Report to Congress:

Identification of Quality Measurement Priorities –

Strategic Plan, Initiatives, and Activities

A Report Required by the Bipartisan Budget Act of 2018

United States Department of Health and Human Services

Centers for Medicare & Medicaid Services

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Executive Summary

The U.S. Department of Health and Human Services (HHS) and the Centers for Medicare & Medicaid Services (CMS) promote quality of health care and improved outcomes for beneficiaries through an array of programs and initiatives that gauge providers' quality of care and offer incentives to improve performance. This value-based strategic approach to health care delivery employs quality measures to drive improvement and efficiencies.

Reliable and meaningful quality measurement that focuses on outcomes important to patients is an essential prerequisite for achieving high-quality, safe, and affordable health care.[1] CMS quality improvement efforts therefore focus on core issues that are essential to providing high-quality care and improving patient outcomes while reducing the cost and burden associated with quality measurement.

Other government agencies and contractors assist CMS in the selection, implementation, and evaluation of quality measures to support these programs and related activities, performing such tasks as gathering stakeholder input and disseminating quality information to patients, caregivers, clinicians, providers, health care plans, other stakeholders, and the public. An initiative launched in 2017, the Meaningful Measures Initiative helps CMS to identify the highest priority areas for quality measurement and quality improvement in order to assess the core quality of care issues that are most vital to advancing its work to improve patient outcomes.

Over the past decade, Congress has directed and funded efforts to ensure that the Secretary uses effective, consensus-based quality measures in CMS-administered programs. Consequently, section 1890(e) of the Social Security Act (the Act), as added by section 50206(b) of the Bipartisan Budget Act of 2018 (BBA), requires the Secretary to submit a Report to Congress that includes a comprehensive plan identifying quality measurement needs of CMS programs and initiatives overseen by the Secretary. The Report to Congress must also include a description of how funds will be used for these endeavors. In accordance with section 1890(e) of the Act, the Report to Congress also must present a strategy for using the entity with a contract under section 1890(a) or any other entity the Secretary has contracted with or may contract with to perform work associated with section 1890A to help meet those needs, specifically with respect to the programs under titles XVIII and XIX of the Act.

The Meaningful Measures Initiative provides a policy framework for deciding what measures are used in CMS's programs, including development, implementation, and retirement decisions. It also serves as a communication tool to help stakeholders understand the context of why a measure exists in a CMS program, and help direct health care quality improvement efforts CMS will use for the purposes of complying with section 1890(e)(1) of the Act. CMS will align quality measurement task orders and supporting activities with the following six crosscutting principles under the Meaningful Measures Initiative[2]:

- Eliminate disparities.
- Track to measurable outcomes and impact.
- Safeguard public health.
- Achieve cost savings.
- Improve access to rural communities.
- Reduce burden.

This Report, in accordance with section 1890(e)(1) of the Act, also lays out a coordinated strategy for using the consensus-based entity under contract with HHS—currently the National Quality Forum—and other contractors that conduct activities pursuant to the quality and performance measurement provisions of sections and 1890 and 1890A of the Act. The activities are divided into four broad categories[i] for the purposes of this Report:

- Duties of the consensus-based entity (CBE)[ii]
- Dissemination of measures[iii]
- Program assessment and review[iv]
- Program oversight and design[v]

With this crosscutting work, CMS endeavors to reduce the burden of measure reporting while rewarding value over volume and to increase the resources and flexibility available to clinicians, providers, and facilities to deliver equitable, high-quality care that is most appropriate for patients.

This Report also describes the strategy and operational framework by which quality measure endorsement, measure selection, and public input were applied from 2009 through 2017 to guide past activities under sections 1890 and 1890A of the Act.

As further required by sections 1890(e)(2)-(e)(6) of the Act, this Report details the amount of funding provided for purposes of carrying out sections 1890 and 1890A of the Act, the funding amounts obligated or expended, and the amount of funding that remains unobligated.[vi] With respect to the activities described under sections 1890 and 1890A of the Act, this Report describes how the funds have been obligated or expended for work performed by the Secretary, the entity with a contract under section 1890(a) of the Act, and any other entity the Secretary has contracted with to perform the work.[vii] This Report further describes the activities for which the funds were used by the Secretary, including specific task orders and activities assigned to the entity with a contract under section 1890, activities performed by the Secretary, and task orders and activities assigned to any other entities the Secretary contracted with to perform work related to carrying out section 1890A of the Act.[viii] Finally, this Report projects future expenditures and obligations for each of the quality measurement activities required under sections 1890 and 1890A during the two-year period after publication of this Report. [ix]

[i] Functions associated with sections 1890 and 1890A of the Social Security Act (the Act), as related to programs under title XVIII and title XIX of the Act.

[ii] Section 1890(b) of the Act.

[iii] Section 1890A(b) of the Act.

[iv] Section 1890A(a)(6) of the Act.

[v] Sections 1890 and 1890A of the Act.

[vi] Section 1890(e)(2) of the Act.

[vii] Section 1890(e)(3) of the Act.

[viii] Section 1890(e)(4)-(5) of the Act.

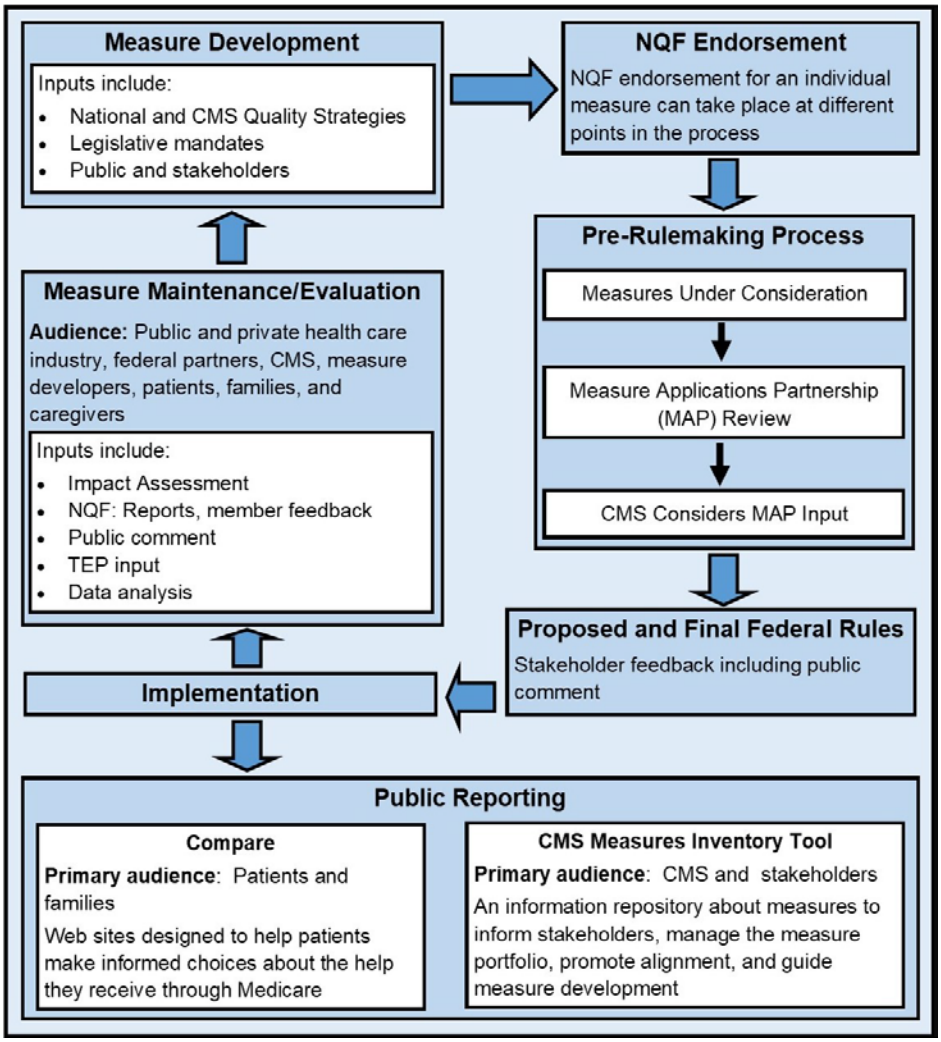
[ix] Section 1890(e)(6) of the Act.

I. Introduction

I.A. Background

The Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS), is the largest health care payer in the nation. More than 140 million Americans access health care services through Medicare, Medicaid, the Children's Health Insurance Program (CHIP), and the Health Insurance Marketplaces.[3] In using quality measures across these programs, CMS seeks to achieve a high-quality, sustainable health care system and put patients at the center of everything it does.

Figure 1: Relationships of CMS Quality Measurement Processes and NQF



As directed by congressional legislation, CMS works with contractors to support the development, selection, and implementation of quality measures and related activities. Key among those partners is the National Quality Forum (NQF), currently under contract with HHS as the consensus-based entity (CBE) required by section 1890(a) of the Social Security Act (the Act). Figure 1 depicts the relationships between NQF activities performed under sections 1890 and 1890A of the Act and the general CMS processes to review and select measures, assess CMS reporting programs, and disseminate CMS measure information to stakeholders and the public. [x]

[x] Figure 1 represents the general ecosystem of a CMS measure life cycle, outlining an approximate process for measure development, endorsement, and implementation. here are many variations to this process. For example, if an endorsed measure is not available to meet program requirements, CMS may implement a measure that is not endorsed. Also, the pre-rulemaking process does not apply to every measure the agency uses for every purpose.

As the current CBE, NQF must conduct its business in an open and transparent manner. As required under section 1890 of the Act, duties of NQF include, but are not limited to, providing input regarding an integrated national strategy and priorities for health care performance measurement, as well as on the endorsement and maintenance of health care performance measures. Section 1890A of the Act established a pre-rulemaking process for the selection of certain measures; as part of that process, the CBE is required to convene multi-stakeholder groups to provide input on measures CMS is considering under Medicare. Since 2011, NQF has convened the Measure Applications Partnership (MAP) and transmitted the MAP's input on the annual Measures Under Consideration List made available by CMS.[4]

Together, sections 1890 and 1890A of the Act support CMS measure development and selection initiatives and programs to improve the quality, accessibility, and affordability of patient-centered and value-based care. The tasks and strategic activities of NQF and the other entities under contract include the engagement and input of a wide array of stakeholders—for example, patients, family members, caregivers, medical societies, nursing associations, rural representatives, clinicians, family practitioners, specialists, state governments, consumer groups, public health entities, and health systems. Supporting these activities is crucial to CMS's goals to incentivize innovation and empower patients and health care providers. Additionally, these critical discussions and collaborations enable CMS to benefit from the wisdom of multi-stakeholder consensus development, as well as infuse the principles of value, innovation, and flexibility into the activities supporting consensus-based review, dissemination of measures, impact assessment, and program oversight and design.

I.B. Report Organization Corresponding to Requirements of Sections 1890(e)(1)–(6) of the Act

Section 50206(b) of the BBA of 2018 requires the Report to Congress to contain a comprehensive plan identifying the quality measurement needs for programs and initiatives overseen by the Secretary, as well as a strategy for how the Secretary plans to use the CBE and any other contractors to perform work associated with section 1890A of the Act. Specifically, section 50206(b)of the BBA added section 1890(e) to the Act to require the Secretary, by no later than March 1, 2019, and each year thereafter, to submit a report that fulfills the six requirements detailed in subsections (e)(1)–(6) of section 1890 of the Act. This Report, organized as follows, is submitted by the Secretary of HHS to meet the applicable statutory requirements and provide transparent disclosure of CMS expenditures, obligations, and planned expenditures.

Section I: Introduction

The Introduction provides the background and scope of continuing activities and expenditures initiated under section 1890 of the Act in 2009 and under section 1890A of the Act in 2010.

Section II: Comprehensive Plan

Section II identifies the quality measurement needs of the programs and initiatives of the Secretary and describes the strategy for using the CBE and any other entity the Secretary contracts with to perform work associated with section 1890A of the Act.

While section 1890(e) of the Act, as added by section 50206(b) of the BBA of 2018, requires the Report to Congress to contain a comprehensive plan, HHS's activities in this area date to at least 2008, when the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA; PL

110-275) was enacted. Section 183 of MIPPA added section 1890 to the Act, requiring the Secretary to contract with a CBE regarding performance measurement. Under MIPPA, Congress laid the early foundation for the development of the National Strategy for Quality Improvement in Health Care (National Quality Strategy) and subsequent agency-specific plans. The Meaningful Measures Initiative, as the comprehensive plan, guides CMS's approach to quality measurement. In this context, CMS addresses section 1890(e)(1) of the Act:

- Requirement 1 [subsection(e)(1)]: A comprehensive plan that identifies the quality measurement needs of programs and initiatives of the Secretary and provides a strategy for using the entity with a contract under subsection (a) (the CBE) and any other entity the Secretary has contracted with or may contract with to perform work associated with section 1890A of the Act quality measurement and the pre-rulemaking process) with respect to the programs under title XVIII and title XIX (Medicare and Medicaid programs). In years after the first plan under this paragraph is submitted, the requirements of this paragraph may be met by providing an update to the plan.

