



# Pre-Rulemaking Measure Review (PRMR) 2024 Measures Under Consideration (MUC) Hospital Measures Listening Session

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# Welcome to the Hospital Measures Listening Session



The 2024 MUC List public comment period is open on the [PQM website](#) November 25 to December 30.



This session is an additional opportunity for members of the public to provide public comment on measure(s) of interest proposed for Hospital programs.



CMS and measure developers are on the line to hear comments and answer questions.

# Hospital Listening Session Agenda



# Listening Session Agenda



1:00 PM	Welcome and introduction
1:10 PM	CMS opening remarks
1:13 PM	PRMR process overview
1:20 PM	Opportunity for public comment: Hospital measures
3:50 PM	Next steps
4:00 PM	Adjourn

\* All times listed in ET

# Housekeeping Reminders (pt. 1)



We are pleased to have you join us and want to create a meaningful exchange.



To participate in the discourse, type in the chat or raise your hand.



Battelle staff will serve as virtual moderators. Please unmute yourself when called on.

# Housekeeping Reminders (pt. 2)



Please lower your hand and mute yourself following your question/comment.



Please state your first and last name if you are a call-in user.



If you are experiencing technical issues, contact the project team via chat on the virtual platform or at [PQMsupport@battelle.org](mailto:PQMsupport@battelle.org).



# Community Guidance



- Keep your comments concise and focused (2-minute limit).
- Share your experiences
- Be respectful to others sharing their experiences.

