

2024 Measure Set Review (MSR): Final Preliminary Assessment

The following information was sourced in June of 2024 from the Centers for Medicare & Medicaid Services Measures Inventory Tool (CMIT), the PQM Submission Tool and Repository (STAR), discussions with CMS program leads, and publicly available CMS datasets (see links below).

I. Measure Information

| CMIT ID | Title |
|------------------------------------------------|----------------------------------------------------------------------------------------|
| 00419-01-C-MIPS | Maternity Care: Elective Delivery (Without Medical Indication) at < 39 Weeks (Overuse) |
| Measure Steward | CMS Program |
| Centers for Medicare & Medicaid Services (CMS) | Merit-Based Incentive Payment System Program (MIPS) |

| Measure Overview | |
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| <p>Rationale: Elective delivery or early induction often leads to prematurity, increased costs, and an increased incidence of cesarean section. Studies have determined that elective delivery or elective cesarean section prior to the gestational age of 39 weeks may result in significant short-term neonatal morbidity (neonatal intensive care unit admission rates of 13%-21%). Among women undergoing induction, those having their first pregnancy have a higher rate of cesarean delivery than women with prior vaginal births. Recent research shows that infants born prior to 39 weeks face a higher risk of breathing disorders and other problems than those who remain in the uterus longer.</p> | |
| <p>Description: Percentage of patients, regardless of age, who gave birth during a 12-month period, delivered a live singleton at < 39 weeks of gestation, and had elective deliveries (without medical indication) by cesarean birth or induction of labor.</p> | |
| <p>Numerator: Patients who had elective deliveries (without medical indication) by cesarean birth, or induction of labor.</p> <p>Exclusions: None</p> | |
| <p>Denominator: All patients, regardless of age, who gave birth during a 12-month period delivering a live singleton at < 39 weeks of gestation.</p> <p>Exceptions: Medical indication for induction [Documentation of reason(s) for elective delivery (C-section) or early induction (e.g., hemorrhage and placental complications, hypertension, preeclampsia and eclampsia, rupture of membranes (premature or prolonged), maternal conditions complicating pregnancy/delivery, fetal conditions complicating pregnancy/delivery, late pregnancy, prior uterine surgery, or participation in clinical trial)]</p> | |
| <p>Measure type: Outcome</p> | <p>Measure is a composite: No</p> <p>Measure is digital and/or an eCQM: Yes (a MIPS CQM is considered a dQM).</p> |
| <p>Level(s) of analysis/measured entity: Clinician</p> | <p>Care setting: Ambulatory Care Settings</p> |

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|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Risk adjustment and/or stratification: No | Data source(s): Registries ¹ |
| Data collection method: Electronic health records (EHRs) ² | Reporting frequency: Procedure ³ |
| All required data are collected as part of clinical workflow: Yes, collected as part of workflow. | Reporting overlap with similar/related measures: 00508-03-E-HIQR Captures cesarean birth rates among women giving birth for the first time to infants in a head-down position. |
| Does this measure fill a statutorily required category for the program? No | Is this measure included in upcoming rulemaking? No |

| Measure Status | |
|--------------------------------------------------------|-----------------------------------------|
| Current CBE Endorsement Status: Not Endorsed | CBE Endorsement History: None |

II. Measure Performance

00419-01-C-MIPS Performance in MIPS 2020-2022 Performance Years

For MIPS measures, the MSR evaluation and analysis team reviewed the following publicly available datasets at data.cms.gov: PY 2022 Clinician Public Reporting: [Overall MIPS Performance](#) and the [Quality Payment Program Experience](#). This measure was not reported in 2022, and no data were publicly available for 2021 and 2020 due to the COVID-19 Public Health Emergency.

¹ Note from CMS program lead on MIPS CQMs: Data may be gathered from paper, electronic charts, or collected with the assistance of a third-party intermediary.

² Note from CMS program lead: Other data collection methods are available for use with MIPS CQMs depending on clinician/system workflow and who is collecting the data.)

³ Reporting frequency provided by CMS program lead. MIPS only allows reporting of data during the submission period January-March and ongoing reporting by episode, visit, or other defined frequency occurs during that period.