For the purposes of this Report, the activities performed under sections 1890 and 1890A of the Act are divided into four broad categories:[xi]

- Duties of the CBE[xii]
- Dissemination of measures[xiii]
- Program assessment and review[xiv]
- Program oversight and design[xv]

Section III: Funding, Obligations, and Expenditures for Activities Conducted Under Sections 1890 and 1890A of the Act

Section III describes the funding provided under section 1890(d) to carry out section 1890 and, in part, section 1890A of the Act, which includes funding for NQF and other contractors and for activities by the Secretary. This section describes the amounts obligated and expended for such activities that are required by sections 1890 and 1890A of the Act. In Section III of this Report, CMS addresses the requirements under section 1890(e)(2)–(5) of the Act:

- Requirement 2 [subsection(e)(2)]: The total amount of funding provided under section 1890(d) of the Act for purposes of carrying out sections 1890 and 1890A of the Act that has been obligated by the Secretary, the amount of funding provided that has been expended, and the amount of funding provided that remains unobligated.
- Requirement 3 [subsection(e)(3)]: With respect to the activities described under section 1890 or 1890A, a description of how the funds under Requirement 2 have been obligated or expended, including how much of that funding has been obligated or expended for work performed by the Secretary, the CBE, and any other entity the Secretary has contracted with to perform work.
- Requirement 4 [subsection(e)(4)]: A description of the activities for which the funds described in Requirement 2 were used, including task orders and activities assigned to the CBE, activities performed by the Secretary, and task orders and activities assigned to any

[xi] Functions associated with sections1890 and 1890A of the Act, as related to programs under title XVIII and title XIX of the Act.
[xii] Section 1890(b) of the Act.
[xiii] Section 1890A(b) of the Act.
[xiv] Section 1890A(a)(6) of the Act.
[xv] Sections 1890 and 1890A of the Act.

other entity the Secretary has contracted with to perform work related to carrying out section 1890A of the Act.

- Requirement 5 [subsection(e)(5)]: The amount of funding described in Requirement 2 that has been obligated or expended for each of the activities described in Requirement 4.

Section IV: Estimated Expenditures and Anticipated Obligations for Activities Under Sections 1890 and 1890A of the Act

Section IV describes the anticipated obligations and expenditures for 2019 through 2020 to support the advancement and refinement of the quality measurement activities required under sections 1890 and 1890A of the Act. The FY 2020 estimates are subject to the availability of sufficient funds in FY 2020. In Section IV of this Report, CMS addresses section 1890(e)(6) of the Act:

- Requirement 6 [subsection (e)(6)]: Estimates for, and descriptions of, obligations and expenditures that the Secretary anticipates will be needed in the succeeding two-year period (2019 and 2020) to carry out each of the quality measurement activities required under sections 1890 and 1890A of the Act, including any obligations that will require funds to be expended in a future year.

Section V: Glossary

This Report includes a glossary of acronyms and abbreviations.

Appendices

Appendix A excerpts the statutory language of sections 1890 and 1890A of the Act. Appendix B lists the reference documents cited in this Report, and Appendix C contains details of task orders and activities under sections 1890 and 1890A of the Act by year, from 2009 through 2018.

II. Comprehensive Plan

Section 1890(e)(1) of the Act requires that this Report to Congress include a comprehensive plan that identifies the quality measurement needs of CMS programs and initiatives and provides a strategy for using the entity with a contract under section 1890(a) of the Act and any other entity the Secretary has contracted with to perform work associated with section 1890A of the Act to help meet those needs, specifically with respect to Medicare and Medicaid.

II.A. Foundations of the Comprehensive Plan

In 2008, section 183 of MIPPA added section 1890 to the Act, requiring the Secretary to contract with a CBE regarding performance measurement. The original duties of the CBE included synthesizing evidence and convening key stakeholders to make recommendations on an integrated national strategy and priorities for health care performance measurement in all applicable settings.[xvi] Since 2009, NQF has served as the CBE.[5,6(p. 55474)]

The foundation of the comprehensive plan is the National Quality Strategy, developed under the authority of the Public Health Service Act.[xvii] Published in 2011 and informed by the multi-stakeholder guidance on quality measurement priorities provided by NQF, the National Quality Strategy includes three broad aims intended to guide and assess local, state, and national efforts to improve the quality of health care.

- (1) Better Care: Improve overall quality by making health care more patient-centered, reliable, accessible, and safe.
- (2) Healthy People/Healthy Communities: Improve the health of the U.S. population by supporting proven interventions to address behavioral, social, and environmental determinants of health in addition to delivering higher-quality care.
- (3) Affordable Care: Reduce the cost of high-quality health care for individuals, families, employers, and government.

The National Quality Strategy guided CMS, NQF, and other entities carrying out the work described in sections 1890 and 1890A of the Act. In accordance with the Public Health Service Act,[xviii] the CMS Quality Strategy was developed and published in 2012 as the agency-specific strategic plan to achieve national priorities. CMS has refined its Quality Strategy based on national stakeholder input to provide further guidance for this work.

CMS recently launched the Meaningful Measures Initiative to identify the highest priorities for quality measurement and improvement. As described in detail in Section II.B, CMS uses the Meaningful Measures Initiative as the framework for its comprehensive plan to identify the quality measurement needs for Medicare programs. A major goal of this initiative is to continue CMS' ongoing move toward high-value high-impact measures—especially outcome measures—that exert minimal reporting burden for providers, are applicable across care settings, and are meaningful to patients' goal of improving their general well-being.

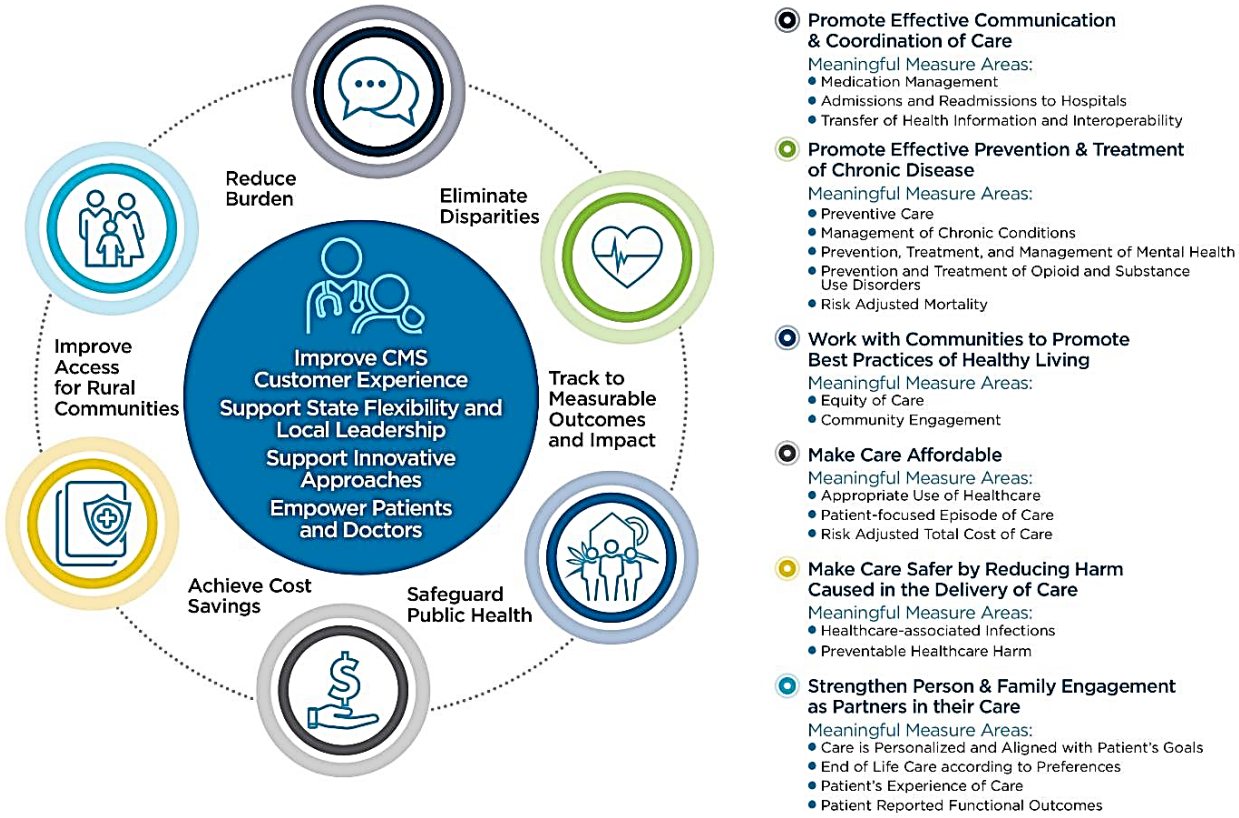
The Meaningful Measures Initiative provides an essential framework for achieving strategic goals by identifying the highest priorities for quality measurement, improving patient outcomes,

[xvi] Section 1890(b)(1) of the Act.
[xvii] Public Health Service Act, Pub. L. 78-410, 58 Stat. 682 (1944) (codified as amended at 42 U.S.C. § 280j (2018)).
[xviii] Public Health Service Act, Pub. L. 78-410, § 399HH(b)(2)(B), 58 Stat. 682 (1944) (codified as amended at 42 U.S.C. § 280j (2018)).

and reducing burden on clinicians and other health care providers. The initiative draws upon prior work performed by NQF, the Health Care Payment Learning and Action Network, and the National Academies of Medicine and includes perspectives from patients, families, caregivers, clinicians, measure developers, and other external stakeholders, such as the Core Quality Measures Collaborative. In 2017, this input was incorporated into the Meaningful Measures Initiative, which lays out CMS's quality measurement needs to advance the mission of improving health outcomes through value-based programs and other quality initiatives. As the comprehensive plan for quality measurement needs for Medicare, the Meaningful Measures Initiative provides the strategy for the work of the CBE described in section 1890(a) of the Act section 1890 of the Act and other work performed under section 1890A of the Act.

The framework of the Meaningful Measures Initiative (Figure 2) illustrates multiple interrelated concepts that define high-impact priority areas for quality measurement and quality improvement.

Figure 2: Meaningful Measures Initiative



As represented by the framework, efforts to achieve high-quality care and better outcomes for CMS beneficiaries center on four agencywide strategic goals[2]:

1. Improve the CMS customer experience.
2. Usher in an era of state flexibility and local leadership.
3. Support innovative approaches to improve quality, accessibility, and affordability.
4. Empower patients and doctors to make decisions about their health care.

Six overarching health care quality priorities support the strategic goals, and each priority aligns with specific Meaningful Measure areas—concrete quality topics that reflect core issues most

vital to patient outcomes and quality of care. The 19 Meaningful Measure areas connect the four CMS strategic goals and the six health care quality priorities to individual measures or initiatives that support better outcomes for beneficiaries.

By including meaningful measures in quality programs, CMS also embraces six crosscutting principles that, when applied to the health care quality priorities and Meaningful Measure areas, provide an additional focus on important public health issues:

- **Eliminate disparities.** To improve the quality of care provided to minorities and other underserved Medicare beneficiaries, the *CMS Equity Plan for Improving Quality in Medicare*[7] outlines a path to advance health equity. Quality measurement programs address two of the priorities of that plan: (1) Expand the collection, reporting, and analysis of standardized data, and (2) Evaluate disparities impacts and integrate equity solutions across CMS programs.
- **Track to measurable outcomes and impact.** CMS is striving to include more outcome measures and other higher-value measures in quality measurement programs and to assess the impact of the outcomes on the population.
- **Safeguard public health.** Prevention and treatment of chronic disease, communicable disease, behavioral and mental health conditions, and opioid and other substance use conditions are significant public health issues that quality measures address.
- **Achieve cost savings.** As the "baby boomers" continue to age into Medicare eligibility, growth in disposable personal income and price increases for medical goods and services are indicating an increase in projected national health care spending. CMS is refocusing payment policies on value over volume to achieve cost savings while ensuring quality of care.
- **Improve access to rural communities.** Measurable steps toward improving rural health include increased use of telehealth services and flexible options for small practices in rural locations, health professional shortage areas, and medically underserved areas to participate successfully in the Quality Payment Program.
- **Reduce the burden of quality measurement for health care providers.** CMS is promoting measure alignment and interoperability of health information systems to further reduce clinician and health care provider burden while focusing quality improvement to provide high-quality care and improve patient outcomes.

The Meaningful Measures Initiative has sparked new focus and exciting progress in linking measures to quality, which supports the consensus-based process and addresses the measurement needs of all CMS programs and initiatives. To note, the Meaningful Measures Initiative is a broad strategic framework and is not funded through section 1890 or section 1890A of the Act.

II.B. Alignment of the Comprehensive Plan With Activities Performed Under Sections 1890 and 1890A of the Act

The comprehensive plan incorporates the application of the previous strategies and includes the health care quality priorities of the Meaningful Measures Initiative, which collectively inform ongoing activities under sections 1890 and 1890A of the Act. This strategic approach applies to existing and future task orders for NQF and other contractors performing work under the scope of the plan. Tasks of other contractors include activities related to dissemination of quality measures, program assessment and review, and program oversight and design.

This operational approach is coordinated, strategic, and supportive of CMS efforts to focus on outcomes and reduce the time and resources that clinicians spend on quality measurement, as well as to provide increased resources and flexibility for clinicians and others to provide the high-quality care that is most appropriate for their patients.

The principles of the Meaningful Measures Initiative apply to the following four categories of work described below to meet the measurement needs associated with sections 1890 and 1890A of the Act:

(1) *Duties of the Consensus-Based Entity*

NQF is the CBE with which HHS contracts to perform the statutory duties specified under section 1890 and section 1890A, guided by CMS and the Meaningful Measures Initiative. NQF is a private nonprofit organization governed by a board of directors representing health care providers and health plans, consumers, purchasers, and employers. Additional details of NQF activities and funding are provided in Section III and Section IV.