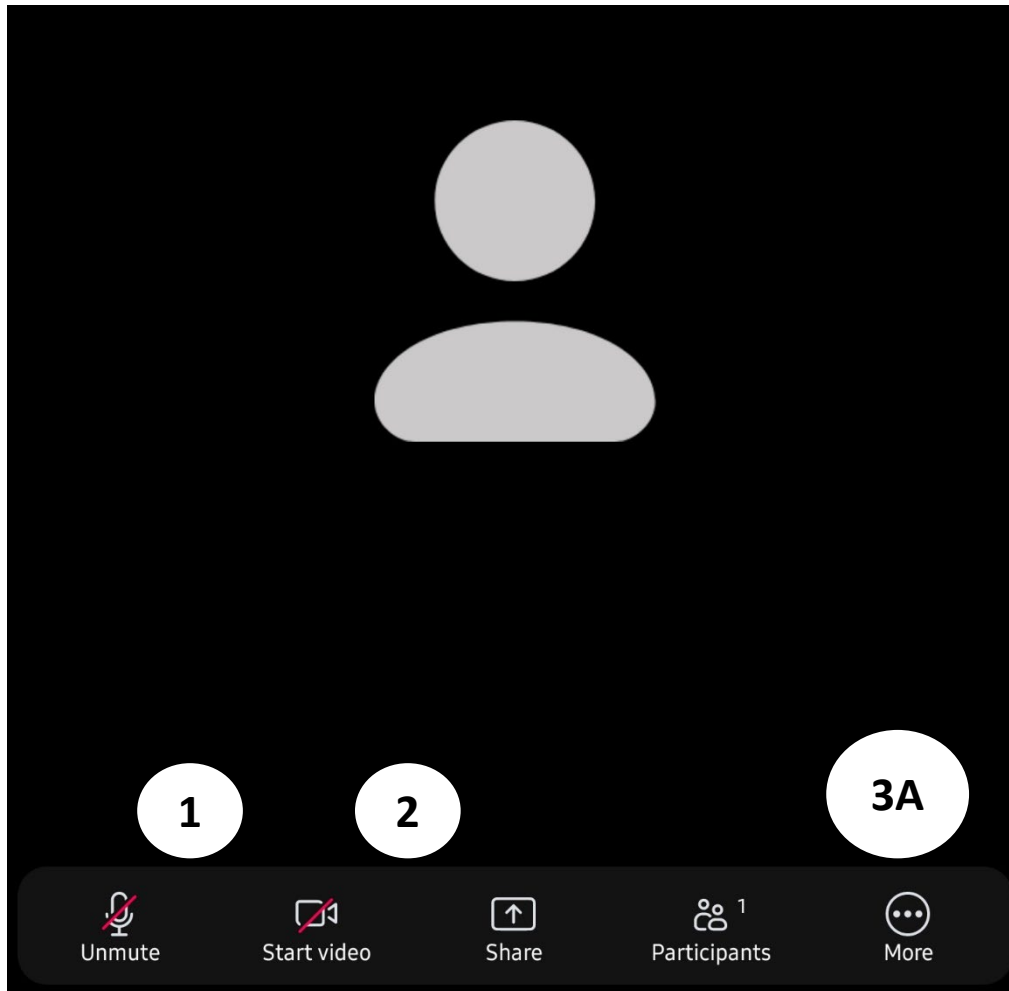
# Using the Zoom Platform



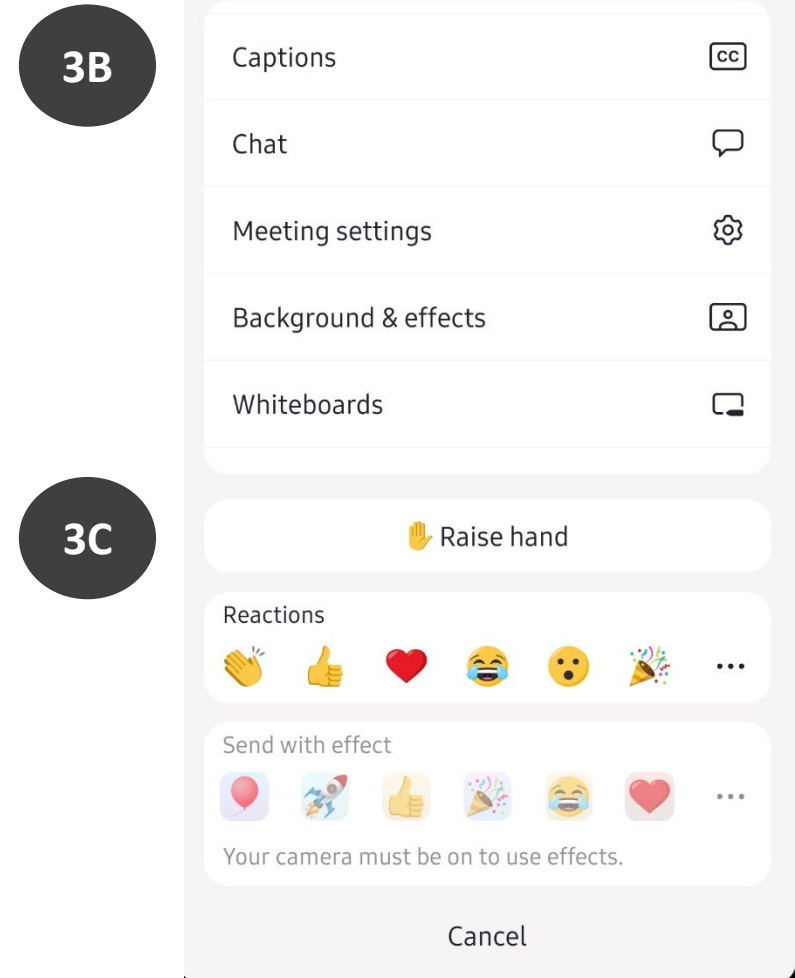
- 1 Click the lower part of your screen to mute/unmute, start, or pause video.
- 2 Click on the participant or chat button to access the full participant list or the chat box.
- 3 To raise your hand, select the raise hand button under the react tab.



# Using the Zoom Platform (Phone View)



- 1 Click the lower part of your screen to mute/unmute, start, or pause video.
- 2 Click on the participant button to view the full participant list.
- 3 Click on (3A) “More” button to view the chat box, (3B) to show closed captions, or (3C) to raise your hand. To raise your hand, select the raised hand function under the reactions tab.



# Acronyms



- AG: Advisory Group
- CMS: Centers for Medicare & Medicaid Services
- MUC: Measures Under Consideration
- PA: Preliminary Assessment
- PAC/LTC: Post-Acute Care/Long-Term Care
- PRMR: Pre-Rulemaking Measure Review
- PQM: Partnership for Quality Measurement
- RG: Recommendation Group

# CMS Opening Remarks

Dr. Michelle Schreiber | Centers for Medicare & Medicaid Services  
(CMS)



# PRMR Process

Meridith Eastman | Battelle



# PRMR Cycle



The Department of Health and Human Services (HHS) annually publishes a list of measures under consideration (MUC) for future federal rulemaking by December 1.



