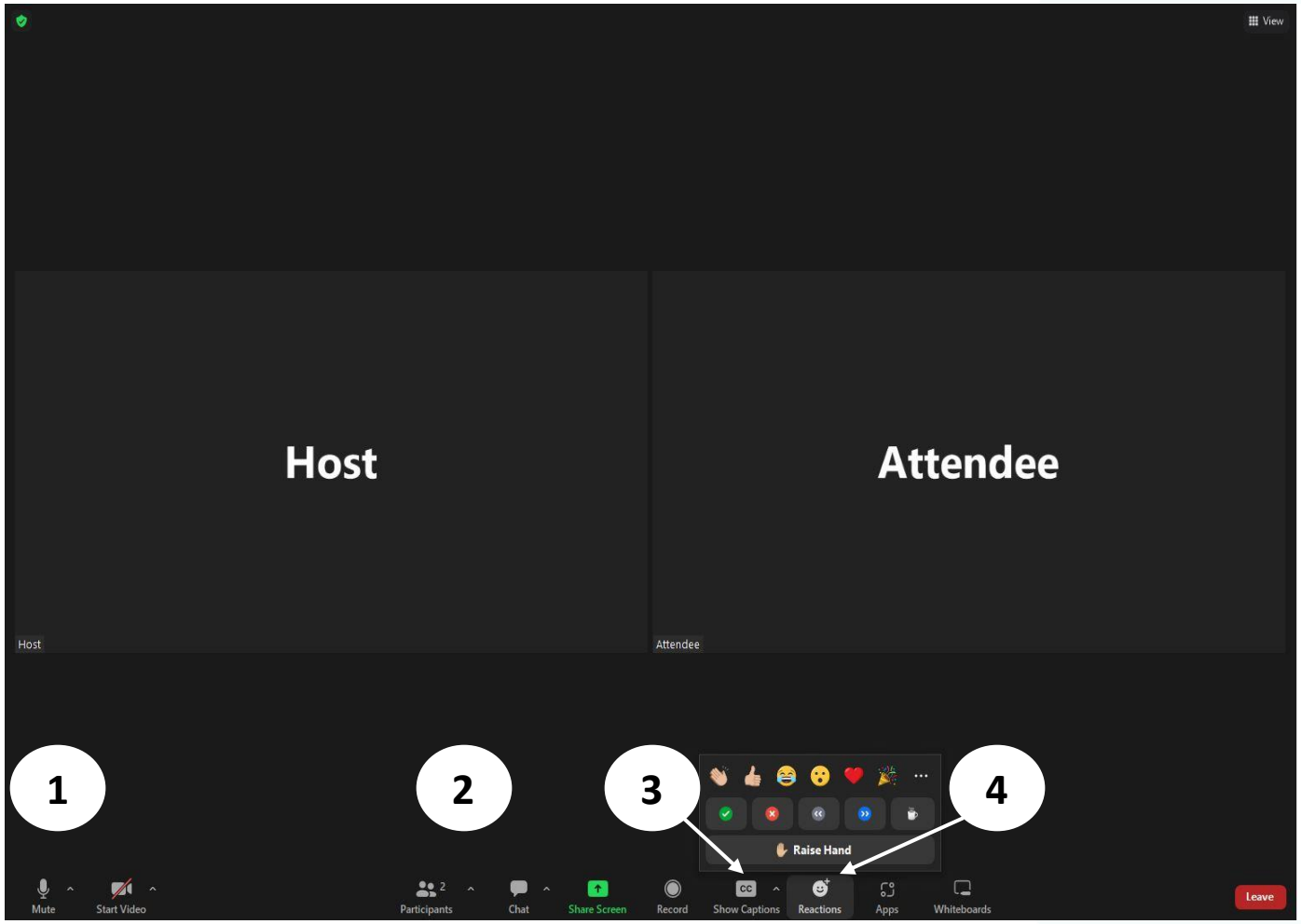

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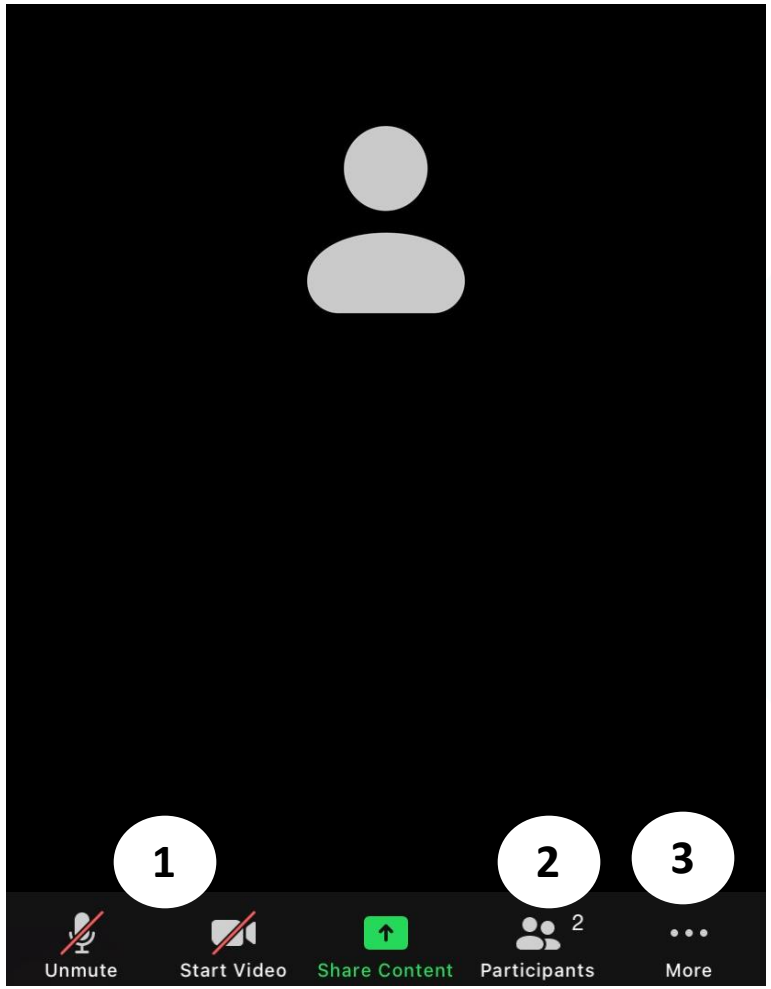

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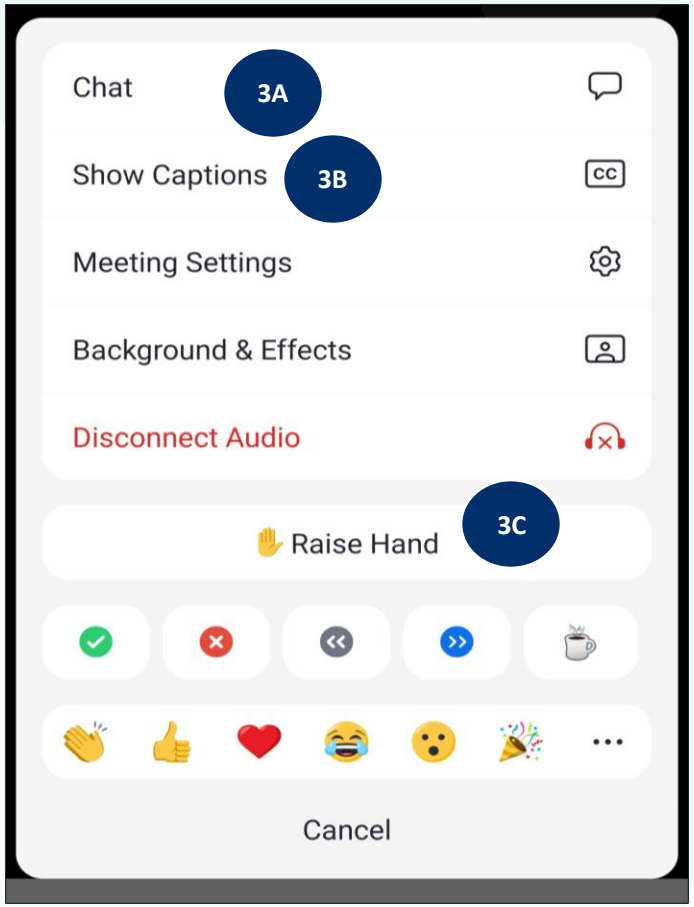

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Measure Applications Partnership (MAP)

Health Equity Advisory Group 2022-2023 Measures Under Consideration (MUC) Review Web Meeting Day One

December 6, 2022

Funding provided by the Centers for Medicare & Medicaid Services under HHSM-500-T0003, Option Year 4.

NATIONAL QUALITY FORUM

Agenda Day One

- Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives
- Centers for Medicare & Medicaid Services (CMS) Opening Remarks
- Overview of MAP Health Equity Advisory Group Pre-Rulemaking Approach
- Review Chronic Condition Management and Prevention Care Measures
- Review Renal Measures
- Break
- Review Health Equity Measures
- Break

Agenda Day One (continued)

- Review Patient Experience Measures
- Break
- Review COVID-19 Measures
- Break
- Review Eye Care Measures
- Preview of Day Two
- Adjourn

Welcome, Introductions, Disclosures of Interest, and Review of Meeting Objectives

Welcoming Remarks from National Quality Forum (NQF) Leadership

Dana Gelb Safran, ScD
President and CEO, National Quality Forum (NQF)

NATIONAL QUALITY FORUM

Welcoming Remarks from Advisory Group Co-Chairs

Rebekah Angove, PhD
Patient Advocate Foundation

Laurie Zephyrin, MD, MPH, MBA
Commonwealth Fund

NATIONAL QUALITY FORUM

Disclosures of Interest

- State your name, title, organization, brief bio, and acknowledge the disclosure(s) you listed in your DOI form if applicable
- Briefly note any of the following disclosures *relevant to the project*:
  - Engagement with project sponsors *(Centers for Medicare & Medicaid Services)*
  - Research funding, consulting/speaking fees, honoraria
  - Ownership interest
  - Relationships, activities, affiliations, or roles

Example: I'm Joan Smith, Chief Medical Officer of ABC Healthcare. I am also a Principal Investigator for a research project examining health disparities and health outcomes funded by XYZ Organization.

Health Equity Advisory Group Membership

Advisory Group Co-Chairs: Rebekah Angove, PhD / Laurie Zephyrin MD, MPH, MBA

Organizational Members (Voting)

- Aetna
- American Medical Association
- American Nurses Association
- American Society of Health-System Pharmacists
- America's Essential Hospitals
- Beth Israel Lahey Health
- Fenway Health
- Kentuckiana Health Collaborative
- Merative
- National Committee for Quality Assurance
- National Health Law Program
- Patient Safety Action Network
- Planned Parenthood Federation of America
- The SCAN Foundation
- Vizient Inc.

Health Equity Advisory Group Membership (continued)

Individual Subject Matter Experts (Voting)

- Emily Almeda-Lopez, MPP
- Susannah Bernheim, MD, MHS
- Damien Cabezas, MPH, MSW
- Mark Friedberg, MD, MPP
- Jeff Huebner, MD
- Gerald Nebeker, PhD, FAAIDD
- J. Nwando Olayiwola, MD, MPH, FAAFP
- Nneka Sederstrom, PhD, MPH, MA, FCCP, FCCM
- Cardinale Smith, MD, PhD
- Melony Sorbero, PhD, MPH
- Jason Suh, MD

Federal Government Liaisons (Nonvoting)

- Centers for Medicare & Medicaid Services (CMS)
- Health Resources & Services Administration (HRSA)
- Indian Health Service (IHS)
- Office of National Coordinator for Health Information Technology (ONC)
- Veterans Health Administration (VHA)

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MAP Team

- **Tricia Elliott, DHA, MBA, CPHQ, FNAHQ,** Vice President
- **Jenna Williams-Bader, MPH,** Senior Director
- **Katie Berryman, MPAP, PMP,** Director, Project Management
- **Udara Perera, DrPHc, MPH,** Director
- **Ashlan Ruth, BS IE,** Project Manager
- **Susanne Young, MPH,** Senior Manager
- **Gus Zimmerman, MPP,** Analyst
- **Joelencia LeFlore,** Analyst
- **Magdelana Stinnett,** Analyst
- **Madeline Henry,** Associate
- **Bobby Burchard,** Associate

CMS Staff

- **Kimberly Rawlings,** Task Order (TO) Contracting Officer's Representative (COR), CCSQ, CMS
- **Gequincia Polk,** Indefinite Delivery/Indefinite Quantity (IDIQ) Contracting Officer's Representative (COR), CCSQ, CMS

NATIONAL QUALITY FORUM

Meeting Objectives

1. Review the MAP 2022-2023 pre-rulemaking approach and Advisory Group process
2. Review and provide input on the measures under consideration (MUCs) for the Measure Applications Partnership (MAP) hospital, post-acute care/long-term care (PAC/LTC), and clinician programs with a health equity lens

CMS Opening Remarks

Welcome

A sincere **Thank You** for your participation.