***Section 1890 Activities*.** Section 1890 requires HHS to enter into a contract with a CBE, [xix] whose duties include the following:

- **Priority-setting[xx]** – The entity shall synthesize evidence and convene key stakeholders to make recommendations on an integrated national strategy and priorities for health care performance measurement in all applicable settings. The CBE prioritizes measures that address the health care provided to patients with prevalent, high-cost chronic diseases; hold the greatest potential for improving the quality, efficiency, and patient-centeredness of health care; and can be implemented rapidly because of existing evidence, standards of care, or other reasons. Special consideration is given to measures that may assist consumers and patients in making informed health care decisions; address health disparities across groups and areas; and address the continuum of care a patient receives, including services furnished by multiple health care providers or practitioners and across multiple settings. Input from the CBE about measure priorities guides CMS in developing and selecting measures for program use, as well as in decisions about which measures to submit for consensus endorsement.
- **Measure endorsement and maintenance[xxi]** – The entity shall provide for the endorsement of standardized health care performance measures and shall establish and implement a process to ensure that measures endorsed are updated (or retired if obsolete) as new evidence is developed. Most measures developed by CMS and considered for implementation and use in CMS programs are submitted to NQF for review and potential endorsement. The NQF endorsement process is designed to ensure measures meet rigorous standards, including these measure evaluation criteria: importance to measure and report; scientific acceptability of measure properties; feasibility; and usability and use.[8] Comparison with similar measures, endorsed or new, helps to ensure that measures of similar topics and specifications do not inappropriately burden health care providers. This process encourages innovation, harmonization, and selection of superior measures.

[xix] Section 1890(a), (c)(5) of the Act.
[xx] Section 1890(b)(1) of the Act
[xxi] Section 1890(b)(2)-(3) of the Act

- **Annual Report to Congress**[xxii] – By not later than March 1 of each year, the entity must submit a Report to Congress and the Secretary. NQF submits an annual Report to Congress and the Secretary[9] describing:
    - How NQF has implemented quality and efficiency measurement initiatives under the Act and coordinated these initiatives with those implemented by other payers;
    - NQF's recommendations with respect to an integrated national strategy and priorities for health care performance measurement in all applicable settings;
    - NQF's performance of the duties required under its contract with HHS;
    - Gaps in endorsed quality and efficiency measures, including measures within priority areas identified by the Secretary under HHS's National Quality Strategy, and where quality and efficiency measures are unavailable or inadequate to identify or address such gaps;
    - Areas in which evidence is insufficient to support endorsement of quality and efficiency measures in priority areas identified by the National Quality Strategy, and where targeted research may address such gaps; and
    - Matters related to convening multi-stakeholder groups to provide input on: (a) the selection of certain quality and efficiency measures, and (b) national priorities for improvement in population health and in the delivery of health care services for consideration under the National Quality Strategy.

Section 1890A activities. Section 1890A requires the CBE under contract with HHS to convene the MAP,[xxiii] a voluntary collaborative of organizations representing a broad group of stakeholders interested in or affected by the use of quality and efficiency measures. NQF convenes multi-stakeholder MAP workgroups for hospital, post-acute care/long-term care, and clinician programs to elicit consensus on recommendations on measure selection for CMS quality reporting and value-based purchasing programs. As part of the pre-rulemaking process, the MAP workgroups provide input on measures from the Measures Under Consideration List for CMS programs. Annual public availability[xxiv] of these measures under consideration allows CMS to gather input from diverse stakeholders and the public, including patients and caregivers. After conducting a thorough review, the MAP provides input in the form of an annual report.[xxv] CMS carefully considers public input and the multi-stakeholder feedback from the MAP[xxvi] as measures are selected and implemented through the formal, deliberative rulemaking process.

CMS applies the Meaningful Measures criteria to evaluate measures suggested by stakeholders, then submits a focused list of measures to the MAP. In particular, CMS carefully considers MAP recommendations on measure selection, based on preferences for endorsed measures aligned with specific program goals; measures supporting person- and family-centered care and services, including consideration for health care disparities and cultural competency; and measures promoting alignment.[10]

(2) *Dissemination of Quality Measures*

CMS shares information about measures with health care providers, patients and families, measure developers, and others, such as states and private payers, to identify the high-impact

[xxii] Section 1890(b)(5)(A) of the Act.
[xxiii] Section 1890(b)(7)(D) of the Act.
[xxiv] Section 1890A(a)(2) of the Act.
[xxv] Section 1890A(a)(3) of the Act.
[xxvi] Section 1890A(a)(4) of the Act.

areas of need for quality measurement and improvement to achieve better health outcomes. Through education and outreach, CMS communicates how measures address the priorities and needs articulated in the Meaningful Measures Initiative.

CMS employs multiple methods to disseminate[xxvii] quality and efficiency measures used in its programs. The agency promotes best practices in measure development, while allowing for flexibility and innovation, through implementation of the Measures Management System (MMS). The *Blueprint for the CMS Measures Management System*[11] (the Blueprint) standardizes measure development across CMS and assists other entities interested in developing measures. The Blueprint is a key resource for measure developers that provides information about CMS measure priorities, measure types, measure testing, the measure life cycle, and measure evaluation criteria used by CMS and the CBE, as well as ideas to engage stakeholders. Dissemination of measure information and standardized practices in the Blueprint helps ensure that CMS priorities and measurement needs are met. Another MMS resource is the web-based CMS Measures Inventory Tool (CMIT), a repository of information about measures used in Medicare and Medicaid programs.[12] CMS also effectuates coordination of the Compare sites through the Public Reporting, Alignment and Coordination [PRAC] workgroup and a SharePoint resource site. These collaborations address the crosscutting principle of the Meaningful Measures Initiative to eliminate disparities, including stratification of quality measure performance information by patient characteristics such as dual-eligible status, rural/urban location, and other social risk factors. Additional details of activities and funding related to *dissemination of quality measures* are included in Section III.

(3) *Program Assessment and Review*

CMS regularly reviews measures[xxviii] in its programs for continued use[xxix] or removal.[xxx] Since the launch of the Meaningful Measure Initiative, CMS has applied this framework when reviewing measures used in programs. CMS seeks to avoid duplication of measures[xxxi] and encourage innovative methodologies.[xxxii] In addition, an assessment of the quality and efficiency impact of CMS measures across programs is conducted every three years.[xxxiii] In the *2018 National Impact Assessment of the Centers for Medicare & Medicaid Services (CMS) Quality Measures Report*[13] (2018 Impact Assessment Report), CMS reviewed the quality and efficiency measures used across programs, examined trends in measure performance over time, assessed the patient and cost impacts nationally, and examined disparities. Additional details of activities and funding related to *program assessment and review* are included in Section III.

(4) *Program Oversight and Design*

CMS contracted for project management and operational support for quality measurement activities described under sections 1890 and 1890A of the Act. Specifically, the major deliverable of the contract was the development of standard operating procedures and project management schedules to support efficient and consistent execution of quality measurement related activities. Additional details of activities and funding related to *program oversight and design* are included in Section III.

[xxvii] Section 1890A(b) of the Act.
[xxviii] Section 1890A(c)(1)(A) of the Act.
[xxix] Section 1890A(c)(1)(B)(i) of the Act.
[xxx] Section 1890A(c)(1)(B)(ii) of the Act.
[xxxi] Section 1890A(c)(2)(A) of the Act.
[xxxii] Section 1890A(c)(2)(B) of the Act.
[xxxiii] Section 1890A(a)(6) of the Act.

III. Funding, Obligations, and Expenditures for Activities Conducted Under Sections 1890 and 1890A of the Act

The following information on funding and activities corresponds to the statutory requirements outlined in sections 1890(e)(2)-(5) of the Act:

- Requirement 2 [subsection(e)(2)]: The total amount of funding provided under section 1890(d) of the Act for purposes of carrying out sections 1890 and 1890A of the Act that has been obligated by the Secretary, the amount of funding provided that has been expended, and the amount of funding provided that remains unobligated.
- Requirement 3 [subsection(e)(3)]: With respect to the activities described under section 1890 or 1890A, a description of how the funds under Requirement 2 have been obligated or expended, including how much of that funding has been obligated or expended for work performed by the Secretary, the CBE, and any other entity the Secretary has contracted with to perform work.
- Requirement 4 [subsection(e)(4)]: A description of the activities for which the funds described in Requirement 2 were used, including task orders and activities assigned to the CBE, activities performed by the Secretary, and task orders and activities assigned to any other entity the Secretary has contracted with to perform work related to carrying out section 1890A of the Act.
- Requirement 5 [subsection(e)(5)]: The amount of funding described in Requirement 2 that has been obligated or expended for each of the activities described in Requirement 4.

Section 1890(d)(2) of the Act provides combined funding for sections 1890 and 1890A of the Act, starting in 2014, but not for section 1890A(e)-(f) of the Act. For Fiscal Year (FY) 2009 through FY 2013, funding for section 1890 was provided in section 1890(d)(1). For FY 2010 through 2014, funding for certain amendments to section 1890 and for section 1890A was provided in section 3014(c) of the Affordable Care Act.

Table 1 identifies the authority associated with funding for sections 1890 and 1890A of the Act, the amount of funding provided under the authority, and funds obligated and expended under sections 1890 and 1890A of the Act. Appendix C provides a description of the activities for which the funds described in section 1890(e)(2) were obligated or expended, including additional details of the task orders and activities assigned to the CBE (NQF for purposes of this Report to Congress) and other entities under contract to perform work related to section 1890A of the Act.

Table 1: Funding authority (in millions), funds obligated, and funds expended by public law, 2009–2018*

	Authority	Sequester	Adjusted Authority	Obligations	Unobligated Authority	Expended Amount	Unexpended Balances
The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) (Pub. L. 110-275, Sec.183)	$ 50.00	$ (0.51)	$ 49.49	$ 47.37	$ 2.12	$ 47.37	$ 0.00

	Authority	Sequester	Adjusted Authority	Obligations	Unobligated Authority	Expended Amount	Unexpended Balances
The Patient Protection and Affordable Care Act of 2010 (ACA) (Pub. L. 111-148, Sec. 3014)	$ 100.00	$ (2.46)	$ 97.54	$ 97.46	$ 0.08	$ 95.70	$ 1.76
The Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. 113-93, Sec. 109)	$ 20.00	$ 0.00	$ 20.00	$ 20.00	$ 0.00	$ 20.00	$ 0.00
The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) (Pub. L. 114-10, Sec. 207)	$ 75.00	$ (2.07)	$ 72.93	$ 57.85	$ 15.08	$ 38.19	$ 19.66
Bipartisan Budget Act of 2018 (Pub. L. 115-123, Sec. 50206)**	$ 7.50	$ 0.00	$ 7.50	$ 0.00	$ 7.50	$ 0.00	$ 0.00
Grand Total	**$ 252.50**	**$ (5.04)**	**$ 247.46**	**$ 222.68**	**$ 24.78**	**$ 201.26**	**$ 21.43**

* Numbers at time of report. Numbers have been rounded to the nearest 10,000.
** Section 50206(a) of the Bipartisan Budget Act of 2018 provides $7.5 million for each of fiscal years 2018 and 2019.

Table 2 identifies the total amounts of funding obligated, expended, and unexpended under sections 1890 and 1890A of the Act. Activities under section 1890 of the Act were implemented by NQF. Activities under Section 1890A of the Act were carried out by NQF as well as other entities. To note, Table 2 excludes activities conducted by the CBE (NQF) but not funded using section 1890 or 1890A of the Act.

Table 2: Funding (in millions) obligated, expended, and unexpended under Sections 1890 and 1890A of the Act, including administrative costs, 2009–2018*

Funding Section	Obligations	Expended Amount	Unexpended Balances
1890	$ 114.63	$ 103.16	$ 11.47
1890A	$ 98.20	$ 88.40	$ 9.80
Administrative	$ 9.86	$ 9.70	$ 0.16
Grand Total	**$ 222.68**	**$ 201.26**	**$ 21.43**

* Numbers at time of report. Numbers have been rounded to the nearest 10,000.

Tables 2A and 2B identify funds obligated, expended, or unexpended under sections 1890 and 1890A of the Act by fiscal year.

Table 2A: Section 1890 – Funding (in millions) obligated, expended, or unexpended by fiscal year*

Fiscal Year	Obligations	Expended Amount	Unexpended Balances
2009	$ 10.00	$ 10.00	$ 0.00
2010	$ 10.19	$ 10.19	$ 0.00
2011	$ 10.00	$ 10.00	$ 0.00
2012	$ 13.98	$ 13.98	$ 0.00
2013	$ 15.55	$ 15.55	$ 0.00
2014	$ 9.44	$ 9.44	$ 0.00
2015	$ 13.56	$ 13.56	$ 0.00
2016	$ 8.95	$ 8.95	$ 0.00
2017	$ 9.79	$ 9.79	$ 0.00
2018	$ 13.16	$ 1.69	$ 11.47
Grand Total	**$ 114.63**	**$ 103.16**	**$ 11.47**

* Numbers at time of report. Numbers have been rounded to the nearest 10,000.

Table 2B includes funding that was obligated or expended under section 1890A of the Act. This includes certain activities performed by NQF (convening multi-stakeholder groups and providing input on measures through the MAP), as well as activities of other entities.