PRMR committees assess whether a measure is appropriate for use in a specific CMS program and for a population of Medicare beneficiaries.

The PRMR process results in consensus-based recommendations about MUCs for CMS programs.



# 2024 Changes to PRMR Process



**Increased Recommendation Group (RG) size:** The RG size increased from 18-20 people to 25-30 people to help reduce occurrence of “consensus not reached” outcome.



**New Advisory Group (AG) meeting:** The AG, with the RG co-chairs, will meet prior to measure review meetings to ensure adequate AG input.



**Pre-Meeting Initial Evaluation (PIE) Forms:** The brief PIE Forms help members evaluate the measures based on meaningfulness criteria, appropriateness of scale, and time to value realization.



# 2024 Changes to PRMR Process (*cont.*)



Added additional context and refined the voting status of **“recommend with conditions”**.



Provided **clarification on voting** procedures for instrument-based measures.



Made full **MERIT submission and testing data** available on the Measures Management System (MMS) Hub for the public and for committee members to access during their initial measure reviews.

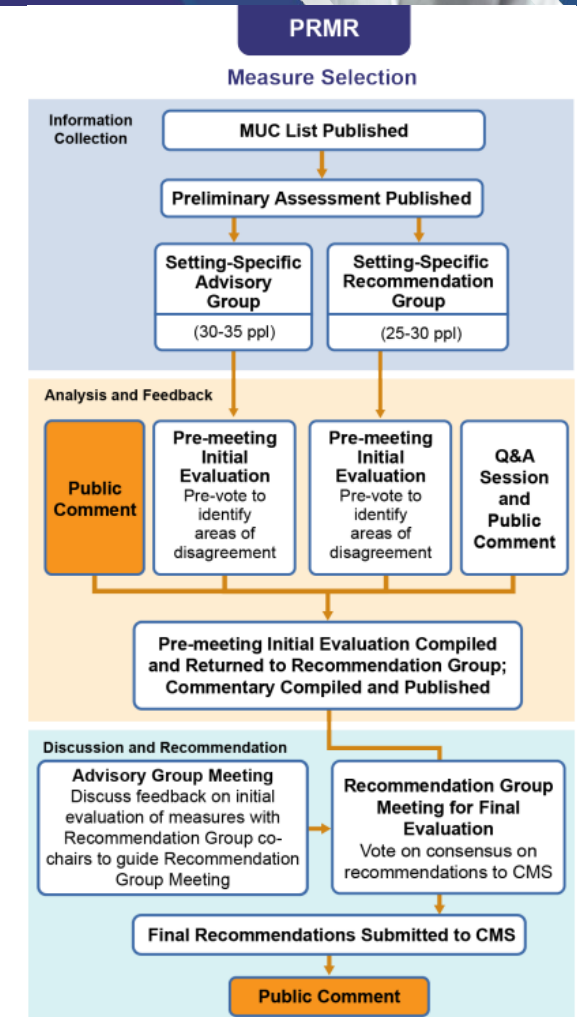
# PRMR Process



The PRMR process builds consensus regarding MUC List measures as to whether they are appropriate for consideration for CMS quality reporting programs and value-based programs.

Three major phases:

