

MEASURES MANAGEMENT SYSTEM

2018 Measures Under Consideration (MUC) List Published

The CMS Pre-Rulemaking process continues with the publication of the 2018 Measures under Consideration (MUC) List on or before December 1, as required by Section 1890A(a)(2) of the Social Security Act. Submissions of new or modified healthcare quality, cost, and efficiency measures were accepted until June 15, 2018. Candidate measures that were submitted and then accepted for consideration for inclusion in one or more CMS quality programs were added to the draft 2018 CMS MUC List. This MUC List was shared with federal stakeholders during a workshop on August 2 and was just released and publicly posted on the [CMS website](#).

In determining the appropriate selection of measures to include on the MUC List, healthcare and policy specialists, and other stakeholders across HHS review the specifications of each measure. Reviewers also offer comments and recommendations. The purpose of this process is to ensure that all agency stakeholders concur in the measures being put forward for consideration, and to hear all viewpoints.

The main measure specifications are the numerator, denominator, measure type, and steward. Measures also include any exclusions, and a descriptive rationale that presents peer-reviewed evidence showing how the measure will improve healthcare. Measures may be changed, removed from, or added to the MUC List during the review process. This process culminates in the publication of the final MUC List on or before December 1. The list is typically posted in PDF and Excel formats on the public websites of both CMS and the [National Quality Forum \(NQF\)](#).

The types of measures on the MUC List include

- Composite
- Cost/Resource Use
- Intermediate Outcome
- Outcome
- Patient Reported Outcome
- Process.

CMS encourages measure developers and measure owners to move away from process measures and toward outcome measures.

Table 1 illustrates a new feature for 2018, which was the assignment of one “Meaningful Measures Area” designation for each candidate measure submitted for consideration. These 19 areas are grouped to correspond to one of six healthcare quality priorities.

Table 1. Meaningful Measures Areas Assigned in 2018

Priority / Meaningful Measures Area
Promote effective communication and coordination of care
Medication management
Admissions and readmissions to hospitals
Transfer of health information and interoperability
Promote effective prevention and treatment of chronic disease
Preventive care
Management of chronic conditions

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Priority / Meaningful Measures Area
Prevention, treatment, and management of mental health
Prevention and treatment of opioid and substance use disorders
Risk-adjusted mortality
Work with communities to promote best practices of healthy living
Equity of care
Community engagement
Make care affordable
Appropriate use of healthcare
Patient-focused episode of care
Risk adjusted total cost of care
Make care safer by reducing harm caused in the delivery of care
Healthcare-associated infections
Preventable healthcare harm
Strengthen person and family engagement as partners in their care
Care is personalized and aligned with patient's goals
End-of-life care according to preferences
Patient's experience of care
Patient reported functional outcomes

For more information on the Meaningful Measures Initiative, see:

- The [“Hub” web site](#)
- The [“Framework” web site](#)

Following the publication of the MUC List, the National Quality Forum, a consensus-based entity, will convene public meetings of the Measure Application Partnership (MAP) workgroups to obtain stakeholder input and recommendations regarding the candidate measures. (This process is required by law in Section 1890A(a). Past years' MAP recommendation reports [are available here](#). The MAP workgroup meetings are intended to provide a transparent, forthright exchange of ideas and opinions on the advantages and drawbacks of each candidate measure from those who may be affected by them.

Stakeholders include patients, healthcare providers, payers, and public-sector administrators. The MAP recommendations provide multi-stakeholder feedback to HHS to assist the department in deciding whether to propose to implement each measure in the designated quality program through formal rulemaking.

Plans are now underway for the 2019 measure submission cycle for the next round of new candidate healthcare quality, cost, and efficiency measures to populate the 2019 MUC List. The data requirements for 2019 are expected to be similar to those for 2018. Measure owners and stewards should review the [CMS Measures Management System Blueprint](#) and the [MUC User Guide](#) as they gather specifications, supporting data, and other documentation to support the review and adoption of new measures. Watch for announcements in early spring for specific dates and schedules. For more information on how you can get involved in the next MUC cycle, see the [CMS Pre-Rulemaking process](#) website, which provides background information, procedures, guidance documents, and templates for submitting new measures.