Table 2B: Section 1890A – Funding (in millions) obligated, expended, or unexpended by fiscal year*

Fiscal Year	Obligations	Expended Amount	Unexpended Balances
2011	$ 17.64	$ 17.12	$ 0.51
2012	$ 15.82	$ 15.66	$ 0.16
2013	$ 11.10	$ 11.10	$ 0.00
2014	$ 13.67	$ 13.37	$ 0.30
2015	$ 9.53	$ 8.92	$ 0.61
2016	$ 11.62	$ 11.26	$ 0.36
2017	$ 10.78	$ 9.71	$ 1.07
2018	$ 8.03	$ 1.26	$ 6.77
Grand Total	**$ 98.20**	**$ 88.40**	**$ 9.80**

* Numbers at time of report. Numbers have been rounded to the nearest 10,000.

Table 2C shows the amount of funding obligated, expended, and unexpended by fiscal year for administrative activities under sections 1890 and 1890A of the Act.

Table 2C: Administrative Activities – Funding (in millions) obligated, expended, or unexpended by fiscal year*

Fiscal Year	Obligations	Expended Amount	Unexpended Balances
2012	$ 0.40	$ 0.40	$ 0.00
2013	$ 1.61	$ 1.61	$ 0.00
2014	$ 1.37	$ 1.37	$ 0.00
2015	$ 1.26	$ 1.26	$ 0.00
2016	$ 1.34	$ 1.30	$ 0.04
2017	$ 1.42	$ 1.36	$ 0.06
2018	$ 2.47	$ 2.41	$ 0.06
Grand Total	**$ 9.86**	**$ 9.70**	**$ 0.16**

* Numbers at time of report. Numbers have been rounded to the nearest 10,000.

The section of this Report below provides information about the types of activities for which the funds provided under section 1890(d)(2) of the Act were used. The tasks under sections 1890 and 1890A of the Act are categorized by the four broad categories of work used throughout this Report: (1) Duties of the Consensus-Based Entity, (2) Dissemination of Quality Measures, (3) Program Assessment and Review, and (4) Program Oversight and Design. Appendix C provides details by year.

(1) Funding, Obligations, and Expenditures Related to Duties of the Consensus-Based Entity

NQF is the CBE with which HHS has contracted to perform duties and tasks under sections 1890 and 1890A of the Act. Under the contract with HHS, NQF convenes multi-stakeholder committees to review quality measures, including those newly developed and submitted for endorsement.[xxxiv] In addition, every year, NQF performs reviews for measure maintenance. Measure maintenance involves reviewing endorsed measures every three years with respect to the evaluation criteria of importance to measure and report, scientific acceptability of measure properties, usability and use, and feasibility to determine whether the measure should be re-endorsed. The measures include those developed by public agencies as well as those by private entities.

CMS and other HHS agencies also tasked NQF to convene multi-stakeholder committees or technical expert panels to provide input on individual agencies' quality measurement priorities, measurement frameworks, and best practices in measure methodologies.[xxxv] For example, NQF has published reports on leveraging quality measurement to improve the following critical areas:

- Patient safety
- Care transition and coordination
- Rural health
- Telehealth
- Interoperability
- Health outcomes among beneficiaries receiving home and community-based services

While NQF does not develop measures, CMS has tasked NQF to address some of the major challenges in measure methodology confronted by providers and clinicians across care settings and by public and private payers alike. Eliciting expert input, NQF has implemented projects to inform stakeholders on best practices for developing and selecting attribution approaches for quality reporting, value-based purchasing, and alternative payment models to enhance provider accountability for patient outcomes. The NQF also reviewed the Episode Grouper under the prior Physician Feedback Program.

NQF is required to develop and submit an annual Report to Congress and the Secretary of HHS containing a description of the quality and efficiency measurement activities during the previous calendar year. Section 1890(b)(5)(A) of the Act requires that NQF produce this annual report not later than March 1 of each year. Since 2009, NQF has produced this report documenting its activities for the past calendar year, which includes identifying gaps in endorsed measures.[xxxvi] The NQF Annual Report on 2017 activities, the most recent one published, was published March 1, 2018. Table 3 shows the amounts of funding obligated, expended, or unexpended by fiscal

[xxxiv] Section 1890(b)(2) of the Act.
[xxxv] Section 1890(b)(1) of the Act.
[xxxvi] Section 1890(b)(5)(A)(iv) of the Act.

year for the activities of the CBE (NQF) under section 1890 of the Act and for the activities of the CBE related to the MAP under section 1890A of the Act.

Table 3: Funding (in millions) by fiscal year for activities performed by the CBE under sections 1890 and 1890A of the Act*

Section and Fiscal Year	Obligations	Expended Amount	Unexpended Balances
Section 1890	$ 114.63	$ 103.16	$ 11.47
2009	$ 10.00	$ 10.00	$ 0.00
2010	$ 10.19	$ 10.19	$ 0.00
2011	$ 10.00	$ 10.00	$ 0.00
2012	$ 13.98	$ 13.98	$ 0.00
2013	$ 15.55	$ 15.55	$ 0.00
2014	$ 9.44	$ 9.44	$ 0.00
2015	$ 13.56	$ 13.56	$ 0.00
2016	$ 8.95	$ 8.95	$ 0.00
2017	$ 9.79	$ 9.79	$ 0.00
2018	$ 13.16	$ 1.69	$ 11.47
Section 1890A	$ 23.82	$ 23.31	$ 0.51
2011	$ 13.87	$ 13.82	$ 0.04
2013	$ 1.61	$ 1.61	$ 0.00
2014	$ 1.96	$ 1.96	$ 0.00
2015	$ 2.66	$ 2.66	$ 0.00
2016	$ 2.06	$ 2.06	$ 0.00
2017	$ 1.68	$ 1.21	$ 0.47
2018	$ 0.00	$ 0.00	$ 0.00
Grand Total	**$ 138.45**	**$ 126.47**	**$ 11.98**

* Numbers at time of report. Numbers have been rounded to the nearest 10,000.

(2) Dissemination of Quality Measures

Funding is provided[xxxvii] for disseminating quality and efficiency measures.[xxxviii] As noted above, the Measures Management System (MMS) is an essential resource to quality measurement programs and initiatives across CMS and among federal partners, stakeholders, and the public. As such, the MMS supports important efforts to standardize and promote best practices in quality measure development and maintenance and to enhance the work of NQF in the endorsement and maintenance of quality measures.

One of the most important resources on the MMS is the Blueprint, which outlines the conceptual and operational phases and elements of quality measure development.[11] By conveying standards that developers can use to gauge for the readiness of their measures to be endorsed, the Blueprint decreases the NQF Standing Committee's burden of reviewing low-quality measures. This allows more efficient use of these voluntary experts' time to provide recommendations to developers for strengthening high-impact measures. In addition, the MMS provides technical support for developers and education and outreach to stakeholders to increase engagement and knowledge of quality measurement, CMS quality reporting and value-based purchasing

[xxxvii] Section 1890(d)(2) of the Act.
[xxxviii] Section 1890A(b) of the Act.

programs, the pre-rulemaking process, and the web-based CMS Measures Inventory Tool (CMIT).[12] CMS and its partners use the CMIT, a repository of information about measures used in Medicare and Medicaid programs to inform stakeholders, manage the measure portfolio, promote measure alignment, and guide measure development. CMS recently incorporated the principles of the Meaningful Measures Initiative into CMIT to facilitate the alignment of quality measure development with the Meaningful Measure areas.

Using CMIT,[12] CMS improved the outreach strategy based on stakeholder feedback to strengthen both public- and private-sector engagement in quality measure development activities. Prior to employing CMIT, a comprehensive and interactive online system, CMS tracked an average of 2,400 page views per month, and users spent an average of 3 minutes on the site. Now, with CMIT actively in use, CMS tracks an average of 12,700 page views per month with users spending an average of 7 minutes on the site, representing a fivefold increase in page views and more than twice the time on site.

The MMS education and outreach strategy to stakeholders includes the robust MMS website[14] with learning materials, expansive links, and opportunities to actively engage in measure development, monthly informational webinars focused on quality measure development, and a monthly newsletter with over 63,000 subscribers.

In the pre-rulemaking process, the MMS also supports the gathering of measures for inclusion on the list of Measures Under Consideration that the Secretary is considering for use under Medicare for review by HHS, the public, and the MAP. Together, the activities under the MMS increase standardization, innovation, transparency, and stakeholder engagement in the measure development process.

Additionally, CMS uses the Compare websites to offer pertinent information to help patients and their families make informed health care decisions. These websites include performance information related to health outcomes, patient experience, and how frequently providers adhere to evidence-based processes of care.

To support the dissemination of measures through these websites, funding under section 1890A has advanced work on three activities that increase transparency and alignment by disseminating evidence-based information about CMS quality measures that is understandable and useful to diverse audiences (including payers, states, health care providers, and beneficiaries) for improving health care safety, quality, and affordability:

- MONAHRQ® is a software program that enables health systems, regional collaboratives, and other organizations to generate a health care reporting website that includes measures and measure results from Nursing Home Compare and Hospital Compare.
- The Agency for Healthcare Research and Quality (AHRQ) HHS Measures Inventory comprises measures used across HHS divisions for quality measurement, improvement, and reporting.
- The Databases with Measures[15] file provides an extensive downloadable list of websites where users can find benchmarks for a wide range of quality measures.

CMS has also incorporated feedback gained from ForeSee surveys through an interagency agreement with the Department of the Interior to improve public reporting and dissemination of information. CMS's goal is to advance collaboration among members of the quality community and the effective use and harmonization of quality of care measures.

Additionally, to reduce provider burden for data collection and quality reporting, CMS co-leads the Measurement Policy Council, which facilitates measure alignment across HHS agencies, and convenes the Quality Measures Technical Forum to enhance quality measure development alignment across components within CMS. Table 4 shows the amount of funding related to activities for dissemination of quality measures under section 1890A that was obligated, expended, or unexpended by fiscal year.

Table 4: Funding (in millions) provided by fiscal year for activities under section 1890A of the Act related to dissemination of quality measures*

Fiscal Year	Obligations	Expended Amount	Unexpended Balances
2011	$ 2.56	$ 2.31	$ 0.24
2012	$ 13.45	$ 13.35	$ 0.10
2013	$ 9.23	$ 9.23	$ 0.00
2014	$ 8.74	$ 8.52	$ 0.22
2015	$ 3.83	$ 3.34	$ 0.49
2016	$ 6.93	$ 6.56	$ 0.36
2017	$ 6.41	$ 6.00	$ 0.41
2018	$ 4.75	$ 1.26	$ 3.49
Grand Total	**$ 55.90**	**$ 50.57**	**$ 5.33**

* Numbers at time of report. Numbers have been rounded to the nearest 10,000.

(3) Program Assessment and Review

The Secretary must conduct an assessment of the quality and efficiency impact of the use of endorsed measures and publish a triennial report.[xxxix] The initial and second reports were published in 2012 and 2015; the third report (the 2018 Impact Assessment Report), prepared using funding provided under 1890(d)(2), was published in March 2018.

For the 2018 Impact Assessment Report, CMS employed multiple analyses of measure performance trends, disparities, patient impact, and costs avoided, as well as national surveys of hospital and nursing home quality leaders, to evaluate the national impact of the use of quality measures. Key Indicators were selected from CMS measures with input from a technical expert panel and the Federal Assessment Steering Committee to assess national performance regarding the CMS health care quality priorities of patient safety, person and family engagement, care coordination, effective treatment, healthy living, and affordable care. Highlights include these main findings:

a. *Patient impacts estimated from improved national measure rates* indicated approximately:
   - 670,000 additional patients with controlled blood pressure (2006–2015).
   - 510,000 fewer patients with poor diabetes control (2006–2015).
   - 12,000 fewer deaths following hospitalization for a heart attack (2008–2015).
   - 70,000 fewer unplanned readmissions (2011–2015).
   - 840,000 fewer pressure ulcers among nursing home residents (2011–2015).
   - 9 million more patients reporting a highly favorable experience with their hospital (2008–2015).

b. *Costs avoided* were estimated for a subset of Key Indicators, data permitting. The highest were associated with increased medication adherence ($4.2 billion–$26.9 billion),

[xxxix] Section 1890A(a)(6) of the Act.

reduced pressure ulcers ($2.8 billion–$20.0 billion), and fewer patients with poor control of diabetes ($6.5 billion–$10.4 billion).

c. *National performance trends* improved for 60% of the measures analyzed, including a majority of outcome measures, and were stable for about 31% of measures analyzed.

Specific to disparities, measures in the 2018 Impact Assessment Report were analyzed at the patient level to investigate whether differences in measure rates exist among identified subpopulation groups compared with reference groups.[xl] The results demonstrated disparities by race/ethnicity, income, sex, rural versus urban, and region. The subgroups with the highest percentages of measures with disparities were as follows: Black (41% of the measures), Native Hawaiian/Pacific Islander (46% of the measures), Hispanic (37% of the measures), low income (42% of the measures), noncore or rural (23% of the measures), and West North Central region (26% of the measures).

The results of the survey of providers revealed that hospitals (92%) and nursing homes (91%) overwhelmingly consider *CMS measures clinically important*. Likewise, 90% of hospitals and 83% of nursing homes agreed that performance rates on *CMS quality measures reflect improvements in care*. Respondents also described barriers to reporting, including burden; barriers to improving performance; and unintended consequences of CMS measures.

The 2018 Impact Assessment Report demonstrates that CMS quality measures have likely contributed to improving quality and reducing expenditures while driving changes within the national health care system with respect to six CMS health care quality priorities. This report identifies gains in measure performance that translate into important patient impacts and potential health care costs avoided. National surveys confirmed that quality leaders in the hospital and nursing home settings recognize the clinical importance of CMS quality measures and have made changes to improve care for patients, but they also noted barriers to reporting and improving performance. Furthermore, this report's findings indicate that health care disparities persist among select populations, suggesting additional room for progress.

