

Handout to accompany the Member Education workshop “Quality Measurement 101: All About MAP and Medicare” on November 19, 2015.

NQF Member Guide to MAP Terminology	
Key Word	Definition
Measure Applications Partnership (MAP)	MAP refers to the workgroups and committees, convened by National Quality Forum, to make recommendations to CMS (Centers for Medicare & Medicaid Services) about which measures to use in selected Medicare programs.
National Quality Strategy	A national framework for quality improvement, published by AHRQ (Agency for Healthcare Research and Quality). Identifies six priority areas: patient safety, person- and family- centered care, care coordination, prevention and treatment, health people and communities, and affordable care.
Measure	A tool used to quantify the care provided to patients and gauge how improvement activities are improving care or outcomes for certain conditions, in various settings or during a specific timeframe. Also called performance measure or quality measure.
Rulemaking	The process that government agencies, such as CMS, use to create regulations (i.e. rules that implement laws passed by Congress). Congress sets broad policy mandates through statutes, and then government agencies create more detailed regulations through rulemaking.
MAP Pre-Rulemaking	An annual process where stakeholders provide input to CMS about which measures to include in Medicare payment and/or reporting programs. This input happens before the rulemaking stage to allow time for CMS to incorporate this input into decisions.
Measures Under Consideration (MUC list)	A list of measures that CMS is considering adopting, through the rulemaking process, for use in Medicare programs. The MUC list is determined solely by CMS, and then posted by NQF, by December 1 each year.

Core Set	A group of healthcare quality measures to assess the quality of care for people enrolled in Medicaid.
MAP Coordinating Committee	The governing body of MAP, convened by National Quality Forum. The Coordinating Committee approves all recommendations by other workgroups during the annual pre-rulemaking process.
MAP Hospital Workgroup	A workgroup, convened by National Quality Forum, which recommends measures for use in Medicare hospital and other acute care facility payment and/or reporting programs, during the annual MAP pre-rulemaking process.
MAP Clinician Workgroup	A workgroup, convened by National Quality Forum, which recommends measures for use in Medicare clinician and accountable care organization payment and/or reporting programs, during the annual MAP pre-rulemaking process.
MAP Post-Acute Care and Long-Term Care Workgroup (PAC LTC)	A workgroup, convened by National Quality Forum, which recommends measures for use in Medicare payment and/or reporting programs that are used in post-acute and long-term care facilities, during the annual MAP pre-rulemaking process.
MAP Dual Eligible Workgroup	A workgroup, convened by National Quality Forum, which recommends measures that affect dual beneficiaries (i.e. people eligible for both Medicare and Medicaid benefits). This workgroup makes recommendations upon request by Medicare, as needed. This workgroup also consults with other MAP workgroups during the annual MAP pre-rulemaking process when appropriate.

For additional resources, visit www.qualityforum.org/map or www.qualityforum.org/learn.