Your goal today is to provide consensus recommendations to CMS regarding whether or not the measures presented should be used in various Value Based Quality Programs.

Measures in these programs help shape health system actions, support accountability and transparency, and are useful to patients/consumers.

Your recommendations are strongly considered in CMS deliberations about changes (measures removed/measures added) to these VBP programs.

While the final decision lies with CMS, your feedback is valuable and helps to represent those who will be impacted.

Advancing Health Equity at CMS

Health equity means the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, or other factors that affect access to care and health outcomes.

CMS Framework for Health Equity

Priority 1: Expand the Collection, Reporting, and Analysis of Standardized Data

Priority 2: Assess Causes of Disparities Within CMS Programs and Address Inequities in Policies and Operations to Close Gaps

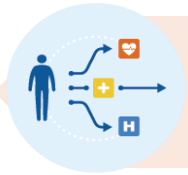
Priority 3: Build Capacity of Health Care Organizations and the Workforce to Reduce Health and Health Care Disparities

Priority 4: Advance Language Access, Health Literacy, and the Provision of Culturally Tailored Services

Priority 5: Increase All Forms of Accessibility to Health Care Services & Coverage

CMS National Quality Strategy Goals

Ensure best, safest, most effective care for all individuals



Improve quality & health outcomes across the care journey

Advance health equity & whole-person care

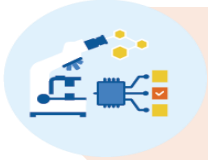
Target zero preventable harm

Engage individuals and communities as partners in their care

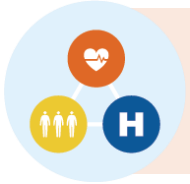
Enable a responsive, equitable, and resilient healthcare system

Enable a responsive and resilient healthcare system to improve quality

Accelerate and support the digital transition of health care



Promote innovation in science, analytics & technology



Align and coordinate quality across programs and care settings

CMS National Quality Strategy: Advance Health Equity and Whole-Person Care

Address disparities, structural racism, and injustices that underlie our health system, both within and across settings, to eliminate gaps and ensure equitable access and care for all.

- Develop standardized approach to collection of patient reported data
- Develop standardized approach to stratification for appropriate measures
- Leverage quality and value-based programs to publicly report and incentivize closing equity gaps
- Support equity through performance metrics, regulations, oversight through survey and conditions of participation, and Quality Improvement assistance

Leveraging Quality Measurement to Identify and Close Equity Gaps

Measure	2022
Hospital Health Equity Structural	• Hospital IQR Program: adopted in FY23 IPPS rule • ESRD QIP, IPFQRP, PCHQRP: proposed to MUC list
Social Drivers of Health (DOH) Screening Rate	• Hospital IQR Program: adopted in FY23 IPPS rule • MIPS: adopted in CY23 PFS rule • ESRD QIP, IPFQRP, PCHQRP: proposed to MUC list
Social DOH Screen Positive Rate	• Hospital IQR Program: adopted in FY23 IPPS rule • ESRD QIP, IPFQRP, PCHQRP: proposed to MUC list
Hospital Disparity Index	• Hospital IQR Program: proposed to MUC list

Program Abbreviations:
Hospital IQR Program: Hospital Inpatient Quality Reporting Program
ESRD QIP: End-Stage Renal Disease Quality Incentive Program
IPFQR: Inpatient Psychiatric Facility Quality Reporting Program
PCHQRP: Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program
MIPS: Merit-based Incentive Payment System

Strategic Priority Areas: Alignment for Measures and Program

CLINICAL	CROSS-CUTTING
Maternal Health	**Equity**
“Age Friendly” (Older Adult/Geriatrics)	Safety
Behavioral/Mental Health	Resilience
Diabetes	Interoperability/Digital Transformation
Cardiovascular, including Hypertension	Person Centered/CLAS
Kidney Care and Organ Transplantation	Alignment
Sickle Cell Disease	
Wellness and Prevention	
HIV and Hepatitis C	
Cancer	
Oral Health	

Considerations for Future Measure Priorities

As we continue filling priority gap areas in the CMS portfolio, measures should:

- Reflect areas of high impact where performance could lead to improvements of care for all individuals – especially in clinical priority or gap areas.
- **Have no unintended consequences for rural communities/providers and no adverse impact on health equity**
- **Promote health equity by providing data which highlight areas of disparities or are suitable for stratification**
- Be digitally specified (or "computable"), based on standardized data elements in USCDI
- Embody what is important to patients, including care aligned with goals and patient reported outcomes
- Promote safety

Alignment of Measures

Alignment is a key goal of the National Quality Strategy and Meaningful Measures Initiative. Wherever possible CMS aligns

- Within and across CMS programs
- Within and across other Federal programs
- Within and across other payers (Core Quality Measures Collaborative; Multi-payer Alignment workgroup of LAN)

Aligning measures will support a:

- Reduction of Burden
- Focus of provider attention on key clinical outcomes and metrics

Overview of 2022-2023 Pre-rulemaking Approach and Advisory Group Process

MAP Health Equity Advisory Group Charge and Feedback on Measures Under Consideration (MUCs)

- Provide input on MUCs with a lens to measurement issues impacting health disparities and the over 1,000 United States critical access hospitals
- Provide input on MUCs with the goal to reduce health differences closely linked with social, economic, or environmental disadvantages
- Health Equity Advisory Group discussion will be summarized at the setting-specific Workgroup pre-rulemaking meetings in December
- Preliminary analyses (PAs) will contain a qualitative summary of Health Equity Advisory Group's discussion of the MUCs for MAP Coordinating Committee

Process for Today's Discussion for Advisory Group Members

- **Step 1.** NQF staff will describe the measure group for MAP discussion
- **Step 2.** The lead discussants will summarize the measure group and offer initial thoughts
- **Step 3.** Advisory Group will discuss the **measure group** and provide feedback:
  - Could this measure group support the advancement of health equity, and if so, how? Could this measure group support measurement of critical access hospitals, and if so, how?
  - What data collection and/or reporting challenges related to health disparities could exist for this measure group? What challenges could exist for critical access hospitals?
  - When adjusting for health disparities, what methodological problems of calculating measure performance could exist for this measure group? What problems could exist for critical access hospitals?
  - What potential unintended consequences related to health disparities could exist if this measure was included in specific programs? What potential unintended consequences could exist for critical access hospitals?

Process for Today's Discussion for Advisory Group Members (cont.)

- **Step 4.** After discussion at the measure group level, Advisory Group members will identify any measures within the group for which the issues discussed do not apply
- **Step 5.** If there are any identified measures, Advisory Group members provide feedback on questions used during measure group discussion
  - Measure developers will respond to questions on the specifications of the measure
  - NQF staff will respond to questions on preliminary analyses

Measures Under Consideration 2022-2023

Measures for Discussion: Chronic Condition Management and Prevention Care

Public Comment for Chronic Condition Management and Prevention Care Measures

- **MUC2022-043:** Kidney Health Evaluation for Patients with Diabetes (KED) - Health Plans *(Medicare Part C and D Star Ratings)*
- **MUC2022-048:** Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of pregnant/postpartum patients that receive CVD Risk Assessment with a standardized instrument *(MIPS)*
- **MUC2022-065:** Preventive Care and Wellness (composite) *(MIPS)*
- **MUC2022-125:** Gains in Patient Activation Measure (PAM) Scores at 12 Months *(ESRD QIP, MIPS)*

Measures for Group Discussion: Chronic Condition Management and Prevention Care

Measure Group Discussion Questions – Chronic Condition Management and Prevention Care
Could this measure group support advancing health equity, and if so, how? Could this measure group support measurement of critical access hospitals, and if so, how?
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- **MUC2022-065:** Preventive Care and Wellness (composite)
- **MUC2022-125:** Gains in Patient Activation Measure (PAM) Scores at 12 Months

Measures for Discussion: Renal

Public Comment for Renal Measures

- **MUC 2022-060:** First Year Standardized Waitlist Ratio (FYSWR) *(MIPS)*
- **MUC 2022-063:** Percentage of Prevalent Patients Waitlisted (PPPW) and Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW) *(MIPS)*
- **MUC 2022-075:** Standardized Modality Switch Ratio for Incident Dialysis Patients (SMoSR) *(ESRD QIP)*
- **MUC2022-076:** Standardized Fistula Rate for Incident Patients *(ESRD QIP)*
- **MUC2022-079:** Standardized Emergency Department Encounter Ratio (SEDR) for Dialysis Facilities *(ESRD QIP)*

Measures for Group Discussion: Renal

Measure Group Discussion Questions – Renal
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Break Meeting Day One

Measures for Discussion: Health Equity

Public Comment for Health Equity Measures

- **MUC2022-027:** Facility Commitment to Health Equity *(ESRD QIP, IPFQR, PCHQRP)*
- **MUC2022-050:** Screen Positive Rate for Social Drivers of Health *(ESRD QIP, IPFQR, PCHQRP)*
- **MUC2022-053:** Screening for Social Drivers of Health *(ESRD QIP, IPFQR, PCHQRP)*
- **MUC2022-058:** Hospital Disparity Index (HDI) *(Hospital IQR)*
- **MUC2022-098:** Connection to Community Service Provider *(MIPS)*
- **MUC2022-111:** Resolution of At Least 1 Health-Related Social Need *(MIPS)*

Measures for Group Discussion: Health Equity

Measure Group Discussion Questions – Health Equity
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- **MUC2022-098:** Connection to Community Service Provider
- **MUC2022-111:** Resolution of At Least 1 Health-Related Social Need

Afternoon Break Meeting Day One

Measures for Discussion: Patient Experience

Public Comment for Patient Experience Measures

- **MUC2022-014:** Ambulatory palliative care patients' experience of feeling heard and understood *(MIPS)*
- **MUC2022-078:** Psychiatric Inpatient Experience Measurement *(IPFQR)*
- **MUC2022-120:** Documentation of Goals of Care Discussions Among Cancer Patients *(PCHQRP)*

Measures for Group Discussion: Patient Experience

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- **MUC2022-078:** Psychiatric Inpatient Experience Measurement
- **MUC2022-120:** Documentation of Goals of Care Discussions Among Cancer Patients

Second Afternoon Break Meeting Day One

Measures for Discussion: COVID-19

NATIONAL QUALITY FORUM

Public Comment for COVID-19 Measures

- **MUC2022-052:** Adult COVID-19 Vaccination Status *(MIPS)*
- **MUC2022-084:** COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (2022 revision) *(ASCQR, ESRD QIP, Hospital IQR, Hospital OQR, HVBP, HACRP, IPFQR, IRF QRP, LTCH QRP, PCHQRP, SNF QRP)*
- **MUC2022-089:** COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date *(IRF QRP)*
- **MUC2022-090:** COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date *(HH QRP)*
- **MUC2022-091:** COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date *(LTCH QRP)*
- **MUC2022-092:** COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date *(SNF QRP)*

Measures for Group Discussion: COVID-19

Measure Group Discussion Questions- COVID
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Measures for Discussion: Eye Care

Public Comment for Eye Care Measures

- **MUC 2022-114:** Appropriate screening and plan of care for elevated intraocular pressure following intravitreal or periocular steroid therapy *(MIPS)*
- **MUC 2022-115:** Acute posterior vitreous detachment appropriate examination and follow-up *(MIPS)*
- **MUC 2022-116:** Acute posterior vitreous detachment and acute vitreous hemorrhage appropriate examination and follow-up *(MIPS)*

Measures for Group Discussion: Eye Care

Measure Group Discussion Questions – Eye Care
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- **MUC 2022-116:** Acute posterior vitreous detachment and acute vitreous hemorrhage appropriate examination and follow-up

Preview of Day Two

THANK YOU!