Table 5 includes the amount of funding related to activities for program assessment and review under section 1890A that was obligated, expended, or unexpended, by fiscal year.

Table 5: Funding (in millions) provided by fiscal year related to activities under section 1890A of the Act for program assessment and review*

Fiscal Year	Obligations	Expended Amount	Unexpended Balances
2012	$ 1.54	$ 1.48	$ 0.06
2013	$ 0.27	$ 0.27	$ 0.00
2014	$ 2.97	$ 2.89	$ 0.08
2015	$ 3.04	$ 2.92	$ 0.12
2016	$ 2.64	$ 2.64	$ 0.00
2017	$ 2.69	$ 2.50	$ 0.19
2018	$ 3.28	$ 0.00	$ 3.28
Grand Total	**$ 16.43**	**$ 12.69**	**$ 3.74**

* Numbers at time of report. Numbers have been rounded to the nearest 10,000.

[xl] Reference groups: Race/ethnicity: White; Income: High; Urbanicity: Large central metro; Region: South Atlantic

(4) Program Oversight and Design

Program oversight and design provided funding for contractual entities to support the Secretary in efforts focused on project management and operations related to quality measurement. These quality measurement efforts included the development of a standard operating procedure (SOP) and project management schedules to support consistent and efficient execution of the work. Such activities include planning and logistical support for tasks related to coordinating input from stakeholders in preparation of the list of Measures Under Consideration that is submitted to the MAP. Other activities the SOP was developed to support include the Quality Measures Task Force, the MMS, the Impact Assessment Report, and the Measures Forum for Multiple Chronic Conditions, Dialysis, and Nursing Home. Table 6 shows the amount of funding by fiscal year that was obligated, expended, or unexpended for activities under section 1890A related to program oversight and design.

Table 6: Funding (in millions) by fiscal year for activities under section 1890A of the Act related to program oversight and design*

Fiscal Year	Obligations	Expended Amount	Unexpended Balances
2011	$ 1.22	$ 0.99	$ 0.22
2012	$ 0.83	$ 0.83	$ 0.00
2014	$ 0.00	$ 0.00	$ 0.00
Grand Total	**$ 2.05**	**$ 1.82**	**$ 0.22**

* Numbers at time of report. Numbers have been rounded to the nearest 10,000.

IV. Estimated Expenditures and Anticipated Obligations for Activities Under Sections 1890 and 1890A of the Act

The following information addresses section 1890(e)(6) of the Act:

- Requirement (6): Estimates for, and descriptions of, obligations and expenditures that the Secretary anticipates will be needed in the succeeding two-year period to carry out each of the quality measurement activities required under section 1890 and section 1890A, including any obligations that will require funds to be expended in a future year.

CMS will direct quality measurement activities related to the duties of the CBE and other contractors responsible for dissemination of quality measures, program assessment and review, and program oversight and design to support work under this plan.

The Secretary estimates the following obligations and expenditures will be required in the succeeding two-year period (i.e., FY 2019 and FY 2020) to carry out quality measurement activities under the four categories of tasks previously described in this plan. The FY 2020 estimates are subject to the availability of sufficient funds in FY 2020.

(1) Duties of the Consensus-Based Entity

Align NQF task orders with efforts of public and private payers to support quality measurement initiatives.

- In FY 2019 (Year 1), $20,800,000 related to fulfilling certain statutory duties of the CBE:
    - Endorsement and maintenance of measures
    - Convene key stakeholders in the MAP to recommend measure selection for federal programs
    - Task order reports on selected topics and activities:

        - Convene multi-stakeholder groups to elicit recommendations for social risk adjustment for outcome measures
        - Provide rural perspectives to the MAP on measure selection for federal programs
        - Recommend innovative statistical approaches for measuring low-volume rural health care facilities
        - Develop measurement frameworks and identify priorities and measure gaps related to trauma care outcomes, health care readiness, and accuracy of emergency department clinicians' diagnoses based on patients' chief complaints
        - Develop approaches for alignment of performance measurement across public/private payers to improve health care delivery and outcomes and reduce reporting burden
    - Issue the Annual Report to Congress and the Secretary that documents the CBE's activities for the previous calendar year

To note, additional task orders are effectuated each year when CMS does a call for task orders with our HHS partners through the CBE Workgroup. This generally results in three to eight new task orders each year but fluctuates based on funding and HHS needs.

- In FY 2020 (Year 2), $21,000,000 for activities similar to those described in the preceding paragraph. [Specific task orders have not been determined.]

(2) Dissemination of Quality Measures

Measures Management System: a standardized system for developing and maintaining the quality measures used in various initiatives and programs. The MMS provides support and assistance to entities interested in measure development, as well as the CMS Measures Inventory Tool.

- In FY 2019 (Year 1), $6,000,000 for the Measures Management System task orders:
    - Provide technical support for developers and education and outreach to stakeholders.
    - Provide information on CMS quality reporting and value-based purchasing programs.
    - Support the web-based CMIT.
    - Support the pre-rulemaking process.
- In FY 2020 (Year 2), $6,500,000 for the activities similar to those described in the preceding paragraph.

(3) Program Assessment and Review

The Secretary must conduct an assessment of the quality and efficiency impact of the use of endorsed measures and publish a triennial report.[xli] The next triennial report is scheduled to be published March 2021.

- In FY 2019 (Year 1), $3,500,000 for the triennial assessment of the quality and efficiency impact of CMS measures.
    - Support a standardized and transparent methodology to examine the impact of measures implemented in programs and ensure that potential new measures for program use meet Meaningful Measures criteria.

[xli] Section 1890A(a)(6) of the Act

    - Enhance the disparity analyses conducted for the triennial Impact Assessment Report of quality measures in CMS reporting programs.
        - Include demographic information or available indicators of socioeconomic status, such as dual eligibility for both Medicare and Medicaid.
        - Use location data (i.e., rural versus urban) in combination with other variables, such as race/ethnicity and sex.
    - Facilitate timely access to national performance rates, trends, and disparities to monitor progress through an interactive version of the National Quality Dashboards[xlii] to highlight results for measures or groups of measures used to gauge performance in Meaningful Measure areas.
- In FY 2020 (Year 2), $3,600,000 for activities similar to those described in the preceding paragraph.

(4) Program Oversight and Design

- Future expenditures are not anticipated in this area.

As required by section1890(e) of the Act, the Secretary will submit an annual Report to Congress not later than March 1 of each year, containing the specified six requirements outlined in this section. The Secretary will submit any updates to the comprehensive plan identifying the needs of programs and initiatives and the strategy for using the CBE and other entities to perform the work associated with section 1890 and section 1890A of the Act. The Secretary will account for funds expended and obligated as well as anticipated expenditures relating to work by the CBE and other entities as specified under section 1890 and section 1890A of the Act.

CMS envisions a coordinated approach to incorporate the Meaningful Measures Initiative in all phases of quality measurement relevant to this plan. The resources obligated as described will support efforts to focus on outcomes and measure priorities that are part of the Meaningful Measure Initiative, reduce the cost and burden of quality measurement, and increase flexibility for clinicians and others to provide the high-quality care that is most appropriate for their patients.

The upcoming work in FYs 2019 and 2020 is critically important. We look forward to opportunities to support efforts from both the public and private sectors to leverage quality measurement to improve health outcomes, reduce reporting burden, and enhance cost savings for the American people.

[xlii] Introduced in the 2018 National Impact Assessment of CMS Quality Measures Report (2018 Impact Report).

V. Glossary

Acronym/ Abbreviation	Name or Term
ACA	Patient Protection and Affordable Care Act of 2010
AHRQ	Agency for Healthcare Research and Quality
ASPE	Office of the Assistant Secretary for Planning and Evaluation
CBE	consensus-based entity
CDE	common data element
CDP	Consensus Development Process
CHIP	Children's Health Insurance Program
CHIPRA	Children's Health Insurance Program Reauthorization Act
CMIT	CMS Measures Inventory Tool
CMS	Centers for Medicare & Medicaid Services
CQMC	Core Quality Measures Collaborative
DE	data element
EHR	electronic health record
ESRD	end stage renal disease
HCBS	home and community-based services
HHS	Department of Health and Human Services
HRSA	Health Resources and Services Administration
ICD	International Classification of Diseases
IDIQ	indefinite delivery, indefinite quantity
IT	information technology
LTC	long-term care
MACRA	Medicare Access and CHIP Reauthorization Act of 2015
MAP	Measure Applications Partnership
MIPPA	Medicare Improvements for Patients and Providers Act
MMS	Measures Management System
MONAHRQ®	My Own Network, Powered by AHRQ
NQF	National Quality Forum
ONC	Office of the National Coordinator for Health Information Technology
PAC	post-acute care
PAMA	Protecting Access to Medicare Act of 2014
PPS	Prospective Payment System
PRAC	Public Reporting, Alignment and Coordination
SOP	standard operating procedure

Appendix A – Sections 1890 and 1890A of the Social Security Act

CONTRACT WITH A CONSENSUS-BASED ENTITY REGARDING PERFORMANCE MEASUREMENT

SEC. 1890. [42 U.S.C. 1395aaa] (a) CONTRACT.—

(1) IN GENERAL.—For purposes of activities conducted under this Act, the Secretary shall identify and have in effect a contract with a consensus-based entity, such as the National Quality Forum, that meets the requirements described in subsection (c). Such contract shall provide that the entity will per- form the duties described in subsection (b).

(2) TIMING FOR FIRST CONTRACT.—As soon as practicable after the date of the enactment of this subsection, the Secretary shall enter into the first contract under paragraph (1).

(3) PERIOD OF CONTRACT.—A contract under paragraph (1) shall be for a period of 4 years (except as may be renewed after a subsequent bidding process).

(4) COMPETITIVE PROCEDURES.—Competitive procedures (as defined in section 4(5) of the Office of Federal Procurement Policy Act (41 U.S.C. 403(5))) shall be used to enter into a con- tract under paragraph (1).

(b) DUTIES.—The duties described in this subsection are the following:

(1) PRIORITY SETTING PROCESS.—The entity shall synthesize evidence and convene key stakeholders to make recommendations, with respect to activities conducted under this Act, on an integrated national strategy and priorities for health care performance measurement in all applicable set- tings. In making such recommendations, the entity shall—

(A) ensure that priority is given to measures—

(i) that address the health care provided to patients with prevalent, high-cost chronic diseases;

(ii) with the greatest potential for improving the quality, efficiency, and patient-centeredness of health care; and

(iii) that may be implemented rapidly due to existing evidence, standards of care, or other reasons; and

(B) take into account measures that—

(i) may assist consumers and patients in making informed health care decisions;

(ii) address health disparities across groups and areas; and

(iii) address the continuum of care a patient receives, including services furnished by multiple health care providers or practitioners and across multiple set- tings.

(2) ENDORSEMENT OF MEASURES.—The entity shall provide for the endorsement of standardized health care performance measures. The endorsement process under the preceding sentence shall consider whether a measure—

(A) is evidence-based, reliable, valid, verifiable, relevant to enhanced health outcomes, actionable at the care-

giver level, feasible to collect and report, and responsive to variations in patient characteristics, such as health status, language capabilities, race or ethnicity, and income level; and

(B) is consistent across types of health care providers, including hospitals and physicians.

(3) MAINTENANCE OF MEASURES.—The entity shall establish and implement a process to ensure that measures endorsed under paragraph (2) are updated (or retired if obsolete) as new evidence is developed.

[Paragraph (4) repealed by section 609(a)(2) of Public Law 112–240.]

(5) ANNUAL REPORT TO CONGRESS AND THE SECRETARY; SECRETARIAL PUBLICATION AND COMMENT.—

(A) ANNUAL REPORT.—By not later than March 1 of each year (beginning with 2009), the entity shall submit to Congress and the Secretary a report containing the following:

(i) A description of—

(I) the implementation of quality measurement initiatives under this Act and the coordination of such initiatives with quality initiatives implemented by other payers;

(II) the recommendations made under paragraph (1);

(III) the performance by the entity of the duties required under the contract entered into with the Secretary under subsection (a);

(IV) gaps in endorsed quality measures, which shall include measures that are within priority areas identified by the Secretary under the national strategy established under section 399HH of the Public Health Service Act, and where quality measures are unavailable or inadequate to identify or address such gaps;

(V) areas in which evidence is insufficient to support endorsement of quality measures in priority areas identified by the Secretary under the national strategy established under section 399HH of the Public Health Service Act and where targeted research may address such gaps; and

(VI) the matters described in clauses (i) and (ii) of paragraph (7)(A).

(ii) An itemization of financial information for the fiscal year ending September 30 of the preceding year, including—

(I) annual revenues of the entity (including any government funding, private sector contributions, grants, membership revenues, and investment revenue);

(II) annual expenses of the entity (including grants paid, benefits paid, salaries or other com-

pensation, fundraising expenses, and overhead costs); and

(III) a breakdown of the amount awarded per contracted task order and the specific projects funded in each task order assigned to the entity.

(iii) Any updates or modifications of internal policies and procedures of the entity as they relate to the duties of the entity under this section, including—

(I) specifically identifying any modifications to the disclosure of interests and conflicts of interests for committees, work groups, task forces, and advisory panels of the entity; and

(II) information on external stakeholder participation in the duties of the entity under this section (including complete rosters for all committees, work groups, task forces, and advisory panels funded through government contracts, descriptions of relevant interests and any conflicts of interest for members of all committees, work groups, task forces, and advisory panels, and the total percentage by health care sector of all convened committees, work groups, task forces, and advisory panels.

(B) SECRETARIAL REVIEW AND PUBLICATION OF ANNUAL REPORT.—Not later than 6 months after receiving a report under subparagraph (A) for a year, the Secretary shall—

(i) review such report; and

(ii) publish such report in the Federal Register, together with any comments of the Secretary on such report.

(6) REVIEW AND ENDORSEMENT OF EPISODE GROUPER UNDER THE PHYSICIAN FEEDBACK PROGRAM.—The entity shall provide for the review and, as appropriate, the endorsement of the episode grouper developed by the Secretary under section 1848(n)(9)(A). Such review shall be conducted on an expedited basis.

(7) CONVENING MULTI-STAKEHOLDER GROUPS.—

(A) IN GENERAL.—The entity shall convene multi-stakeholder groups to provide input on—

(i) the selection of quality and efficiency measures described in subparagraph (B), from among—

(I) such measures that have been endorsed by the entity; and

(II) such measures that have not been considered for endorsement by such entity but are used or proposed to be used by the Secretary for the collection or reporting of quality and efficiency measures; and

(ii) national priorities (as identified under section 399HH of the Public Health Service Act) for improvement in population health and in the delivery of health care services for consideration under the national strategy established under section 399HH of the Public Health Service Act.

(B) QUALITY MEASURES.—[85]

(i) IN GENERAL.—Subject to clause (ii), the quality and efficiency measures described in this subparagraph are quality and efficiency measures—

(I) for use pursuant to sections 1814(i)(5)(D), 1833(i)(7), 1833(t)(17), 1848(k)(2)(C), 1866(k)(3), 1881(h)(2)(A)(iii), 1886(b)(3)(B)(viii), 1886(j)(7)(D), 1886(m)(5)(D), 1886(o)(2), 1886(s)(4)(D), and 1895(b)(3)(B)(v);

(II) for use in reporting performance information to the public; and

(III) for use in health care programs other than for use under this Act.

(ii) EXCLUSION.—Data sets (such as the outcome and assessment information set for home health services and the minimum data set for skilled nursing facility services) that are used for purposes of classification systems used in establishing payment rates under this title shall not be quality and efficiency measures described in this subparagraph.

(C) REQUIREMENT FOR TRANSPARENCY IN PROCESS.—

(i) IN GENERAL.—In convening multi-stakeholder groups under subparagraph (A) with respect to the selection of quality and efficiency measures, the entity shall provide for an open and transparent process for the activities conducted pursuant to such convening.

(ii) SELECTION OF ORGANIZATIONS PARTICIPATING IN MULTI-STAKEHOLDER GROUPS.—The process described in clause (i) shall ensure that the selection of representatives comprising such groups provides for public nominations for, and the opportunity for public comment on, such selection.

(D) MULTI-STAKEHOLDER GROUP DEFINED.—In this paragraph, the term ''multi-stakeholder group'' means, with respect to a quality and efficiency measure, a voluntary collaborative of organizations representing a broad group of stakeholders interested in or affected by the use of such quality and efficiency measure.

(8) TRANSMISSION OF MULTI-STAKEHOLDER INPUT.—Not later than February 1 of each year (beginning with 2012), the entity shall transmit to the Secretary the input of multi-stakeholder groups provided under paragraph (7).

(c) REQUIREMENTS DESCRIBED.—The requirements described in this subsection are the following:

(1) PRIVATE NONPROFIT.—The entity is a private nonprofit entity governed by a board.

(2) BOARD MEMBERSHIP.—The members of the board of the entity include—

(A) representatives of health plans and health care providers and practitioners or representatives of groups

[85] So in law. The heading for paragraph (7)(B) probably should read ''QUALITY AND EFFICIENCY MEASURES''.

representing such health plans and health care providers and practitioners;

(B) health care consumers or representatives of groups representing health care consumers; and

(C) representatives of purchasers and employers or representatives of groups representing purchasers or employers.

(3) ENTITY MEMBERSHIP.—The membership of the entity includes persons who have experience with—

(A) urban health care issues;

(B) safety net health care issues;

(C) rural and frontier health care issues; and

(D) health care quality and safety issues.

(4) OPEN AND TRANSPARENT.—With respect to matters related to the contract with the Secretary under subsection (a), the entity conducts its business in an open and transparent manner and provides the opportunity for public comment on its activities.

(5) VOLUNTARY CONSENSUS STANDARDS SETTING ORGANIZATION.—The entity operates as a voluntary consensus standards setting organization as defined for purposes of section 12(d) of the National Technology Transfer and Advancement Act of 1995 (Public Law 104–113) and Office of Management and Budget Revised Circular A–119 (published in the Federal Register on February 10, 1998).

(6) EXPERIENCE.—The entity has at least 4 years of experience in establishing national consensus standards.

(7) MEMBERSHIP FEES.—If the entity requires a member- ship fee for participation in the functions of the entity, such fees shall be reasonable and adjusted based on the capacity of the potential member to pay the fee. In no case shall member- ship fees pose a barrier to the participation of individuals or groups with low or nominal resources to participate in the functions of the entity.

(d) FUNDING.—(1) For purposes of carrying out this section, the Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 and the Federal Supplementary Medical Insurance Trust Fund under section 1841 (in such proportion as the Secretary determines appropriate), of $10,000,000 to the Centers for Medicare & Medicaid Services Program Management Account for each of fiscal years 2009 through 2013. Amounts transferred under the preceding sentence shall remain available until expended.

(2) For purposes of carrying out this section and section 1890A (other than subsections (e) and (f)), the Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 and the Federal Supplementary Medical Insurance Trust Fund under section 1841, in such proportion as the Secretary determines appropriate, to the Centers for Medicare & Medicaid Services Program Management Account of $5,000,000 for fiscal year 2014, $30,000,000 for each of fiscal years 2015 through 2017, and $7,500,000 for each of fiscal years 2018 and 2019. Amounts transferred under the preceding sentence shall remain available until expended. For purposes of carrying out this section

and section 1890A (other than subsections (e) and (f)), the Secretary shall provide for the transfer, from the Federal Hospital Insurance Trust Fund under section 1817 and the Federal Supplementary Medical Insurance Trust Fund under section 1841, in such proportion as the Secretary determines appropriate, to the Centers for Medicare & Medicaid Services Program Management Account of

$5,000,000 for fiscal year 2014 and $30,000,000 for each of fiscal years 2015 through 2017. Amounts transferred under the preceding sentence shall remain available until expended. Amounts transferred for each of fiscal years 2018 and 2019 shall be in addition to any unobligated funds transferred for a preceding fiscal year that are available under the preceding sentence.

(e) ANNUAL REPORT BY SECRETARY TO CONGRESS.—By not later than March 1 of each year (beginning with 2019), the Secretary shall submit to Congress a report containing the following:

(1) A comprehensive plan that identifies the quality measurement needs of programs and initiatives of the Secretary and provides a strategy for using the entity with a contract under subsection (a) and any other entity the Secretary has contracted with or may contract with to perform work associated with section 1890A to help meet those needs, specifically with respect to the programs under this title and title XIX. In years after the first plan under this paragraph is submitted, the requirements of this paragraph may be met by providing an up- date to the plan.

(2) The amount of funding provided under subsection (d) for purposes of carrying out this section and section 1890A that has been obligated by the Secretary, the amount of funding provided that has been expended, and the amount of funding provided that remains unobligated.

(3) With respect to the activities described under this section or section 1890A, a description of how the funds described in paragraph (2) have been obligated or expended, including how much of that funding has been obligated or expended for work performed by the Secretary, the entity with a contract under subsection (a), and any other entity the Secretary has contracted with to perform work.

(4) A description of the activities for which the funds described in paragraph (2) were used, including task orders and activities assigned to the entity with a contract under subsection (a), activities performed by the Secretary, and task orders and activities assigned to any other entity the Secretary has contracted with to perform work related to carrying out section 1890A.

(5) The amount of funding described in paragraph (2) that has been obligated or expended for each of the activities described in paragraph (4).

(6) Estimates for, and descriptions of, obligations and expenditures that the Secretary anticipates will be needed in the succeeding two year period to carry out each of the quality measurement activities required under this section and section 1890A, including any obligations that will require funds to be expended in a future year.

QUALITY MEASUREMENT

SEC. 1890A. [42 U.S.C. 1395aaa–1] (a) MULTI-STAKEHOLDER GROUP INPUT INTO SELECTION OF QUALITY MEASURES.—

The Secretary shall establish a pre-rulemaking process under which the following steps occur with respect to the selection of quality and efficiency measures described in section 1890(b)(7)(B):

(1) INPUT.—Pursuant to section 1890(b)(7), the entity with a contract under section 1890 shall convene multi-stakeholder groups to provide input to the Secretary on the selection of quality and efficiency measures described in subparagraph (B) of such paragraph.

(2) PUBLIC AVAILABILITY OF MEASURES CONSIDERED FOR SE- LECTION.—Not later than December 1 of each year (beginning with 2011), the Secretary shall make available to the public a list of quality and efficiency measures described in section 1890(b)(7)(B) that the Secretary is considering under this title.

(3) TRANSMISSION OF MULTI-STAKEHOLDER INPUT.—Pursuant to section 1890(b)(8), not later than February 1 of each year (beginning with 2012), the entity shall transmit to the Secretary the input of multi-stakeholder groups described in paragraph (1).

(4) CONSIDERATION OF MULTI-STAKEHOLDER INPUT.—The Secretary shall take into consideration the input from multi-stakeholder groups described in paragraph (1) in selecting quality and efficiency measures described in section 1890(b)(7)(B) that have been endorsed by the entity with a contract under section 1890 and measures that have not been endorsed by such entity.

(5) RATIONALE FOR USE OF QUALITY MEASURES.—The Secretary shall publish in the Federal Register the rationale for the use of any quality and efficiency measure described in section 1890(b)(7)(B) that has not been endorsed by the entity with a contract under section 1890.

(6) ASSESSMENT OF IMPACT.—Not later than March 1, 2012, and at least once every three years thereafter, the Secretary shall—

(A) conduct an assessment of the quality and efficiency impact of the use of endorsed measures described in section 1890(b)(7)(B); and

(B) make such assessment available to the public.

(b) PROCESS FOR DISSEMINATION OF MEASURES USED BY THE SECRETARY.—

(1) IN GENERAL.—The Secretary shall establish a process for disseminating quality and efficiency measures used by the Secretary. Such process shall include the following:

(A) The incorporation of such measures, where applicable, in workforce programs, training curricula, and any other means of dissemination determined appropriate by the Secretary.

(B) The dissemination of such quality and efficiency measures through the national strategy developed under section 399HH of the Public Health Service Act.

(2) EXISTING METHODS.—To the extent practicable, the Secretary shall utilize and expand existing dissemination methods in disseminating quality and efficiency measures under the process established under paragraph (1).

(c) REVIEW OF QUALITY MEASURES USED BY THE SECRETARY.—

(1) IN GENERAL.—The Secretary shall—

(A) periodically (but in no case less often than once every 3 years) review quality and efficiency measures described in section 1890(b)(7)(B); and

(B) with respect to each such measure, determine whether to—

(i) maintain the use of such measure; or

(ii) phase out such measure.

(2) CONSIDERATIONS.—In conducting the review under paragraph (1), the Secretary shall take steps to—

(A) seek to avoid duplication of measures used; and

(B) take into consideration current innovative methodologies and strategies for quality and efficiency improvement practices in the delivery of health care services that represent best practices for such quality and efficiency improvement and measures endorsed by the entity with a contract under section 1890 since the previous review by the Secretary.

(d) RULE OF CONSTRUCTION.—Nothing in this section shall preclude a State from using the quality and efficiency measures identified under sections 1139A and 1139B.

(e) DEVELOPMENT OF QUALITY MEASURES.—The Administrator of the Center for Medicare & Medicaid Services shall through contracts develop quality measures (as determined appropriate by the Administrator) for use under this Act. In developing such measures, the Administrator shall consult with the Director of the Agency for Healthcare Research and Quality.

(f) HOSPITAL ACQUIRED CONDITIONS.—The Secretary shall, to the extent practicable, publicly report on measures for hospital-acquired conditions that are currently utilized by the Centers for Medicare & Medicaid Services for the adjustment of the amount of payment to hospitals based on rates of hospital-acquired infections.

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Appendix C – Description of the Activities and Work Performed under Sections 1890 and 1890A of the Act

Background

Appendix C lists activities and work performed by the consensus-based entity (CBE) and other entities under the authority of sections 1890 and 1890A of the Social Security Act (the Act). The work is organized by year and by section 1890 and 1890A of the Act. The tasks are categorized by the four broad categories of work used throughout this Report: (1) Duties of the Consensus-Based Entity, (2) Dissemination of Quality Measures, (3) Program Assessment and Review, and (4) Program Oversight and Design.