NATIONAL QUALITY FORUM

https://www.qualityforum.org

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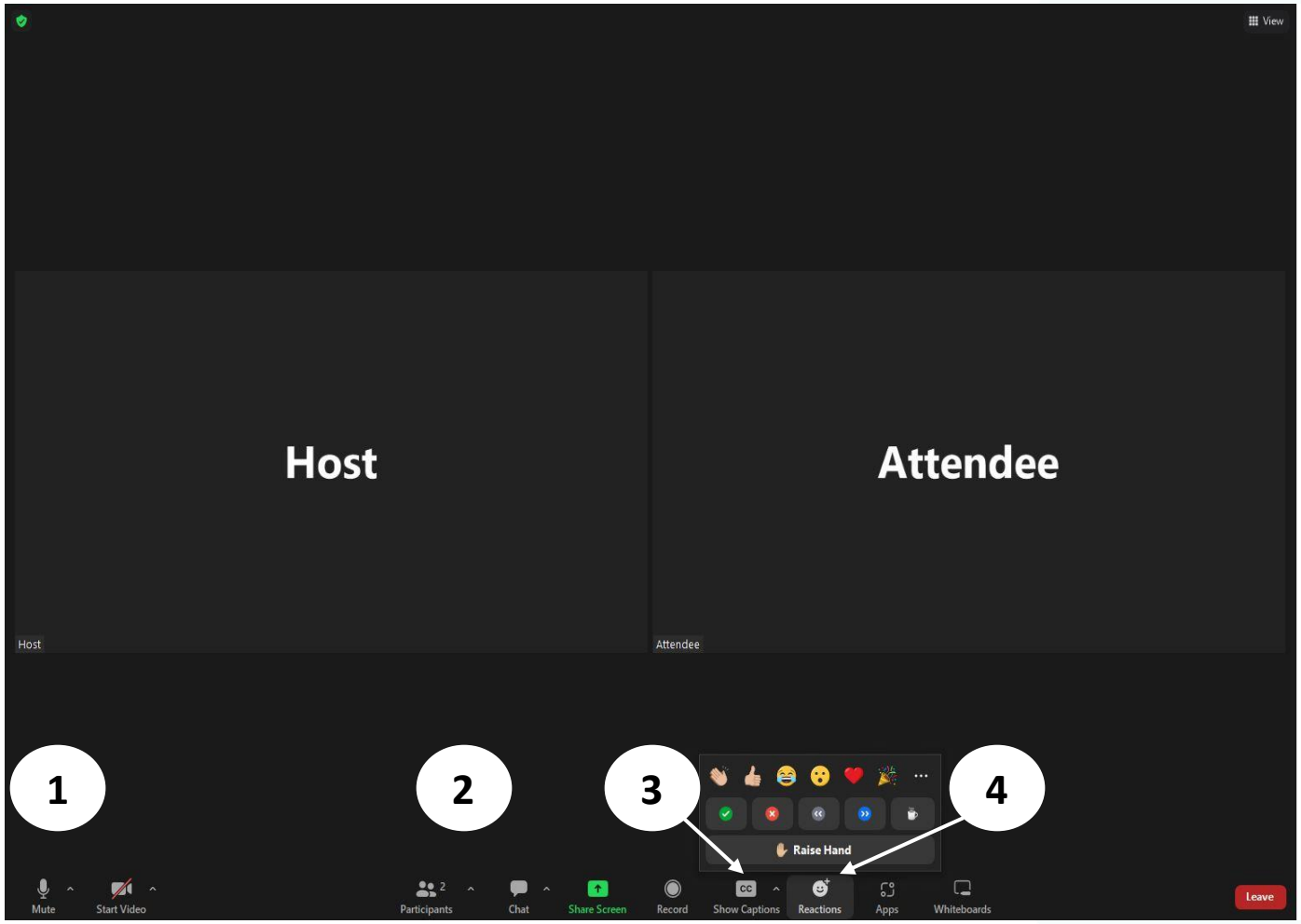
Using the Zoom Platform[2]



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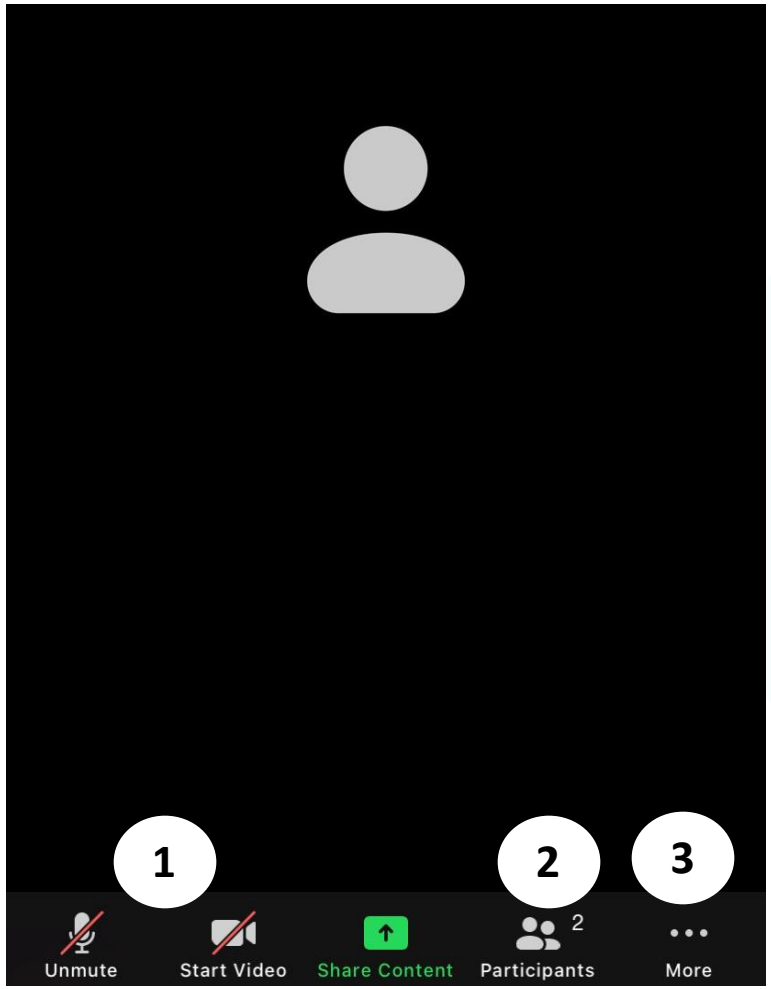

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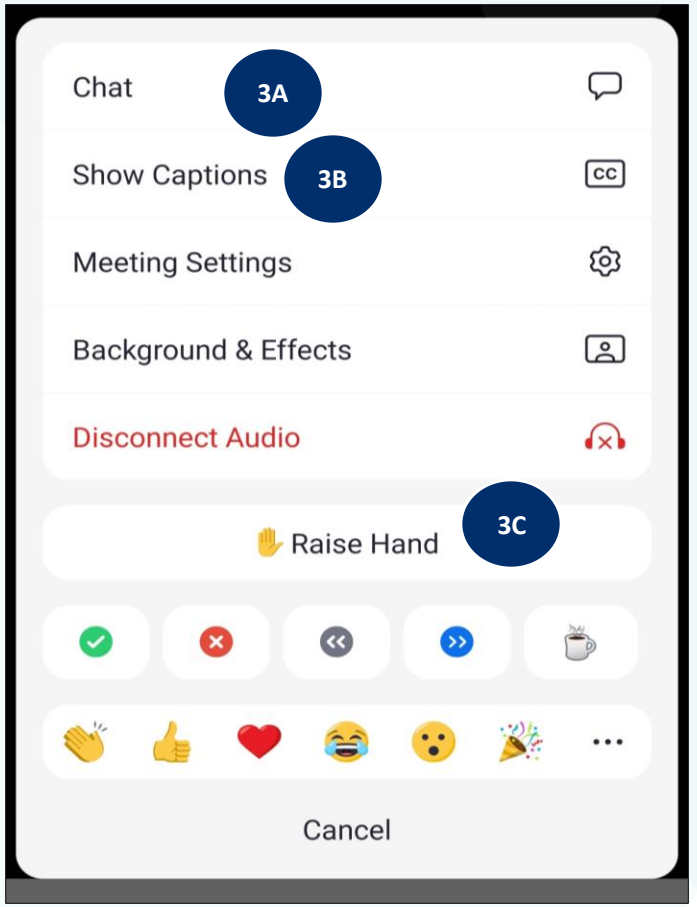

Measure Applications Partnership (MAP) 1

Health Equity Advisory Group 2022-2023 Measures Under Consideration (MUC) Review Web Meeting Day Two

December 7, 2022

Funding provided by the Centers for Medicare & Medicaid Services under HHSM-500-T0003, Option Period 4.

NATIONAL QUALITY FORUM

Agenda Day Two

- Welcome, Preview of Day Two, and Roll Call
- Review Behavioral Health Measures
- Review Patient Safety Measures
- Break
- Review Outcome Measures – Readmissions, Mortality, and Unplanned Hospitalization
- Review Structural (Hospital/Surgery) Measures
- Break

Agenda Day Two (continued)

- Review Rural Emergency Quality Reporting Program (REHQRP) Measures
- Review Cost Measures
- Break
- Review Functional Outcome Measures
- Review Staffing Measure
- Discussion of Broad Themes
- Opportunity for Public Comment
- Next Steps
- Adjourn

Health Equity Advisory Group Membership[2]

Advisory Group Co-Chairs: Rebekah Angove, PhD / Laurie Zephyrin MD, MPH, MBA

Organizational Members (Voting)

- Aetna
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Health Equity Advisory Group Membership[2] (cont.)

Individual Subject Matter Experts (Voting)

- Emily Almeda-Lopez, MPP
- Susannah Bernheim, MD, MHS
- Damien Cabezas, MPH, MSW
- Mark Friedberg, MD, MPP
- Jeff Huebner, MD
- Gerald Nebeker, PhD, FAAIDD
- J. Nwando Olayiwola, MD, MPH, FAAFP
- Nneka Sederstrom, PhD, MPH, MA, FCCP, FCCM
- Cardinale Smith, MD, PhD
- Melony Sorbero, PhD, MPH
- Jason Suh, MD

Federal Government Liaisons (Nonvoting)

- Centers for Medicare & Medicaid Services (CMS)
- Health Resources & Services Administration (HRSA)
- Indian Health Service (IHS)
- Office of National Coordinator for Health Information Technology (ONC)
- Veterans Health Administration (VHA)

NATIONAL QUALITY FORUM

MAP Team[2]

- **Tricia Elliott, DHA, MBA, CPHQ, FNAHQ,** Vice President
- **Jenna Williams-Bader, MPH,** Senior Director
- **Katie Berryman, MPAP, PMP,** Director, Project Management
- **Udara Perera, DrPHc, MPH,** Director
- **Ashlan Ruth, BS IE,** Project Manager
- **Susanne Young, MPH,** Senior Manager
- **Gus Zimmerman, MPP,** Analyst
- **Joelencia LeFlore,** Analyst
- **Magdelana Stinnett,** Analyst
- **Madeline Henry,** Associate
- **Bobby Burchard,** Associate

CMS Staff[2]

- **Kimberly Rawlings,** Task Order (TO) Contracting Officer's Representative (COR), CCSQ, CMS
- **Gequincia Polk,** Indefinite Delivery/Indefinite Quantity (IDIQ) Contracting Officer's Representative (COR), CCSQ, CMS

Measures for Discussion: Behavioral Health

Public Comment for Behavioral Health Measures

- **MUC2022-122:** Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder *(MIPS)*
- **MUC2022-127:** Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk *(MIPS)*
- **MUC2022-131:** Reduction in Suicidal Ideation or Behavior Symptoms *(MIPS)*

Measures for Group Discussion: Behavioral Health

Measure Group Discussion Questions – Behavioral Health
Could this measure group support advancing health equity, and if so, how? Could this measure group support measurement of critical access hospitals, and if so, how?
What data collection and/or reporting challenges related to health disparities could exist for this measure group? What challenges could exist for critical access hospitals?
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- **MUC2022-127:** Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk
- **MUC2022-131:** Reduction in Suicidal Ideation or Behavior Symptoms

Measures for Discussion: Patient Safety

NATIONAL QUALITY FORUM

Public Comment for Patient Safety Measures

- **MUC2022-007:** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician and Clinician Group Level) *(MIPS)*
- **MUC2022-018:** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Hospital Level – Inpatient) *(Hospital IQR)*
- **MUC2022-020:** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Hospital Level – Outpatient) *(Hospital OQR)*
- **MUC2022-024:** Hospital Harm- Acute Kidney Injury *(Hospital IQR, Medicare Promoting Interoperability Program)*
- **MUC2022-035:** Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay) *(SNF VBP)*
- **MUC2022-064:** Hospital Harm - Pressure Injury *(Hospital IQR, Medicare Promoting Interoperability Program)*
- **MUC2022-082:** Severe Sepsis and Septic Shock: Management Bundle *(HVBP)*