Details by Year

2009

Section 1890:

(1) Duties of the Consensus-Based Entity

Section 1890(a)

- Contract award to a consensus-based entity, currently the National Quality Forum (NQF)

Section 1890(b)(1)

- Formulation of national strategy and priorities for health care performance measurement: measure prioritization, establishing multi-stakeholder steering committee to guide measure priorities

Sections 1890(b)(2) and 1890(b)(3)

- Implementation of a consensus process for endorsement of health care quality measures: patient outcomes; care coordination[16]; patient safety, including serious reportable events (SREs)[17]; nursing home
- Maintenance of consensus-endorsed measures
- Evaluation of the Consensus Development Process (CDP)
- Technical infrastructure to support measurement using an electronic platform: Respecification of endorsed measures for use in electronic health records (EHRs)
- Focused efforts to fill critical gaps in performance measurements: Efficiency, measure harmonization project, ICD-10 update

Section 1890(b)(5)

- Annual Report to Congress and the Secretary of the Department of Health and Human Services (HHS)[18] on activities implemented by the CBE during previous calendar year

2010

Section 1890:

(1) Duties of the Consensus-Based Entity

Section 1890(b)(1)

- Formulation of national strategy and priorities for health care performance measurement: evaluation of the uses of NQF-endorsed performance measures,

measure development and endorsement agenda, establishment of a measurement framework for multiple chronic conditions, identification of potential 2013 Meaningful Use measures project

Sections 1890(b)(2) and 1890(b)(3)

- Endorsement and maintenance of consensus-endorsed measures: patient outcomes,[19] care coordination,[16] patient safety,[20] palliative care,[21] nursing home, surgery,[22] cardiovascular,[23] child health[24]
- Child health: Children's Health Insurance Program Reauthorization Act (CHIPRA) core measure set work
- Evaluation of the CDP
- Technical infrastructure to support measurement using an electronic platform: activities to support the endorsement of measures from EHRs, including measure retooling; development of a standard form and an automated tool for measure developers to create measures that can be readily incorporated into EHRs; development of CDP for measures respecified for use in EHRs[25]
- Development of a public website for project documents
- Focused efforts to fill critical gaps in performance measurements: efficiency, measure harmonization project,[26] ICD-10 update,[27] Regionalized Emergency Medical Care Services project[28]

Section 1890(b)(5)

- Annual Report to Congress and the Secretary of HHS on activities implemented by the CBE during the previous calendar year[6(p. 55474)(p. 55474)]

Section 1890(b)(7)(A)(ii)

- Convening the National Priorities Partnership, a public-private partnership to provide recommendations to HHS for prioritizing quality improvement activities

Section 1890A:

(1) Dissemination of Quality Measures

Section 1890A(b)

- Interagency agreement with the Agency for Healthcare Research and Quality (AHRQ) for FTEs for:
  - The National Quality Measures Clearinghouse, a publicly available database of quality measures, and an inventory of measures used by HHS agencies
  - Open-source quality measure reporting[29] (MONAHRQ® is a software program that enables organizations such as states, regional collaboratives, health systems, and health plans to generate a health care reporting website.)
- Funding to incorporate patient-reported care transitions data collected via survey for public reporting
- Funding for home health care measures from patient assessment data from Outcome and Assessment Information Set public reporting

(2) Program Assessment and Review

Section 1890A(a)(6)

- Interagency agreement with Health Resources and Services Administration (HRSA) for Area Health Resources Files to support program assessment

(3) Program Oversight and Design

Sections1890 and 1890A of the Act

- Program support and development of a project plan for the activities of the CBE

2011

Section 1890:

(1) Duties of the Consensus-Based Entity

Section 1890(b)(1)

- Formulation of national strategy and priorities for health care performance measurement: Evaluation of the uses of NQF-endorsed performance measures,[30] establishing a measurement framework for multiple chronic conditions[31]

Sections 1890(b)(2) and 1890(b)(3)

- Measure endorsement and maintenance: patient outcomes[19]; patient safety[32]; nursing home; child health[24]; cardiovascular,[23] surgery,[22] renal,[33] cancer,[34] perinatal and reproductive health care[35]; pulmonary/critical care[36]
- Evaluation of CDP
- Technical infrastructure to support measurement using an electronic platform: activities to support the endorsement of measures from EHRs, including development of a standard form and an automated tool for measure developers to create measures that can be readily incorporated into EHRs; refinement of the eMeasure process[37] and measure updating[38]

Section 1890(b)(5)

- Annual Report to Congress and the Secretary of HHS[5] on activities implemented by the CBE during the previous calendar year

Section 1890A:

(1) Duties of the Consensus-Based Entity

Section 1890A(a)(1)

- Selection of quality measures for use in payment programs and value-based purchasing programs: convening the Measure Applications Partnership (MAP) to provide pre-rulemaking input for hospitals, post-acute and long-term care, and clinician programs.

(2) Dissemination of Quality Measures

Section 1890A(b)

- Interagency agreement with AHRQ for FTEs for:
  - The National Quality Measures Clearinghouse, a publicly available database of quality measures, and an inventory of measures used by HHS agencies
  - Open-source quality measure reporting[29] (MONAHRQ® is a software program that enables organizations such as states, regional collaboratives, health systems, and health plans to generate a health care reporting website.)
- Funding to incorporate patient-reported care transitions data collected via survey for public reporting
- Funding for home health care measures from patient assessment data from Outcome and Assessment Information Set public reporting

(3) Program Assessment and Review

Section 1890A(c)

- Interagency agreement with HRSA for Area Health Resources Files to support program assessment.

(4) Program Oversight and Design

Sections 1890 and 1890A of the Act

- Program support and development of a project plan for the activities of the CBE

2012

Section 1890:

(1) Duties of the Consensus-Based Entity

Section 1890(b)(1)

- Input into the National Quality Strategy: National Partnership for Patients

Sections 1890(b)(2) and 1890(b)(3)

- Endorsement and maintenance of consensus-endorsed measures: behavioral health, care coordination,[39] oral health,[40] all-cause readmissions,[41] palliative care/end of life,[21] patient safety complications,[42] population health,[43] renal[44]
- The Cost and Resource Use Project, which was added to the CBE's endorsement and maintenance activities.[45] Also, Regionalized Emergency Medical Care Services Project[46]
- CDP improvement
- Critical Paths for Creating Data Platforms project to assess the readiness of electronic data to support measurement concepts: care coordination and patient safety[47]
- *eMeasure Learning Collaborative: Advancing the Adoption, Implementation, and Use of eMeasures*[48]

Section 1890(b)(5)

- Annual Report to Congress and the Secretary of HHS[49] on activities implemented by the CBE during the previous calendar year

Section 1890A:

(1) Duties of the Consensus-Based Entity

Section 1890A(a)(1)

- Selection of quality measures for use in payment programs and value-based purchasing programs: Convene the Measure Applications Partnership (MAP) to provide pre-rulemaking input for physician, post-acute and long-term care, Prospective Payment System (PPS)-exempt cancer hospitals, hospice care, and dual-eligible beneficiary programs

(2) Dissemination of Quality Measures

Section 1890A(b)

- Funding for surveys for additional care settings for public reporting
- Dissemination – Dialysis Facility Compare update
- ForeSee Survey: Interagency Agreement with the Department of the Interior to obtain feedback on Compare sites

- Interagency agreement with the Office of the Assistant Secretary for Planning and Evaluation (ASPE) for HHS public reporting strategy
- Interagency agreement with AHRQ for public reporting grants
- Interagency agreement with AHRQ for FTEs for the National Quality Measures Clearinghouse
- Nursing Home Compare update for publicly reporting nursing home measures
- Funding for patient experience of care survey for health plans to be publicly reported
- Project Management Support for measure support
- Transfer of funds to the Office of Public Engagement for continuing medical education module for health care measure support

(3) Program Assessment and Review

Section 1890A(c)

- Interagency agreement with HRSA for Area Health Resources Files for measure support
- Review of high-impact measures for health plans

Section 1890A:

(4) Program Oversight and Design

Sections 1890 and 1890A if the Act

- Program Support for activities of section 1890A, including pre-rulemaking, assessment of impact, and public reporting

2013

Section 1890:

(1) Duties of the Consensus-Based Entity

Sections 1890(b)(2) and 1890(b)(3)

- Endorsement and maintenance: to convene multi-stakeholder committees to review new measures submitted for endorsement and endorsed measures for maintenance/re-endorsement: gastrointestinal/genitourinary, infectious disease,[50] neurology, pulmonary and critical care,[36] readmission measures, Care Coordination Project, Cost and Resource Use Project, Endocrine Project, Cardiovascular Project, Person- and Family-Centered Project, Health and Well-Being Project, Behavioral Health Project.
- Composite measures framework reassessment[51]

Section 1890(b)(5)

- Annual Report to Congress and the Secretary of HHS[52] on activities implemented by the CBE during the previous calendar year

Section 1890(b)(7)(A): Convening multi-stakeholder groups to provide input on certain national priorities, including:

- Priority Setting for Healthcare Performance Measurement: dementia,[53] care coordination, [54] adult immunization,[55] person-centered care and outcomes, [56] and health care workforce[57]: identifying topics for prioritization of measurement and gap areas/topics for future measure development efforts

- *Families of Measures*[58]: identifying and organizing groups of measures based on evidence-based criteria to facilitate patient-centered, integrated, and synchronized approach to care
- National Priorities Partnership: a public-private partnership to provide recommendations to HHS for prioritizing quality improvement activities
- Population Health: Common Framework and Practice Guidance for Communities[59] (Year 1 of a 3-year project). This project developed an action guide for multi-sector groups to improve population health and reduce disparities for their communities.
- Transition of Quality Data Model[60]: Maintenance, development, and enhancement of a system of information that describes clinical concepts in a standardized format to enable communication among clinicians and health care providers and monitoring of processes and outcomes

Section 1890A:

(1) Duties of the Consensus-Based Entity

Section 1890A(a)(1) and Section 1890A(a)(3)

- MAP, a multi-stakeholder partnership that provides recommendations to HHS on measure selection for federal public reporting and value-based purchasing programs for hospitals, post-acute care/long-term care, and clinician settings[61]
- Multi-stakeholder group input into new CMS measure sets to target non-senior population.

(2) Dissemination of Quality Measures

Section 1890A(b)

- Funding for the CMS Office of Communications for Medicare quality tools
- Align quality and public reporting programs for physicians and other practitioners: development of a strategic plan for the Compare websites that laid out a vision for the future of CMS public reporting
- Consumer testing for the CMS Office of Communications for public reporting
- Funding for patient experience of care survey for health plans to be publicly reported.
- Interagency agreement with ASPE for FTEs to support public reporting efforts
- Interagency agreement with AHRQ for grants for public reporting

(3) Program Assessment and Review

Section 1890A(c)

- Review of end stage renal disease (ESRD) measures

2014

Section 1890:

(1) Duties of the Consensus-Based Entity

Sections 1890(b)(2) and 1890(b)(3)

- Endorsement and maintenance: to convene multi-stakeholder committees to review new measures submitted for endorsement and endorsed measures for maintenance/re-endorsement for topic-specific projects: all-cause readmissions; person- and family-centered care; cardiovascular; endocrine; patient safety; behavioral health; musculoskeletal; cost and resource use; eye, ear, nose, and

throat conditions; renal; and surgery. The major deliverables were final project reports documenting the recommendations and final decisions by these committees.

Section 1890(b)(5)

- Annual Report to Congress and the Secretary of HHS on activities implemented by the CBE during the previous calendar year
- Section 1890(b)(7)(A)Home and Community-Based Services (HCBS) Measurement Framework[62] to develop an operational definition of HCBS, to prioritize measures for potential implementation, identify gaps in areas that need new measures, and develop a general framework for measuring and improving the quality of HCBS
- Health Information Technology and Patient Safety[63]: detecting, preventing, and assessing adverse events associated with health information technology (IT). The final report provides a measurement framework that includes clinical decision support, system interoperability, patient identification, user-centered design, and use of testing, evaluation, and simulation to promote safety across the health IT lifecycle.
- Population Health: Common Framework and Practice Guidance for Communities[59] (Year 2 of a 3 year project) This project developed an action guide for multi-sector groups to improve population health and reduce disparities for their communities.
- Rural Health[64]: This project focused on performance measurement issues for rural, low-volume facilities. The final report provides recommendations that include consideration of rural-relevant quality measures as well as rural-relevant socioeconomic factors for risk adjustment and use of guiding principles for measure selection for rural providers.

Section 1890A:

(1) Duties of the Consensus-Based Entity

Section 1890A(a)(1) and Section 1890A(a)(3)

- MAP, a multi-stakeholder partnership that guides the HHS on the selection of performance measures for federal health programs for hospitals, post-acute care/long-term care, and clinician settings[65]

(2) Dissemination of Quality Measures

Section 1890A(b)

- Align quality and public reporting programs for physicians and other practitioners
- ForeSee Survey: Interagency agreement with Department of the Interior to obtain feedback on Compare sites
- Interagency agreement with ASPE for FTEs to support 1890/1890A work
- Funding to support the CMS Quality Strategy
- Interagency agreement with AHRQ for HHS Measures Inventory
- Interagency agreement with AHRQ for My Own Network Powered by AHRQ (MONAHRQ): desktop software tool that enables organizations—such as state and local data organizations, regional reporting collaborations, hospitals and

hospital systems, nursing homes and nursing home organizations, and health plans—to quickly and easily generate a health care reporting website
- AHRQ grants for public reporting
- Support to the CMS Office of Communications for consumer testing to support public reporting
- Support to the CMS Office of Communications to support the public reporting infrastructure

(3) Program Assessment and Review

Section 1890A(a)(6)

- Impact Assessment of CMS Quality and Efficiency Measures to conduct an assessment of the quality and efficiency impact of the use of endorsed measures

2015

Section 1890:

(1) Duties of the Consensus-Based Entity

Sections 1890(b)(2) and 1890(b)(3)

- Endorsement and maintenance: to convene multi-stakeholder committees to review new measures submitted for endorsement and endorsed measures for maintenance/re-endorsement for topic-specific projects: all-cause admissions and readmissions; behavioral health; cancer; cardiovascular; care coordination; cost and resource use; endocrine; eye, ear, nose, and throat conditions; health and well-being; musculoskeletal; neurology; palliative and end-of-life care; patient safety; perinatal; person- and family-centered care; pulmonary and critical care; renal; and surgery. The major deliverables were final project reports documenting the recommendations and final decisions by these committees.[66]

Section 1890(b)(5)

- Annual Report to Congress and the Secretary of HHS on activities implemented by the CBE during the calendar year[66]

Section 1890(b)(7)(A)

- Attribution: Principles and Approaches[67] to Enhance Accuracy and Accountability for Value Based Purchasing and Alternative Payment Models. This project developed an Attribution Model Selection Guide for measure developers and program implementers to enhance accuracy and fairness in assigning accountability for health outcomes.
- Value Set[xliii] Harmonization: Assessing Competing Common Data Elements for Harmonization. The major deliverable is a final report that discusses promising approaches to eliminate unnecessary or unjustified variance from common value sets in Electronic Clinical Quality Measures (eCQMs)

[xliii] A value set contains unique codes and descriptions, drawn from standard vocabularies such as the Systematized Nomenclature of Medicine – Clinical Terms (SNOMED CT®) and the International Classification of Diseases – Version 10 (ICD-10-CM), to define and specify clinical concepts. For programs using EHR data to calculate measure results, concepts such as medications, diagnoses, and procedures are operationalized as data elements (DE) or as a common data element (CDE)—which is a data element in data sets across different measures. Value sets are the list of possible coded values for a DE or CDE. Unifying and harmonizing these data elements and value sets is part of facilitating reliable and interoperable clinical quality measurement.