Measures for Group Discussion: Patient Safety

Measure Group Discussion Questions – Patient Safety
Could this measure group support advancing health equity, and if so, how? Could this measure group support measurement of critical access hospitals, and if so, how?
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- **MUC2022-018:** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Hospital Level – Inpatient)
- **MUC2022-020:** Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Hospital Level – Outpatient)
- **MUC2022-024:** Hospital Harm- Acute Kidney Injury
- **MUC2022-035:** Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)
- **MUC2022-064:** Hospital Harm - Pressure Injury
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Break Meeting Day Two

Measures for Discussion: Outcome – Readmissions, Mortality, and Unplanned Hospitalizations

Public Comment for Outcome Measures – Readmissions, Mortality, and Unplanned Hospitalizations

- **MUC2022-055:** Hybrid Hospital-Wide All-Cause Risk Standardized Readmission Measure *(Hospital IQR)*
- **MUC2022-057:** Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure *(Hospital IQR)*
- **MUC2022-099:** Skilled Nursing Facility (SNF) Within-Stay (WS) Potentially Preventable Readmissions (PPR) Measure *(SNF VBP)*
- **MUC2022-113:** Number of hospitalizations per 1,000 long-stay resident days *(SNF VBP)*

Measures for Group Discussion: Outcome

Measure Group Discussion Questions – Outcome
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- **MUC2022-057:** Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure
- **MUC2022-099:** Skilled Nursing Facility (SNF) Within-Stay (WS) Potentially Preventable Readmissions (PPR) Measure
- **MUC2022-113:** Number of hospitalizations per 1,000 long-stay resident days

Measures for Discussion: Structural (Hospital/Surgery)

Public Comment for Structural (Hospital/Surgery) Measures

- **MUC2022-028:** ASC Facility Volume Data on Selected Surgical Procedures (formerly ASC-7) *(ASCQR)*
- **MUC2022-030:** Hospital Outpatient Department Volume Data on Selected Outpatient Surgical Procedures (formerly OP-26) *(Hospital OQR)*
- **MUC2022-032:** Geriatrics Surgical Measure *(Hospital IQR)*
- **MUC2022-112:** Geriatrics Hospital Measure *(Hospital IQR)*

Measure for Group Discussion: Structural (Hospital/Surgery)

Measure Group Discussion Questions – Structural (Hospital/Surgery)
Could this measure group support advancing health equity, and if so, how? Could this measure group support measurement of critical access hospitals, and if so, how?
What data collection and/or reporting challenges related to health disparities could exist for this measure group? What challenges could exist for critical access hospitals?
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- **MUC2022-030:** Hospital Outpatient Department Volume Data on Selected Outpatient Surgical Procedures (formerly OP-26)
- **MUC2022-032:** Geriatrics Surgical Measure
- **MUC2022-112:** Geriatrics Hospital Measure

Afternoon Break Meeting Day Two

Measures for Discussion: Rural Emergency Hospital Quality Reporting Program (REHQRP)

Public Comment Opportunity for Rural Emergency Hospital Quality Reporting Program (REHQRP) Measures

- **MUC2022-039:** Median Time from emergency department (ED) Arrival to ED Departure for Discharged ED Patients
- **MUC2022-066:** Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- **MUC2022-067:** Risk-standardized hospital visits within 7 days after hospital outpatient surgery
- **MUC2022-081:** Abdomen Computed Tomography (CT) Use of Contrast Material

Measures for Group Discussion: Rural Emergency Hospital Quality Reporting Program (REHQRP)

Measure Group Discussion Questions – REHQRP
Could this measure group support advancing health equity, and if so, how? Could this measure group support measurement of critical access hospitals, and if so, how?
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- **MUC2022-066:** Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy
- **MUC2022-067:** Risk-standardized hospital visits within 7 days after hospital outpatient surgery
- **MUC2022-081:** Abdomen Computed Tomography (CT) Use of Contrast Material

Measures for Discussion: Cost

Public Comment for Cost Measures

- **MUC2022-097**: Low Back Pain *(MIPS)*
- **MUC2022-100:** Emergency Medicine *(MIPS)*
- **MUC2022-101:** Depression *(MIPS)*
- **MUC2022-106:** Heart Failure *(MIPS)*
- **MUC2022-129:** Psychoses and Related Conditions *(MIPS)*

Measures for Group Discussion: Cost

Measure Group Discussion Questions – Cost
Could this measure group support advancing health equity, and if so, how? Could this measure group support measurement of critical access hospitals, and if so, how?
What data collection and/or reporting challenges related to health disparities could exist for this measure group? What challenges could exist for critical access hospitals?
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- **MUC2022-097:** Low Back Pain
- **MUC2022-100:** Emergency Medicine
- **MUC2022-101:** Depression
- **MUC2022-106:** Heart Failure
- **MUC2022-129:** Psychoses and Related Conditions

Second Afternoon Break Meeting Day Two

Measures for Discussion: Functional Outcome Measures

Public Comment Opportunity for Functional Outcome Measures

- **MUC2022-026:** Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA PRO-PM) in the HOPD or ASC Setting *(ASCQR, Hospital OQR)*
- **MUC2022-083:** Cross-Setting Discharge Function Score *(IRF QRP)*
- **MUC2022-085:** Cross-Setting Discharge Function Score *(HH QRP)*
- **MUC2022-086:** Cross-Setting Discharge Function Score *(SNF QRP, SNF VBP)*
- **MUC2022-087:** Cross-Setting Discharge Function Score *(LTCH QRP)*

Measures for Group Discussion: Functional Outcome Measures

Measure Group Discussion Questions – Functional
Could this measure group support advancing health equity, and if so, how? Could this measure group support measurement of critical access hospitals, and if so, how?
What data collection and/or reporting challenges related to health disparities could exist for this measure group? What challenges could exist for critical access hospitals?
When adjusting for health disparities, what methodological problems of calculating measure performance could exist for this measure group? What problems could exist for critical access hospitals?
What potential unintended consequences related to health disparities could exist if this measure was included in specific programs? What potential unintended consequences could exist for critical access hospitals?

- **MUC2022-026**: Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA PRO-PM) in the HOPD or ASC Setting
- **MUC2022-083**: Cross-Setting Discharge Function Score
- **MUC2022-085**: Cross-Setting Discharge Function Score
- **MUC2022-086**: Cross-Setting Discharge Function Score
- **MUC2022-087**: Cross-Setting Discharge Function Score

Measure for Discussion: Staffing

Public Opportunity for Staffing Measure

- **MUC2022-126:** Total nursing staff turnover *(SNF VBP)*

Measure for Group Discussion: Staffing

Measure Group Discussion Questions – Staffing
Could this measure group support advancing health equity, and if so, how? Could this measure group support measurement of critical access hospitals, and if so, how?
What data collection and/or reporting challenges related to health disparities could exist for this measure group? What challenges could exist for critical access hospitals?
When adjusting for health disparities, what methodological problems of calculating measure performance could exist for this measure group? What problems could exist for critical access hospitals?
What potential unintended consequences related to health disparities could exist if this measure was included in specific programs? What potential unintended consequences could exist for critical access hospitals?

- **MUC2022-126:** Total nursing staff turnover

Discussion of Broad Themes

Opportunity for Public Comment

Next Steps

NATIONAL QUALITY FORUM

Timeline of Upcoming Activities

- **Rural Health Advisory Group Review Meeting**
  - December 8 and December 9
- **Post-Acute Care/Long-Term Care Workgroup Review Meeting**
  - December 12
- **Hospital Workgroup Review Meeting**
  - December 13 and December 14
- **Clinician Workgroup Review Meeting**
  - December 15 and December 16
- **Public Comment Period 2**
  - January 6-12, 2023
- **Coordinating Committee Review Meeting**
  - January 24 and January 25, 2023
- **Recommendations Spreadsheet Published**
  - By February 1, 2023

MAP Resources

- CMS' 2022 MUC List Needs and Priorities Document
  - 2022 Needs and Priorities (PDF)
- CMS' Pre-Rulemaking Overview
  - CMS Pre-Rulemaking Webpage
- MAP Member Guidebook
  - Member Guidebook (PDF)
- Measure Applications Partnership Overview
  - National Quality Forum webpage

MAP Contact Information

- MAP Health Equity project page: MAP Health Equity Webpage
  - Email: MAPHealthEquity@qualityforum.org

Closing Remarks

THANK YOU.

NATIONAL QUALITY FORUM

https://www.qualityforum.org

Appendix

Guiding Questions for Individual Measures

Guiding Questions for Individual Measures
Could this measure support advancing health equity, and if so, how? Could this measure group support measurement of critical access hospitals, and if so, how?
What data collection and/or reporting challenges related to health disparities could exist for this measure? What challenges could exist for critical access hospitals?
When adjusting for health disparities, what methodological problems of calculating measure performance could exist for this measure? What problems could exist for critical access hospitals?
What potential unintended consequences related to health disparities could exist if this measure was included in specific programs? What potential unintended consequences could exist for critical access hospitals?

Measure Summaries

MUC2022-043: Kidney Health Evaluation for Patients with Diabetes (KED) - Health Plans

- **Description:** This measure assesses the percentage of members 18-85 years of age with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ration (uACR), during the measurement year.
- **Level of Analysis:** Health Plan
- **Risk Adjustment:** No
- **Stratification:** Yes
- **Program(s) Submitted to:** Medicare Part C and D Star Ratings

MUC2022-048: Cardiovascular Disease (CVD) Risk Assessment Measure - Proportion of pregnant/postpartum patients that receive CVD Risk Assessment with a standardized instrument.

- **Description:** This measure determines the percentage of pregnant or postpartum patients at a clinic who received a CVD risk assessment with a standardized instrument, such as the CVD risk assessment algorithm developed by the California Maternal Quality Care Collaborative (CMQCC). Aim is that 100 percent of eligible pregnant/postpartum patients undergo CVD risk assessment using a standardized tool. Every patient should be assessed for CVD risk at least once during the and, as needed, additional times when symptoms present during the pregnancy postpartum period. The measure can be calculated on a quarterly or annual basis.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Quality

Measures for Discussion: Chronic Condition Management and Prevention Care Measures

MUC2022-065: Preventive Care and Wellness (composite)

- **Description:** Percentage of patients who received age- and sex-appropriate preventive screenings and wellness services. This measure is a denominator-weighted composite of seven component measures that are based on recommendations for preventive care by the U.S. Preventive Services Task Force (USPSTF), Advisory Committee on Immunization Practices (ACIP), American Association of Clinical Endocrinology (AACE), and American College of Endocrinology (ACE).

  Please refer to the 2022_MUC List Data_MIPS_PCW_Composite_CompositeCalculationAttachment_FINAL_05_09-22.docx attachment for more information on the exact composite calculation process.
- **Level of Analysis:** Clinician - Individual
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Quality

Measures for Discussion: Chronic Condition Management and Prevention Care Measures

MUC2022-125: Gains in Patient Activation Measure (PAM) Scores at 12 Months

- **Description:** The Patient Activation Measure (PAM) (Registered Trademark) is a 10- or 13- item questionnaire that assesses an individual's knowledge, skills and confidence for managing their health and health care. The measure assesses individuals on a 0-100 scale that converts to one of four levels of activation, from low (1) to high (4). The PAM performance measure (PAM-PM) is the change in score on the PAM from baseline to follow-up measurement. A positive change would mean the patient is gaining in their ability to manage their health. The measure is not disease specific but has been successfully used with a wide variety of chronic conditions, as well as with people with no medical diagnosis.
- **Level of Analysis:** Clinician - Individual; Clinician - Group; Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** End-Stage Renal Disease Quality Incentive Program; Merit-based Incentive Payment System-Quality

Measures for Discussion: Chronic Condition Management and Prevention Care Measures

MUC 2022-060: First Year Standardized Waitlist Ratio (FYSWR)

- **Description:** The FYSWR measure tracks the number of incident patients in a practitioner (inclusive of physicians and advanced practice providers) group who are under the age of 75 and were listed on the kidney or kidney-pancreas transplant waitlist or received a living donor transplant within the first year of initiating dialysis. For this measure, patients are assigned to the practitioner group based on the National Provider Identifier (NPI)/Unique Physician Identifier Number (UPIN) information entered on the CMS Medical Evidence 2728 form.
- **Level of Analysis:** Clinician - Individual; Clinician - Group
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Quality

MUC 2022-063: Percentage of Prevalent Patients Waitlisted (PPPW) and Percentage of Prevalent Patients Waitlisted in Active Status (aPPPW)

- **Description:** This measure tracks the percentage of patients in each dialysis practitioner group practice who were on the kidney or kidney-pancreas transplant waitlist (all patients or patients in active status). Results are averaged across patients prevalent on the last day of each month during the reporting year. The proposed measure is a directly standardized percentage, which is adjusted for covariates (e.g. age and risk factors).
- **Level of Analysis:** Clinician - Individual; Clinician - Group
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Quality

MUC 2022-075: Standardized Modality Switch Ratio for Incident Dialysis Patients (SMoSR)

- **Description:** The standardized modality switch ratio (SMoSR) is defined to be the ratio of numbers of observed modality switches (from in-center to home dialysis- peritoneal or home hemodialysis) that occur for adult incident ESRD dialysis patients treated at a particular facility, to the number of modality switches (from in-center to home dialysis- peritoneal or home hemodialysis) that would be expected given the characteristics of the dialysis facility's patients and the national norm of dialysis facilities. The measure includes only the first durable switch that is defined as lasting 30 continues days or longer.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** End-Stage Renal Disease Quality Incentive Program

MUC 2022-076: Standardized Fistula Rate for Incident Patients

- **Description:** The Standardized Fistula Rate (SFR) for Incident Patients is based on the prior SFR (NQF #2977) that included both incident and prevalent patients. This measure was initially endorsed in 2016, but as part of measure maintenance review by the NQF Standing Committee in 2020, concerns were raised about the strength of evidence supporting the prior measure. Namely, recent updates to the KDOQI guidelines downgraded the evidence supporting fistula as the preferred access type and instead focus on catheter avoidance and developing an individualized ESKD Life plan.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** End-Stage Renal Disease Quality Incentive Program

MUC 2022-079: Standardized Emergency Department Encounter Ratio (SEDR) for Dialysis Facilities

- **Description:** The Standardized Emergency Department Encounter Ratio is defined to be the ratio of the observed number of emergency department (ED) encounters that occur for adult Medicare ESRD dialysis patients treated at a particular facility to the number of encounters that would be expected given the characteristics of the dialysis facility's patients and the national norm for dialysis facilities. Note that in this document an emergency department encounter always refers to an outpatient encounter that does not end in a hospital admission. This measure is calculated as a ratio but can also be expressed as a rate.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** End-Stage Renal Disease Quality Incentive Program

MUC 2022-014: Ambulatory palliative care patients' experience of feeling heard and understood

- **Description:** The percentage of top-box responses among patients aged 18 years and older who had an ambulatory palliative care visit and report feeling heard and understood by their palliative care provider and team within 2 months (60 days) of the ambulatory palliative care visit.
- **Level of Analysis:** Clinician - Individual; Clinician - Group
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Quality

MUC 2022-078: Psychiatric Inpatient Experience Measurement

- **Description:** The measure is a 23-item five-point Likert scale (i.e., "strongly agree, agree, neutral, disagree, strongly disagree" as well as a "does not apply" option) survey to assess the experience of patients who have received inpatient psychiatric services. The survey measures four key domains of patient experience for inpatient psychiatric care settings, including Relationship with the Treatment Team, Nursing Presence, Treatment Effectiveness, and the Healing Environment.
- **Level of Analysis:** Facility; Other: Hospital Units
- **Risk Adjustment:** No
- **Stratification:** Yes
- **Program(s) Submitted to:** Inpatient Psychiatric Facility Quality Reporting Program

MUC 2022-120: Documentation of Goals of Care Discussions Among Cancer Patients

- **Description:** Measuring documentation of goals of care discussions is a critical step toward achieving the outcome of goal concordant care. Oncologists are responsible for ensuring documentation of these discussions. Documentation of goals in structured fields prompts discussions, enhances their quality and efficiency, and promotes accessibility. This measure assesses goals of care discussion documentation among patients with cancer who die while receiving care at the reporting hospital. In this process measure, reported annually, hospitals will report the percent of cancer patients who died during the reporting period and had the patient's goals of care documented prior to death.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program

Measures for Discussion: Patient Experience

MUC 2022-027: Facility Commitment to Health Equity

- **Description:** This structural measure assesses facility commitment to health equity using a suite of equity-focused organizational competencies aimed at achieving health equity for racial and ethnic minority groups, people with disabilities, members of the lesbian, gay, bisexual, transgender, and queer (LGBTQ+) community, individuals with limited English proficiency, rural populations, religious minorities, and people living near or below poverty level. Facilities will receive one point each for attesting to five different domains of commitment to advancing health equity for a total of five points.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** End-Stage Renal Disease Quality Incentive Program; Inpatient Psychiatric Facility Quality Reporting Program; Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program

MUC 2022-050: Screen Positive Rate for Social Drivers of Health

- **Description:** The Screen Positive Rate for Social Drivers of Health is a structural measure that provides information on the percent of patients admitted for an inpatient facility stay or that have received established care in the case of dialysis facilities, and who are 18 years or older on the date of admission or date of established care in the case of dialysis facilities, were screened for all five HSRNs, and who screen positive for one or more of the following five HRSNs: Food insecurity, housing instability, transportation problems, utility difficulties, or interpersonal safety.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** Yes
- **Program(s) Submitted to:** End-Stage Renal Disease Quality Incentive Program; Inpatient Psychiatric Facility Quality Reporting Program; Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program

Measures for Discussion: Health Equity

MUC 2022-053: Screening for Social Drivers of Health

- **Description:** The Screening for Social Drivers of Health measure assesses the total number of patients, aged 18 years and older, screened for social risk factors (specifically, food insecurity, housing instability, transportation needs, utility difficulties, and interpersonal safety) during an inpatient facility stay, or during established care in the case of dialysis facilities. The measure cohort includes patients who are admitted to an inpatient facility or who have established care in the case of dialysis facilities and are 18 years or older on the date of admission or on the date of established care in the case of dialysis facilities.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** End-Stage Renal Disease Quality Incentive Program; Inpatient Psychiatric Facility Quality Reporting Program; Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program

MUC 2022-058: Hospital Disparity Index (HDI)

- **Description:** The HDI is a prototype method for a single score that summarizes several measurements of disparity in care at a hospital. This score will summarize existing results of the Centers for Medicare and Medicaid Services (CMS) Disparity Methods (stratified measure results) across a range of measures and social and demographic risk factors, to provide more accessible information about variations in healthcare disparity across hospitals.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Hospital Inpatient Quality Reporting Program

MUC 2022-098: Connection to Community Service Provider

- **Description:** Percent of patients 18 years or older who screen positive for one or more of the following health-related social needs (HRSNs): food insecurity, housing instability, transportation problems, utility help needs, or interpersonal safety; and had contact with a Community Service Provider (CSP) for at least 1 of their HRSNs within 60 days after screening.
- **Level of Analysis:** Clinician - Individual
- **Risk Adjustment:** Yes
- **Stratification:** Yes
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Quality

MUC 2022-111: Resolution of At Least 1 Health-Related Social Need

- **Description:** Percent of patients 18 years or older who screen positive for one or more of the following HRSNs: food insecurity, housing instability, transportation problems, utility help needs, or interpersonal safety; and report that at least 1 of their HRSNs was resolved within 12 months after screening.
- **Level of Analysis:** Clinician - Individual
- **Risk Adjustment:** No
- **Stratification:** Yes
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Quality

MUC2022-052: Adult COVID-19 Vaccination Status

- **Description:** Percentage of patients aged 18 years and older seen for a visit during the performance period who have ever completed or reported having ever completed a COVID-19 vaccination series and one booster dose.
- **Level of Analysis:** Clinician - Individual
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Quality

MUC2022-084: COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (2022 revision)

- **Description:** Percentage of healthcare personnel who are considered up to date with recommended COVID-19 vaccines.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Ambulatory Surgical Center Quality Reporting Program; Hospital Inpatient Quality Reporting Program; Hospital Outpatient Quality Reporting Program; Hospital Value-Based Purchasing Program; Hospital-Acquired Condition Reduction Program; Inpatient Psychiatric Facility Quality Reporting Program; Inpatient Rehabilitation Facility Quality Reporting Program; Long-Term Care Hospital Quality Reporting Program; Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program; Skilled Nursing Facility Quality Reporting Program; End-Stage Renal Disease Quality Incentive Program

MUC2022-089: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date

- **Description:** This one-quarter measure reports the percentage of patients in an inpatient rehabilitation facility (IRF) who are up-to-date on their COVID-19 vaccinations per the Centers for Disease Control and Prevention's (CDC) latest guidance.

  The definition of up-to-date may change based on the CDC's latest guidance and can be found on the CDC webpage, "Stay Up to Date with Your COVID-19 Vaccines", at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html (last accessed 5/18/2022).

  This measure is based on data obtained through the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) discharge assessments during the selected quarter.

- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Inpatient Rehabilitation Facility Quality Reporting Program

MUC2022-090: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date

- **Description:** The measure assesses the percent of home health patients that are up to date on their COVID-19 vaccinations as defined by CDC guidelines on current vaccination.
  Up to date as defined by CDC is outlined at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Home Health Quality Reporting Program

MUC2022-091: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date

- **Description:** This one-quarter measure reports the percentage of patients in a long-term care hospital (LTCH) who are up-to-date on their COVID-19 vaccinations per the Centers for Disease Control and Prevention's (CDC) latest guidance.

  The definition of up-to-date may change based on the CDC's latest guidance and can be found on the CDC webpage, "Stay Up to Date with Your COVID-19 Vaccines", at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html (last accessed 5/18/2022).

  This measure is based on data obtained through the LTCH Continuity Assessment Record and Evaluation (CARE) Data Set (LCDS) discharge assessments during the selected quarter.

- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Long-Term Care Hospital Quality Reporting Program

MUC2022-092: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date

- **Description:** This one quarter measure reports the percentage of patients in a Skilled Nursing Facility (SNF) who are up-to-date on their COVID-19 vaccinations per the Centers for Disease Control and Prevention's (CDC) latest guidance.

  The definition of up to date may change based on the CDC's latest guidance and can be found on the CDC webpage, "Stay Up to Date with Your COVID-19 Vaccines", at https://www.cdc.gov/coronavirus/2019-ncov/vaccines/stay-up-to-date.html (last accessed 5/18/2022).

  This measure is based on data obtained through the Minimum Data Set (MDS) discharge assessments during the selected quarter.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Skilled Nursing Facility Quality Reporting Program

MUC 2022-114: Appropriate screening and plan of care for elevated intraocular pressure following intravitreal or periocular steroid therapy

Description: Percentage of patients without a diagnosis of glaucoma who had an intravitreal or periocular corticosteroid injection (e.g., triamcinolone, preservative-free triamcinolone, dexamethasone, dexamethasone intravitreal implant, or fluociniolone intravitreal implant) who, within seven (7) weeks following the date of injection, are screened for elevated intraocular pressure (IOP) with tonometry with documented IOP =<25 mm Hg for injected eye OR if the IOP was >25 mm Hg, a plan of care was documented.

Level of Analysis: Clinician - Individual

Risk Adjustment: No

Stratification: No

Program(s) Submitted to: Merit-based Incentive Payment System-Quality

MUC 2022-115: Acute Posterior Vitreous Detachment Appropriate Examination and Follow-up

Description: Percentage of patients with a diagnosis of acute posterior vitreous detachment (PVD) in either eye who were appropriately evaluated during the initial exam and were re-evaluated no later than 8 weeks

Level of Analysis: Clinician - Individual

Risk Adjustment: No

Stratification: No

Program(s) Submitted to: Merit-based Incentive Payment System-Quality

MUC 2022-116: Acute Posterior Vitreous Detachment and Acute Vitreous Hemorrhage Appropriate Examination and Follow-up

Description: Percentage of patients with a diagnosis of acute posterior vitreous detachment (PVD) and acute vitreous hemorrhage in either eye who were appropriately evaluated during the initial exam and were re-evaluated no later than 2 weeks

Level of Analysis: Clinician - Individual

Risk Adjustment: No

Stratification: No

Program(s) Submitted to: Merit-based Incentive Payment System-Quality

MUC2022-122: Improvement or Maintenance of Functioning for Individuals with a Mental and/or Substance Use Disorder.