- Variations in Measure Specifications: Pathways to Standardize Measurement Efforts and Reduce Unnecessary Variations. The final report includes a proposed decision logic for users of quality measures to compare and interpret results, and to reduce the burden of duplicative measures.[68]
- Population Health: Common Framework and Practice Guidance for Communities[59] (Year 3 of a 3 year project). This project developed an action guide for multi-sector groups to improve population health and reduce disparities for their communities

Section 1890A:

(1) Duties of the Consensus-Based Entity

Section 1890A(1) and Section 1890A(3)

- MAP, a multi-stakeholder partnership that provides recommendations to the HHS on measure selection for federal quality reporting and value-based purchasing programs for hospitals, post-acute care/long-term care, and clinician settings

(2) Dissemination of Quality Measures

Section 1890A(b)

- Coordination contract to align quality and public reporting programs for physicians and other practitioners
- ForeSee Survey: Interagency agreement with Department of the Interior to obtain feedback on Compare sites
- Interagency agreement with AHRQ (MONAHRQ – desktop software tool that enables organizations (such as state and local data organizations, regional reporting collaborations, hospitals and hospital systems, nursing homes and nursing home organizations, and health plans) to quickly and easily generate a health care reporting website)
- Interagency agreement with AHRQ for the HHS Measures Inventory System, a tool that allows HHS and its agencies to present to the public the quality measures in use across HHS/agency programs for quality improvement and accountability, and to align public reporting programs for hospital, PAC/LTC, and clinician settings
- Support to the CMS Office of Communications for consumer testing in support of public reporting
- Interagency agreement for ASPE for publishing the NQF Annual Report to the Secretary and Congress

(3) Program Assessment and Review

Section 1890A(a)(6)

- Impact Assessment of CMS Quality and Efficiency Measures to conduct an assessment of the quality and efficiency impact of the use of endorsed measures

2016

Section 1890:

(1) Duties of the Consensus-Based Entity

Sections 1890(b)(2) and 1890(b)(3)

- Endorsement and maintenance: to convene multi-stakeholder committees to review new measures submitted for endorsement and endorsed measures for

maintenance/re-endorsement for topic-specific projects: all-cause admissions and readmissions; behavioral health; cancer; cardiovascular; care coordination; cost and resource use,; endocrine; eye, ear, nose, and throat conditions; health and well-being; infectious disease; musculoskeletal; neurology; palliative and end-of-life care; patient safety; perinatal; person- and family-centered care; pulmonary and critical care; renal; and surgery.[69] The major deliverables were final project reports documenting the recommendations and final decisions by these committees.

Section 1890(b)(5)

- Annual Report to Congress and the Secretary of HHS[66] on activities implemented by the CBE during the calendar year

Section 1890(b)(7)(A)

- Interoperability: Conceptual Framework, Barriers, and Current Issues[70]. This project produced a final report on a measurement framework that would allow stakeholders to assess the ability for disparate electronic health record (EHR) systems to exchange information, and the impact of EHRs on quality of care and health outcomes.
- Telehealth: Guiding Principles for Measurement of Healthcare Quality provided via Telehealth[71]. The final report of this project contains a framework of measures and measure concepts (i.e., measures under development) to gauge the quality of Telehealth modalities, to identify priorities for measurement, and gaps in topic areas for future measure development.
- Disparities Project: Leveraging Quality Measurement and Developing a Roadmap for reducing health disparities.[72] The final report provides a road map for leveraging disparity-sensitive measures to reduce disparities related to the five chronic conditions that impact racial/ethnic minorities disproportionally, including cardiovascular diseases, cancer, diabetes, infant mortality, and mental health conditions.
- Transitions of Care for Emergency Care Settings: Measurement Framework for Monitoring and Evaluating Care Transitions across Healthcare Settings and Payers.[73] The final report of this project provides a measurement framework for measuring, monitoring, and improving care transitions between emergency and non-emergency care settings, between medical and non-medical professionals, to ensure better health outcomes.

Section 1890A:

(1) Duties of the Consensus-Based Entity

Section 1890A(a)(1) and Section 1890A(a)(3)

- MAP, a multi-stakeholder partnership that provides recommendations to HHS on measure selection for federal quality reporting and value-based purchasing programs for hospitals, post-acute care/long-term care, and clinician settings.

(2) Dissemination of Quality Measures

Section 1890A(b)

- Measures Management System (MMS), a standardized system for developing and maintaining the quality measures used in its various initiatives and programs. The

MMS provides support and assistance to entities interested in measure development, as well as the CMS Measures Inventory Tool.

- Coordination contract to align quality and public reporting programs for physicians and other practitioners
- ForeSee Survey: interagency agreement with Department of the Interior to obtain feedback on Compare sites
- Interagency agreement with AHRQ to support MONAHRQ, a desktop software tool that enables organizations—such as state and local data organizations, regional reporting collaborations, hospitals and hospital systems, nursing homes and nursing home organizations, and health plans—to quickly and easily generate a health care reporting website
- Interagency agreement with AHRQ for the HHS Measures Inventory System, a tool that allows HHS and its agencies to present to the public the quality measures in use across HHS programs for quality improvement, accountability, and public reporting
- Interagency agreement for ASPE for publishing the NQF Annual Report to the Secretary and Congress

(3) Program Assessment and Review

Section 1890A(a)(6)

- Impact Assessment of CMS Quality and Efficiency Measures to conduct an assessment of the quality and efficiency impact of the use of endorsed measures

2017

Section 1890:

(1) Duties of the Consensus-Based Entity

Sections 1890(b)(2) and 1890(b)(3)

- Endorsement and maintenance:
  - For the last three quarters of FY 2017 (i.e., January through September 2017), multi-stakeholder committees were convened to review new measures submitted for endorsement and endorsed measures for maintenance/re-endorsement for topic-specific projects: all-cause admissions and readmissions; behavioral health; cancer; cardiovascular; care coordination; cost and resource use; endocrine; eye, ear, nose, and throat conditions; health and well-being; infectious disease; musculoskeletal; neurology; palliative and end-of-life care; patient safety; perinatal; person- and family-centered care; pulmonary and critical care; renal; and surgery.[74] The major deliverables were final project reports documenting the recommendations and final decisions by these committees.
  - For the first quarter of FY 2018 (i.e., October through December 2017), the endorsement and maintenance task order was awarded in September 2017 under the new indefinite delivery, indefinite quantity (IDIQ) contract. The CBE was tasked to convene multi-stakeholder committees to review new measures submitted for endorsement and endorsed measures for maintenance/re-endorsement for two review cycles each for 14 topic-specific projects, including:
    - All-Cause Admissions and Readmissions Project

- Behavioral Health and Substance Use Project
- Cancer Project
- Cardiovascular Project
- Cost and Efficiency Project
- Geriatrics and Palliative Care Project
- Neurology Project
- Patient Experience and Function Project
- Patient Safety Project
- Perinatal and Women's Health Project
- Prevention and Population Health Project
- Primary Care and Chronic Illness Project
- Renal Project
- Surgery Project

The major deliverables were final project reports documenting the recommendations and final decisions by these committees.

Section 1890(b)(7)(A)

- Improving Attribution Models: Based on input from an expert advisory panel, this project produced a white paper on best practices for developing and selecting attribution models for value-based purchasing and alternative payment models across care settings, including recommendations for specific population segments, such as pediatric patients and those afflicted with multiple morbidities.
- Ambulatory Care Patient Safety Measurement Framework to enable the monitoring, prevention, and public reporting of adverse events that occurred in ambulatory care settings
- MAP Rural Health Work Group to identify rural-relevant measures and provide rural perspectives to the MAP workgroups in measure selection for Medicare quality reporting and value-based purchasing programs for hospitals, post-acute care/long-term care, and clinician settings

Section 1890(b)(5)

- Annual Report to Congress and the Secretary of HHS[69] on activities implemented by the CBE during the calendar year

Section 1890A:

(1) Duties of the Consensus-Based Entity

Section 1890A(a)(1) and Section 1890A(a)(3)

- The MAP, a multi-stakeholder partnership that provides recommendations to HHS on measure selection for federal quality reporting and value-based purchasing programs for hospitals, post-acute care/long-term care, and clinician settings

(2) Dissemination of Quality Measures

Section 1890(b)

- Measures Management System (MMS): a standardized system for developing and maintaining the quality measures used in various initiatives and programs. The MMS provides support and assistance to entities interested in measure development, as well as the CMS Measures Inventory Tool.

- Measures Management System: coordination contract to align quality and public reporting programs for physicians and other practitioners
- ForeSee Survey: Interagency agreement with the Department of the Interior to obtain feedback on Compare sites
- Interagency agreement with AHRQ for the HHS Measures Inventory System, a tool that allows HHS and its agencies to present to the public the quality measures in use across HHS programs for quality improvement, accountability, and public reporting

(3) Program Assessment and Review

Section 1890A(a)(6)

- Impact Assessment of CMS Quality and Efficiency Measures to conduct an assessment of the quality and efficiency impact of the use of endorsed measures

2018

Section 1890:

(1) Duties of the Consensus-Based Entity

Sections 1890(b)(2) and 1890(b)(3)

- Endorsement and maintenance: to convene multi-stakeholder committees to review new measures submitted for endorsement and endorsed measures for maintenance/re-endorsement for two review cycles each for 14 topic-specific projects:
  - All-Cause Admissions and Readmissions Project
  - Behavioral Health and Substance Use Project
  - Cancer Project
  - Cardiovascular Project
  - Cost and Efficiency Project
  - Geriatrics and Palliative Care Project
  - Neurology Project
  - Patient Experience and Function Project
  - Patient Safety Project
  - Perinatal and Women's Health Project
  - Prevention and Population Health Project
  - Primary Care and Chronic Illness Project
  - Renal Project
  - Surgery Project

  The major deliverables were final project reports documenting the recommendations and final decisions by these committees.

Section 1890(b)(5)

- Annual Report to Congress and Secretary of HHS[74]

Section 1890(b)(7)(A)

- Trauma Care Outcomes Measurement Framework: to develop a framework to enable public health agencies and health care providers to monitor and evaluate the extent to which trauma patients in a community can receive high-quality care

- Chief Complaint-Based Quality Measurement to develop a framework for measuring the accuracy of emergency care clinicians in adjudicating causes of symptoms among patients and devising appropriate care transition Plans to ensure better outcomes
- Social Risk Trial: to evaluate the use of social determinants in the risk-adjustment methodology for outcome measures as part of the measure endorsement/ maintenance review process
- Eliciting and incorporating a measure feedback loop for measure endorsement review by gathering quantitative and qualitative evidence from clinicians, health care providers, and public/private data sources on data collection and reporting experience, burden, and unintended consequences
- Healthcare System Readiness: to create a measurement framework that includes medical and non-medical factors for monitoring and tracking readiness for handling natural and man-made disasters
- Technical support for the Core Quality Measures Collaborative (CQMC): to support the CQMC by updating the selection criteria for new core sets, prioritizing measures for implementation, developing an adoption guide for potential users, and providing technical support for measure calculation and implementation

Section 1890A[xliv]:

(1) Duties of the Consensus-Based Entity

- MAP Rural Health Workgroup to identify rural-relevant measures and provide rural perspectives to the MAP Workgroups in measure selection for Medicare quality reporting and value-based purchasing programs

(2) Dissemination of Quality Measures

Section 1890A(b)

- Measures Management System: a standardized system for developing and maintaining the quality measures used in various initiatives and programs. The MMS provides support and assistance to entities interested in measure development, as well as the CMS Measures Inventory Tool.
- Coordination contract to align quality and public reporting programs for physicians and other practitioners

(3) Program Assessment and Review

Section 1890A(a)(6)

- Impact Assessment of CMS Quality and Efficiency Measures to conduct an assessment of the quality and efficiency impact of the use of endorsed measures

[xliv] The Measure Applications Partnership (MAP) task order is not under 2018 because the current performance period, supported by 2017 funding, does not end until March 31, 2019. The performance period for the next contract year will begin on April 1, 2019; thus procurement for the next contract year of this task order will be supported by 2019 funding.