- **Description:** The percentage of individuals aged 18 and older with a mental and/or substance use disorder who demonstrated improvement or maintenance of functioning based on results from the 12-item World Health Organization Disability Assessment Schedule (WHODAS 2.0) or Sheehan Disability Index (SDS) 30 to 180 days after an index assessment.
- **Level of Analysis:** Clinician - Individual; Clinician - Group
- **Risk Adjustment:** No
- **Stratification:** Yes
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Quality

MUC2022-127: Initiation, Review, And/Or Update To Suicide Safety Plan For Individuals With Suicidal Thoughts, Behavior, Or Suicide Risk

- **Description:** This measure assesses the percentage of adult aged 18 and older with suicidal ideation or behavior symptoms (based on results of a standardized assessment tool) or increased suicide risk (based on the clinician's evaluation) for whom a suicide safety plan is initiated, reviewed, and/or updated in collaboration between the patient and their clinician.
- **Level of Analysis:** Clinician - Individual; Clinician - Group
- **Risk Adjustment:** No
- **Stratification:** Yes
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Quality

MUC2022-131: Reduction in Suicidal Ideation or Behavior Symptoms

- **Description:** The percentage of individuals aged 18 and older with a mental and/or substance us disorder who demonstrated a reduction in suicidal ideation and/or behavior symptoms based on results from the Columbia-Suicide Severity Rating Scale 'Screen Version' or 'Since Last Visit' (CSSRS), within 120 days after an index assessment.
- **Level of Analysis:** Clinician - Individual; Clinician - Group
- **Risk Adjustment:** No
- **Stratification:** Yes
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Quality

MUC 2022-007: Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Clinician and Clinician Group Level)

- **Description:** This electronic clinical quality measure (eCQM) provides a standardized method for monitoring the performance of diagnostic CT to discourage unnecessarily high radiation doses, a risk factor for cancer, while preserving image quality. It is expressed as a percentage of eligible CT exams that are out-of-range based on having either excessive radiation dose or inadequate image quality, relative to evidence-based thresholds based on the clinical indication for the exam. All diagnostic CT exams of specified anatomic sites performed in inpatient, outpatient and ambulatory care settings are eligible.
- **Level of Analysis:** Clinician - Individual; Clinician - Group
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Quality

MUC2022-018: Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Hospital Level – Inpatient)

- **Description:** This electronic clinical quality measure (eCQM) provides a standardized method for monitoring the performance of diagnostic CT to discourage unnecessarily high radiation doses, a risk factor for cancer, while preserving image quality. It is expressed as a percentage of eligible CT exams that are out-of-range based on having either excessive radiation dose or inadequate image quality, relative to evidence-based thresholds based on the clinical indication for the exam. All diagnostic CT exams of specified anatomic sites performed in inpatient hospital care settings are eligible.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Hospital Inpatient Quality Reporting Program

MUC2022-020: Excessive Radiation Dose or Inadequate Image Quality for Diagnostic Computed Tomography (CT) in Adults (Hospital Level – Outpatient)

- **Description:** This electronic clinical quality measure (eCQM) provides a standardized method for monitoring the performance of diagnostic CT to discourage unnecessarily high radiation doses, a risk factor for cancer, while preserving image quality. It is expressed as a percentage of eligible CT exams that are out-of-range based on having either excessive radiation dose or inadequate image quality, relative to evidence-based thresholds based on the clinical indication for the exam. All diagnostic CT exams of specified anatomic sites performed in hospital outpatient care settings (including emergency settings) are eligible.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Hospital Outpatient Quality Reporting Program

MUC2022-024: Hospital Harm - Acute Kidney Injury

- **Description:** The proportion of inpatient hospitalizations for patients 18 years of age or older who have an acute kidney injury (stage 2 or greater) that occurred during the encounter as evidenced by a substantial increase in serum creatinine value, or by the initiation of kidney dialysis (continuous renal replacement therapy [CRRT], hemodialysis or peritoneal dialysis).
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Hospital Inpatient Quality Reporting Program; Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals

MUC2022-035: Percent of Residents Experiencing One or More Falls with Major Injury (Long-Stay)

- **Description:** This one-year measure reports the percentage of long-stay residents in a nursing home who have experienced one or more falls resulting in major injury (defined as bone fractures, joint dislocations, closed head injuries with altered consciousness, or subdural hematoma) reported in the look-back period no more than 275 days prior to the target assessment. The long-stay nursing home population is defined as residents who have received 101 or more cumulative days of nursing home care by the end of the target assessment period. This measure uses data obtained through the Minimum Data Set (MDS) 3.0 OBRA, PPS, and/or discharge assessments during the selected quarter(s).
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Skilled Nursing Facility Value-Based Purchasing Program

MUC2022-064: Hospital Harm - Pressure Injury

- **Description:** The proportion of inpatient hospitalizations for patients 18 years of age or older at the start of the encounter, who suffer the harm of developing a new stage 2, stage 3, stage 4, deep tissue, or unstageable pressure injury.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Hospital Inpatient Quality Reporting Program; Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals

MUC2022-082: Severe Sepsis and Septic Shock: Management Bundle

- **Description:** This measure focuses on adults 18 years and older with a diagnosis of severe sepsis or septic shock. Consistent with Surviving Sepsis Campaign guidelines, it assesses the measurement of lactate, obtaining blood cultures, administering broad-spectrum antibiotics, fluid resuscitation, vasopressor administration, reassessment of volume status and tissue perfusion, and repeat lactate measurement. As reflected in the data elements and their definitions, the first three interventions should occur within three hours of the presentation of severe sepsis, while the remaining interventions are expected to occur within six hours of the presentation of septic shock.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Hospital Value-Based Purchasing Program

MUC 2022-055: Hybrid Hospital-Wide All-Cause Risk Standardized Readmission Measure

- **Description:** Hospital-level, risk-standardized readmission rate (RSRR) of all-cause 30-day unplanned readmission after admission for any eligible condition within 30 days of hospital discharge. The measure, based on NQF #2879, uses enrollment data, inpatient claims, and electronic health record data. Hospitals receive a single summary RSRR, derived from the volume-weighted results of five specialty cohorts. Conditionally supported by the MAP pending NQF endorsement and currently in the IQR Program (voluntary reporting 7/1/2021, mandatory reporting beginning 7/1/2023). This MUC submission expands the cohort from Medicare fee-for-service (FFS) patients to include Medicare Advantage patients age 65 & older.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Hospital Inpatient Quality Reporting Program

Measures for Discussion: Outcome

MUC 2022-057: Hybrid Hospital-Wide All-Cause Risk Standardized Mortality Measure

- **Description:** Hospital-level, risk-standardized 30-day all-cause mortality rate (RSMR) for Medicare fee-for-service (FFS) and Medicare Advantage (MA) patients (65 to 94). The measure, based on NQF #3502, uses enrollment data, inpatient claims, and electronic health data to identify 30-day all-cause mortality outcome, and adjust for comorbidities based on the ICD-10 diagnosis/procedure codes and clinical risk factors from electronic health data for the measure score calculation. This measure, previously conditionally supported for use in IQR and planned for use by CMS for voluntary reporting in IQR, is being expanded to include Medicare Advantage patients in addition to FFS patients in the cohort.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Hospital Inpatient Quality Reporting Program

MUC 2022-099: Skilled Nursing Facility (SNF) Within-Stay (WS) Potentially Preventable Readmissions (PPR) Measure

- **Description:** This measure estimates the risk-standardized rate of unplanned, potentially preventable readmissions that occur during SNF stays among Medicare fee-for-service [FFS] beneficiaries. This measure applies two substantive refinements to the original measure (described in detail with the numerator and denominator), which was submitted and published to the MUC list in 2015 and finalized in the fiscal year (FY) 2017 SNF PPS final rule for use in the SNF VBP program in 2016. The measure is calculated in an identical manner using the following formula: (risk-adjusted numerator/risk-adjusted denominator)*national observed rate. The measure is calculated using two years of Medicare FFS claims data.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Skilled Nursing Facility Value-Based Purchasing Program

Measures for Discussion: Outcome

MUC 2022-113: Number of hospitalizations per 1,000 long-stay resident days

- **Description:** The number of unplanned hospitalizations (including observation stays) for long-stay residents per 1,000 long-stay resident days. For this measure, long-stay resident days are all days after the resident's 100th cumulative day in the nursing home
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Skilled Nursing Facility Value-Based Purchasing Program

MUC2022-028: ASC Facility Volume Data on Selected Surgical Procedures (formerly ASC-7)

- **Description:** Structural measure of facility capacity collects surgical procedure volume data on selected categories of procedures frequently performed in the ASC setting Categories include: Eye, Gastrointestinal, Genitourinary, Musculoskeletal, Nervous, Respiratory, Skin, and Other
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** Yes
- **Program(s) Submitted to:** Ambulatory Surgical Center Quality Reporting Program

MUC2022-030: Hospital Outpatient Department Volume Data on Selected Outpatient Surgical Procedures (formerly OP-26)

- **Description:** Structural measure of facility capacity collects surgical procedure volume data on selected categories of outpatient procedures frequently performed within the outpatient department (e.g., outpatient surgery, cath lab, endoscopy). Gastrointestinal, Eye, Nervous System, Musculoskeletal, Skin, Genitourinary, Cardiovascular, Respiratory, and Other
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Hospital Outpatient Quality Reporting Program

MUC2022-032: Geriatrics Surgical Measure

- **Description:** This programmatic measure assesses hospital commitment to improving surgical outcomes for patients greater than or equal to 65 years of age through patient-centered competencies aimed at achieving quality of care and safety for all older adult surgical patients. The measure will include 11 attestation-based questions across 7 domains representing a comprehensive framework required for optimal care of the older surgical patient. A hospital will receive a point for each domain where they attest to all items from at least one question (for a total of 7 points). Note that "patients" in all elements refers to surgical patients greater than or equal to 65 years of age at time of operation.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Hospital Inpatient Quality Reporting Program

Measures for Discussion: Structural (Hospital/Surgery)

MUC2022-112: Geriatrics Hospital Measure

- **Description:** This structural measure assesses hospital commitment to improving outcomes for patients greater than or equal to 65 years of age through patient-centered competencies aimed at achieving quality of care and safety for all older patients. The measure will include 14 attestation-based questions across 8 domains representing a comprehensive framework required for optimal care of older patients admitted to the hospital or being evaluated in the emergency department. A hospital will receive a point for each domain where they attest to at least one corresponding statement (for a total of 8 points). For each item, attestation of all elements is required to qualify for the measure numerator.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Hospital Inpatient Quality Reporting Program

MUC2022-039: Median Time from emergency department (ED) Arrival to ED Departure for Discharged ED Patients

- **Description:** Median time from ED arrival to time of departure from the ED for patients discharged from the ED. The measure is calculated using chart abstracted data, on a rolling quarterly basis, and is publicly reported in aggregate for one calendar year. The measure has been publicly reported since 2013 as part of the ED Throughput measure set of the CMS Hospital Outpatient Quality Reporting (OQR) Program.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** Yes
- **Program(s) Submitted to:** Rural Emergency Hospital Quality Reporting Program

Measures for Discussion: Rural Emergency Hospital Program

MUC2022-066: Facility 7-Day Risk-Standardized Hospital Visit Rate after Outpatient Colonoscopy

- **Description:** Facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of a colonoscopy procedure performed at a Rural Emergency Hospital among Medicare Fee-For-Service (FFS) patients aged 65 years and older. An unplanned hospital visit is defined as an emergency department (ED) visit, observation stay, or unplanned inpatient admission.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Rural Emergency Hospital Quality Reporting Program

MUC2022-067: Risk-standardized hospital visits within 7 days after hospital outpatient surgery

- **Description:** Facility-level risk-standardized rate of acute, unplanned hospital visits within 7 days of an outpatient surgical procedure performed at a Rural Emergency Hospital among Medicare Fee-For-Service (FFS) patients aged 65 years and older. An unplanned hospital visit is defined as an emergency department (ED) visit, observation stay, or unplanned inpatient admission.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Rural Emergency Hospital Quality Reporting Program

MUC2022-081: Abdomen Computed Tomography (CT) Use of Contrast Material

- **Description:** This measure calculates the percentage of abdomen studies that are performed with and without contrast out of all abdomen studies performed (those with contrast, those without contrast, and those with both).
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Rural Emergency Hospital Quality Reporting Program

MUC2022-097: Low Back Pain

- **Description:** The Low Back Pain episode-based cost measure evaluates risk adjusted cost to Medicare of a clinician or clinician group for patients receiving ongoing medical care to manage and treat low back pain. This chronic condition measure includes the costs of services that are clinically related to the role of the attributed clinician in managing care during a Low Back Pain episode.
- **Level of Analysis:** Clinician - Individual
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Cost

MUC2022-100: Emergency Medicine

- **Description:** The Emergency Medicine episode-based cost measure evaluates a clinician's risk-adjusted cost to Medicare for patients who have an emergency department (ED) visit during the performance period. The measure score is the clinician's risk-adjusted cost for the episode group averaged across all episodes attributed to the clinician. This measure includes costs of Part A and B services during each episode from the start of the ED visit that opens, or triggers the episode through 14 days after the trigger, excluding a defined list of services for each ED visit type that are unrelated to the ED care.
- **Level of Analysis:** Clinician - Individual
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Cost

MUC2022-101: Depression

- **Description:** The Depression episode-based cost measure evaluates a clinician's or clinician group's risk-adjusted cost to Medicare for patients receiving medical care to manage and treat depression. This chronic condition measure includes the costs of services that are clinically related to the attributed clinician's role in managing care during a Depression episode.
- **Level of Analysis:** Clinician - Individual
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Cost

MUC2022-106: Heart Failure

- **Description:** The Heart Failure episode-based cost measure evaluates a clinicians or clinician groups risk-adjusted cost to Medicare for patients receiving medical care to manage and treat heart failure. This chronic condition measure includes the costs of services that are clinically related to the role of the attributed clinician in managing care during a Heart Failure episode.
- **Level of Analysis:** Clinician - Individual
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Cost

Measures for Discussion: Cost

MUC2022-129: Psychoses and Related Conditions

- **Description:** The Psychoses/Related Conditions episode-based cost measure represents the cost to Medicare for the items and services provided to a patient during an episode of care (episode). This measure evaluates a clinician's risk-adjusted cost to Medicare for patients who receive inpatient treatment for psychoses or related conditions during the performance period. The measure score is the clinician's risk-adjusted cost for the episode group averaged across all episodes attributed to the clinician during the episode and up to 45 days after the trigger.
- **Level of Analysis:** Clinician - Individual
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Merit-based Incentive Payment System-Cost

MUC2022-026: Risk-Standardized Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty (THA/TKA PRO-PM) in the HOPD or ASC Setting

- **Description:** The measure will estimate a facility-level risk-standardized improvement rate for patient-reported outcomes (PROs) following elective primary THA/TKA for Medicare fee-for-service (FFS) patients 65 years of age or older. Substantial clinical benefit (SCB) improvement will be measured by the change in score on the joint-specific patient-reported outcome measure (PROM) instruments, measuring hip or knee pain and functioning, from the preoperative assessment (data collected 90 to 0 days before surgery) to the postoperative assessment (data collected 275 to 425 days following surgery).
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Ambulatory Surgical Center Quality Reporting Program; Hospital Outpatient Quality Reporting Program

MUC2022-083: Cross-Setting Discharge Function Score

- **Description:** This measure estimates the percentage of Inpatient Rehabilitation Facility (IRF) patients who meet or exceed an expected discharge function score.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Inpatient Rehabilitation Facility Quality Reporting Program

MUC2022-085: Cross-Setting Discharge Function Score

- **Description:** This measure estimates the percentage of Home Health (HH) Medicare patients who meet or exceed an expected discharge function score.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Home Health Quality Reporting Program

MUC2022-086: Cross-Setting Discharge Function Score

- **Description:** This measure estimates the percentage of Medicare Part A SNF stays that meet or exceed an expected discharge function score.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Skilled Nursing Facility Quality Reporting Program; Skilled Nursing Facility Value-Based Purchasing Program

MUC2022-087: Cross-Setting Discharge Function Score

- **Description:** This measure estimates the percentage of Long-Term Care Hospital (LTCH) patients who meet or exceed an expected discharge function score.
- **Level of Analysis:** Facility
- **Risk Adjustment:** Yes
- **Stratification:** No
- **Program(s) Submitted to:** Long-Term Care Hospital Quality Reporting Program

MUC2022-126: Total nursing staff turnover

- **Description:** The percent of nursing staff that stop working in a facility within a given year.
- **Level of Analysis:** Facility
- **Risk Adjustment:** No
- **Stratification:** No
- **Program(s) Submitted to:** Skilled Nursing Facility Value-Based Purchasing Program

MAP Implementation Results

NATIONAL QUALITY FORUM

2019-2020 MUC Recommendations

Support for Rulemaking (5 Measures)
Finalized Into Rulemaking
• 06064-C-MIPS: Risk-standardized complication rate (RSCR) following elective primary total hip arthroplasty (THA) and/or total knee arthroplasty (TKA) for Merit-based Incentive Payment System (MIPS)*
Not Finalized Into Rulemaking
• 06077-C-PARTD: Use of Opioids at High Dosage in Persons without Cancer (OHD)
• 06076-C-PARTD: Use of Opioids from Multiple Providers in Persons without Cancer (OMP)
• 01364-C-PCHQR: National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure*
• 01475-C-PCHQR: National Healthcare Safety Network (NHSN) Central Line Associated Bloodstream Infection Outcome Measure*

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

NATIONAL QUALITY FORUM

2019-2020 MUC Recommendations (continued 1)

Conditional Support for Rulemaking (11 Measures)
Finalized Into Rulemaking
• 06154-C-HIQR: Maternal Morbidity • 06141-E-HIQR: Hospital Harm – Severe Hyperglycemia* • 06166-C-MIPS: Hemodialysis Vascular Access: Practitioner Level Long-term Catheter Rate • 06062-C-MIPS: Hospital-Wide, 30-Day, All-Cause Unplanned Readmission (HWR) Rate for the Merit-Based Incentive Payment Program (MIPS) Eligible Clinician Groups • 06159-C-PARTC: Transitions of Care between the Inpatient and Outpatient Settings including Notifications of Admissions and Discharges, Patient Engagement and Medication Reconciliation Post-Discharge • 06156-C-PARTC: Follow-up after Emergency Department (ED) Visit for People with Multiple High-Risk Chronic Conditions • 06111-C-HQR: Hospice Visits in the Last Days of Life (HVLDL)* • MUC19-64: Standardized Transfusion Ratio for Dialysis Facilities* • 06161-C-HHQR: Home Health Within-Stay Potentially Preventable Hospitalization Measure
Not Finalized Into Rulemaking
• 02816-C-MSSP: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions* • MUC19-22: Follow-Up After Psychiatric Hospitalization

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

NATIONAL QUALITY FORUM

2019-2020 MUC Recommendations (continued 2)

Do Not Support for Rulemaking with Potential for Mitigation (1 Measure)
Not Finalized Into Rulemaking
• MUC19-37: Clinician and Clinician Group Risk-standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions; in the Medicare Shared Savings Program, the score would be at the MIPS provider (or provider group) level.
Do Not Support for Rulemaking (1 Measure)
Not Finalized Into Rulemaking
• 06078-C-PARTD: Use of Opioids from Multiple Providers and at a High Dosage in Persons without Cancer (OHDMP)
Removed from Consideration (2 Measures)
Not Finalized Into Rulemaking
• 05858-C-MIPS: Emergency Department Utilization (EDU)
• 05859-C-MIPS: Acute Hospital Utilization (AHU)

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

2020-2021 MUC Recommendations

Support for Rulemaking (2 Measures)
Finalized Into Rulemaking
• 07047-C-HIQR: Patient-Reported Outcomes Following Elective Primary Total Hip and/or Total Knee Arthroplasty: Hospital-Level Performance Measure* • 01013-C-ESRDQIP: Standardized Hospitalization Ratio for Dialysis Facilities (SHR)*

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

NATIONAL QUALITY FORUM

2020-2021 MUC Recommendations (continued 1)

Conditional Support for Rulemaking (16 Measures)
Finalized Into Rulemaking
• 06114-C-SNFQRP: Skilled Nursing Facility Healthcare-Associated Infections Requiring Hospitalization • 12735-C-HOQR: Breast Cancer Screening Recall Rates • 06090-E-HIQR: Global Malnutrition Composite Score* • 06090-C-PI: Global Malnutrition Composite Score* • 08060-C-HQR: Hospice Care Index • 08061-C-MIPS: Person-Centered Primary Care Measure Patient Reported Outcome Performance Measure (PCPCM PRO-PM) • 08062-C-IRFQR: COVID–19 Vaccination Coverage among Healthcare Personnel • 08062-C-LTCHQR: COVID–19 Vaccination Coverage among Healthcare Personnel • 08062-C-SNFQRP: COVID–19 Vaccination Coverage among Healthcare Personnel • 08062-C-ASCQR: COVID–19 Vaccination Coverage among Healthcare Personnel • 08062-C-HOQR: COVID–19 Vaccination Coverage among Healthcare Personnel* • 08062-C-IPFQR: COVID–19 Vaccination Coverage among Healthcare Personnel • 08062-C-PCHQR: COVID-19 Vaccination Coverage among Healthcare Personnel • 08062-C-HIQR: SARS-CoV-2 Vaccination Coverage among Healthcare Personnel* • 08062-C-IRFQR: COVID–19 Vaccination Coverage among Healthcare Personnel • 08051-E-HOQR: ST-Segment Elevation Myocardial Infarction (STEMI) Electronic Clinical Quality Measure (eCQM)*

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

2020-2021 MUC Recommendations (continued 2)

Conditional Support for Rulemaking (5 Measures)
Not Finalized Into Rulemaking
• 08058-C-MIPS: Melanoma Resection Episode-Based Cost Measure • MUC20-0033: ACO-Level Days at Home for Patients with Complex, Chronic Conditions • MUC20-0045: SARS-CoV-2 Vaccination by Clinicians • 08064-C-ESRDQIP: SARS-CoV-2 Vaccination Coverage for Patients in End-Stage Renal Disease (ESRD) Facilities • 08056-C-MIPS: Colon and Rectal Resection Episode-Based Cost Measure

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

2020-2021 MUC Recommendations (continued 3)

Do Not Support for Rulemaking with Potential for Mitigation (6 Measures)
Not Finalized into Rulemaking
• 08055-C-MIPS: Asthma/Chronic Obstructive Pulmonary Disease (COPD) Episode-Based Cost Measure • 08057-C-MIPS: Diabetes Episode-Based Cost Measure • 08059-C-MIPS: Sepsis Episode-Based Cost Measure • 06162-C-MIPS: Risk-Standardized Acute Unplanned Cardiovascular-Related Admission Rates for Patients with Heart Failure for the Merit-based Incentive Payment System • 06167-C-MIPS: Intervention for Prediabetes • 05726-C-MIPS: Preventive Care and Wellness (composite)

*Measure is CBE Endorsed

Note: Information about rulemaking and CBE endorsement status pulled from Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), 10/06/2022

NATIONAL QUALITY FORUM

2022 Measure Set Review Recommendations

Clinician Workgroup (14 Measures)
Support for Retaining (6 Measures)
• 00515-C-MSSP: Preventive Care and Screening: Screening for Depression and Follow-Up Plan • 05826-E-MIPS: Closing the Referral Loop: Receipt of Specialist Report • Consumer Assessment of Healthcare Providers and Systems (CAHPS) for MIPS Survey • CMS eCQM ID: CMS2v11, MIPS Quality ID: 134: Preventive Care and Screening: Screening for Depression and Follow-Up Plan • 06040-C-MSSP: Hospital-Wide, 30-day All-Cause Unplanned Readmission (HWR) Rate for MIPS Eligible Clinician Groups • 00641-C-MIPS: Functional Outcome Assessment
Conditional Support for Retaining (6 Measures)
• 01246-C-MSSP: Controlling High Blood Pressure • CMS eCQM ID: CMS165v10: Controlling High Blood Pressure • 02816-C-MSSP: Clinician and Clinician Group Risk-Standardized Hospital Admission Rates for Patients with Multiple Chronic Conditions • 02381-C-MIPS: Adult Primary Rhegmatogenous Retinal Detachment Surgery: Visual Acuity Improvement Within 90 Days of Surgery • 00254-C-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care • 05796-E-MIPS: Diabetic Retinopathy: Communication with the Physician Managing Ongoing Diabetes Care
Conditional Support for Removal (2 Measures)
• 01101-C-MIPS: Barrett's Esophagus • 05837-E-MIPS: Children Who Have Dental Decay or Cavities
Support for Removal (0 Measures)

2022 Measure Set Review Recommendations (continued 1)

Hospital Workgroup (8 Measures)
Support for Retaining (2 Measures)
• 02930-C-HOQR: Hospital Visits after Hospital Outpatient Surgery • 02936-C-ASCQR: Normothermia Outcome
Conditional Support for Retaining (4 Measures)
• 00140-C-HOQR: Magnetic Resonance Imaging (MRI) Lumbar Spine for Low Back Pain • 02599-C-HOQR: Abdomen Computed Tomography (CT) – Use of Contrast Material • 01049-C-ASCQR: Cataracts: Improvement in Patient's Visual Function within 90 Days Following Cataract Surgery • 05735-C-PCHQR: Proportion of Patients Who Died from Cancer Not Admitted to Hospice
Conditional Support for Removal (1 Measure)
• 00930-C-HOQR: Median time for ED Arrival to ED Departure for Discharged ED Patients
Support for Removal (1 Measure)
• 00922-C-HOQR: Left Without Being Seen

2022 Measure Set Review Recommendations (continued 2)

PAC/LTC Workgroup (10 Measures)
Support for Retaining (1 Measure)
• 02944-C-HHQR: Discharge to Community - Post Acute Care (PAC) Home Health (HH) Quality Reporting Program (QRP)
Conditional Support for Retaining (6 Measures)
• 00185-C-HHQR: Improvement in Bathing • 00187-C-HHQR: Improvement in Dyspnea • 00189-C-HHQR: Improvement in Management of Oral Medications • 00196-C-HHQR: Timely Initiation of Care • 00212-C-HHQR: Influenza Immunization Received for Current Flu Season • 01000-C-HHQR: Improvement in Bed Transferring
Conditional Support for Removal (1 Measure)
• 03493-C-HHQR: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)
Support for Removal (2 Measures)
• 02943-C-HHQR: Total Estimated Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) HHQRP • 05853-C-HHQR: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function

Federal Programs Reviewed by MAP 2022-2023 Pre-Rulemaking Cycle

Clinician Programs

NATIONAL QUALITY FORUM

Clinician Programs 1

Merit-based Incentive Payment System (MIPS)

Medicare Part C and D Star Ratings

Merit-based Incentive Payment System (MIPS)

Merit-based Incentive Payment System (MIPS) -1

- **Program Type:** Quality Payment Program (QPP)
- **Incentive Structure:**
  - Pay-for-performance.
  - There are four connected performance categories that affect a clinician's payment adjustment. Each performance category is scored independently and has a specific weight.
  - The MIPS performance categories and finalized 2023 weights are the following:
    - Quality (30%);
    - Promoting Interoperability (25%);
    - Improvement Activities (15%); and
    - Cost (30%).
  - The final score (100%) based on the four performance categories will be the basis for the MIPS payment adjustment assessed for MIPS eligible clinicians.
- **Program Goals:**
  - Improve quality of patient care and outcomes for Medicare fee-for-service (FFS).
  - Reward clinicians for innovative patient care.
  - Drive fundamental movement toward value in healthcare.

Medicare Part C and D Star Ratings

Medicare Part C and D Star Ratings -1

- **Program Type:** Quality Payment Program & Public Reporting
- **Incentive Structure:**
  - Medicare Advantage: Public reporting and quality bonus payments (QBP)
  - Stand-alone Prescription Drug Plans: Public reporting
- **Program Goals:**
  - Provide information about plan quality and performance indicators to beneficiaries to help them make informed plan choices
  - Incentivize high performing plans (Part C)
  - The April 2018 final rule (CMS-4282-F) initially codified the methodology for the Part C and D Star Ratings

Hospital Programs

NATIONAL QUALITY FORUM

Hospital Programs - 1

- Ambulatory Surgical Center Quality Reporting Program (ASCQR)
- End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
- Hospital-Acquired Condition Reduction Program (HACRP)
- Hospital Inpatient Quality Reporting Program (Hospital IQR)
- Hospital Outpatient Quality Reporting Program (Hospital OQR)
- Hospital Value-Based Purchasing Program (HVBP)
- Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)
- Medicare Promoting Interoperability Program for Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) (Medicare Promoting Interoperability Program)
- Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting Program (PCHQRP)
- Rural Emergency Hospital Quality Reporting Program (REHQRP)

  (New in 2023)

Ambulatory Surgical Center Quality Reporting Program (ASCQR)

Ambulatory Surgical Center Quality Reporting Program (ASCQR) - 1

- **Program Type:** Quality Payment Program & Public Reporting
- **Incentive Structure:** Ambulatory Surgical Centers (ASCs) that do not participate, or participate but fail to meet program requirements, receive a two-percentage point (2%) reduction of their annual payment update (APU) under the ASC Fee Schedule (ASCFS) for not meeting program requirements
- **Program Goals:** Progress towards paying facilities based on the quality, rather than the quantity of care they give patients, and to provide consumers information about ASC quality so they can make informed choices about their care.

End-Stage Renal Disease Quality Incentive Program (ESRD QIP)

End-Stage Renal Disease Quality Incentive Program (ESRD QIP) - 1

- **Program Type:** Pay for Performance and Public Reporting
- **Incentive Structure:** As of 2012, payments to dialysis facilities are reduced if facilities do not meet or exceed the required total performance score. Payment reductions will be on a sliding scale, which could amount to a maximum of 2.0% per year.
- **Program Goals:** Improve the quality of dialysis care and produce better outcomes for beneficiaries

Hospital-Acquired Condition Reduction Program (HACRP)

Hospital-Acquired Condition Reduction Program (HACRP) - 1

- **Program Type:** Pay for Performance and Public Reporting
- **Incentive Structure:** The worst performing 25% of hospitals in the program (as determined by the measures in the program) will have their Medicare payments reduced by 1.0%.
- **Program Goals:** Encourage hospitals to reduce HACs through penalties, and link Medicare payments to healthcare quality in the inpatient hospital setting.

Hospital Inpatient Quality Reporting Program (Hospital IQR)

Hospital Inpatient Quality Reporting Program (Hospital IQR) - 1

- **Program Type:** Pay-for-Reporting and Public Reporting
- **Incentive Structure:** Hospitals that do not participate, or participate but fail to meet program requirements, receive a one-fourth reduction of the applicable percentage increase in their annual payment update
- **Program Goals:** Progress towards paying providers based on the quality, rather than the quantity of care they give patients, and to provide consumers information about hospital quality so they can make informed choices about their care

Hospital Outpatient Quality Reporting Program (Hospital OQR)

Hospital Outpatient Quality Reporting Program (Hospital OQR) - 1

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:** Hospitals outpatient departments (HOPDs) that do not participate, or participate but fail to meet program requirements, receive a two-percentage point (2%) reduction of their annual payment update (APU) under the OPPS for not meeting program requirements
- **Program Goals:** Progress towards paying providers based on the quality, rather than the quantity of care they give patients, and to provide consumers information about HOPD quality so they can make informed choices about their care.

Hospital Value-Based Purchasing Program (HVBP)

Hospital Value-Based Purchasing Program (HVBP) - 1

- **Program Type:** Pay for Performance
- **Incentive Structure:** The amount equal to 2.0% of base operating DRG is withheld from reimbursements of participating hospitals and redistributed to them as incentive payments
- **Program Goals:** Improve healthcare quality by realigning hospitals' financial incentives, and provide incentive payments to hospitals that meet or exceed performance standards

Inpatient Psychiatric Facility Quality Reporting Program (IPFQR)

Inpatient Psychiatric Facility Quality Reporting Program (IPFQR) - 1

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:** Inpatient psychiatric facilities (IPFs) that do not submit data on all required measures receive a 2.0% reduction in annual payment update
- **Program Goals:** Provide consumers with quality-of-care information to make more informed decisions about healthcare options, and encourage hospitals and clinicians to improve the quality of inpatient psychiatric care by ensuring that providers are aware of and reporting on best practices

Medicare Promoting Interoperability Program for Eligible Hospitals (EHs) and Critical Access Hospitals (CAHs) (Medicare Promoting Interoperability Program)

Medicare Promoting Interoperability Program

- **Program Type:** Pay for Reporting and Public Reporting
- **Incentive Structure:** Eligible hospitals that fail to meet program requirements, including meeting the Clinical Quality Measure requirements, receive a three-fourth reduction of the applicable percentage increase.
- **Program Goals:** Promote interoperability using Certified Electronic Health Record Technology (CEHRT), to improve patient and provider access to patient data.

Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting Program (PCHQRP)

PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQRP)

- **Program Type:** Quality Reporting
- **Incentive Structure:** PCHQR is a voluntary reporting program. Data are reporting on Provider Data Catalog (PDC)
- **Program Goals:** Provide information about the quality of care in cancer hospitals, in particular the 11 cancer hospitals that are exempt from the Inpatient Prospective Payment System and the Inpatient Quality Reporting Program and encourage hospitals and clinicians to improve the quality of their care, to share information, and to learn from each other's experiences and best practices.

Rural Emergency Hospital Quality Reporting Program (REHQRP)

Rural Emergency Hospital Quality Reporting Program (REHQRP) - 1

- **Program Type:** Quality Reporting
- **Incentive Structure:** Provider reporting and public display of data required per statute
- **Program Goals:** Public reporting of quality data for consumer use and to inform quality improvement efforts

Post-Acute Care/Long-Term Care (PAC/LTC) Programs

NATIONAL QUALITY FORUM

PAC/LTC Programs

Home Health Quality Reporting Program (HH QRP)

Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

Long-Term Care Hospital Quality Reporting Program (LTCH QRP)

Skilled Nursing Facility Quality Reporting Program (SNF QRP)

Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)

Home Health Quality Reporting Program (HH QRP)

Home Health Quality Reporting Program (HH QRP) - 1

- **Program Type:** Pay for Reporting & Public Reporting
- **Incentive Structure:** Section 484.225(i) of Part 42 of the Code of Federal Regulations (C.F.R.) provides that HHAs that meet the quality data reporting requirements are eligible to receive the full home health (HH) market basket percentage increase. HHAs that do not meet the reporting requirements are subject to a two (2%) percentage point reduction to the HH market basket increase.
- **Program Goals:** Alignment with the mission of the National Academy of Medicine (NAM) which has defined quality as having the following properties or domains: effectiveness, efficiency, equity, patient centeredness, safety, and timeliness.

Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP) - 1

- **Program Type:** Pay for Reporting & Public Reporting
- **Incentive Structure:** IRFs that fail to submit data will have their applicable IRF Prospective Payment System (PPS) payment update reduced by 2%.
- **Program Goals:** Address the rehabilitation needs of the individual including improved functional status and achievement of successful return to the community post-discharge.

Long-Term Care Hospital Quality Reporting Program (LTCH QRP)

Long-Term Care Hospital Quality Reporting Program (LTCH QRP) - 1

- **Program Type**: Pay for Reporting & Public Reporting
- **Incentive Structure**: LTCHs that fail to submit data will have their applicable annual payment update (APU) reduced by 2%.
- **Program Goals:** Furnishing extended medical care to individuals with clinically complex problems (e.g., multiple acute or chronic conditions needing hospital-level care for relatively extended periods of greater than 25 days).

Skilled Nursing Facility Quality Reporting Program (SNF QRP)

Skilled Nursing Facility Quality Reporting Program (SNF QRP) - 1

- **Program Type:** Pay for Reporting & Public Reporting
- **Incentive Structure:** SNFs that do not submit the required quality data will have their annual payment update reduced by 2%.
- **Program Goal:** Increase transparency so that patients are able to make informed choices.

Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)

Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP) - 1

- **Program Type:** Value-Based Purchasing
- **Incentive Structure:** The SNF VBP Program awards incentive payments to SNFs based on a single all-cause readmission measure (SNF 30-Day All-Cause Readmission Measure; NQF #2510), as mandated by Protecting Access to Medicare Act (PAMA) of 2014. SNFs' performance period risk-standardized readmission rates are compared to their own past performance to calculate an improvement score and the National SNF performance during the baseline period to calculate an achievement score. The higher of the achievement and improvement scores becomes the SNF's performance score. The Consolidate Appropriation Act (CAA) of 2021 expanded the model to include up to 9 new measures and a validation process for the measures. CMS finalized the first additional measures in the FY 2023 rule.
- **Program Goals:** Transforming how care is paid for, moving increasingly towards rewarding better value, outcomes, and innovations instead of merely volume, and linking payments to performance on a single readmission measure.