1. Information collection
2. Analysis and feedback
3. Discussion and recommendation

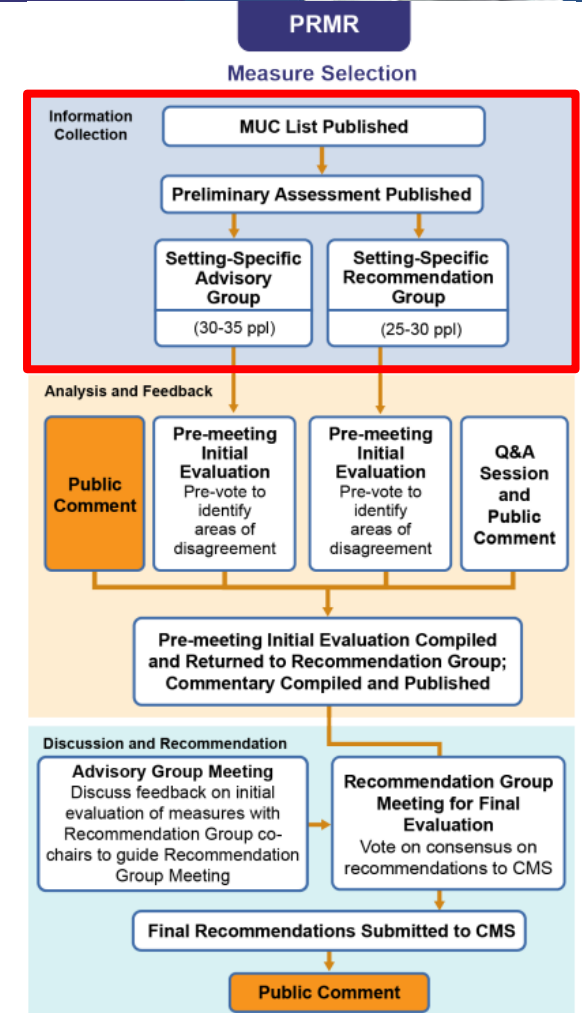


# PRMR Process: Information Collection



## Preliminary Assessment

- Battelle completes a preliminary assessment (PA) for each measure using information from the CMS MERIT\* submission.
- Each PA focuses on the PRMR evaluation criteria and intentionally avoids rehashing topics better suited to endorsement & maintenance (E&M) discussions.
- Battelle creates PAs using information directly from the measure steward/developer. They are also reviewed by CMS leads and measure stewards/developers to ensure accuracy.
- PAs are made available to all committee members (Advisory Group and Recommendation Group) immediately following the release of the MUC List.



# PRMR Process: Analysis and Feedback

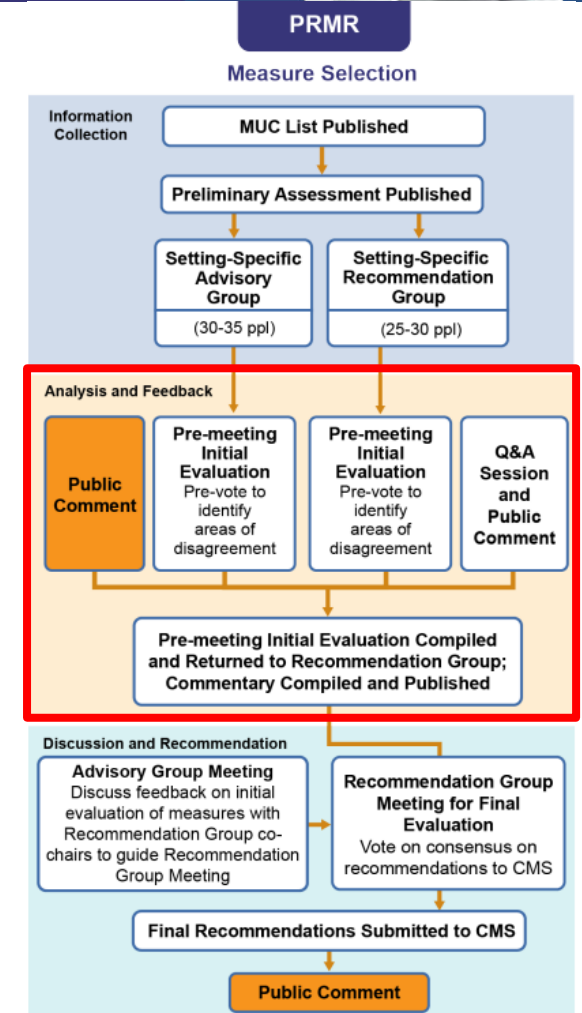


## Pre-Meeting Initial Evaluation (PIE)

- All committee members submit evaluations on a subset of measures via the Pre-Meeting Initial Evaluation (PIE) Form.
- Along with PAs, each committee member receives a PIE Form for each measure they evaluate. The PIE Form includes guidance on questions to consider when evaluating the criteria.

## Public Comment and Listening Sessions

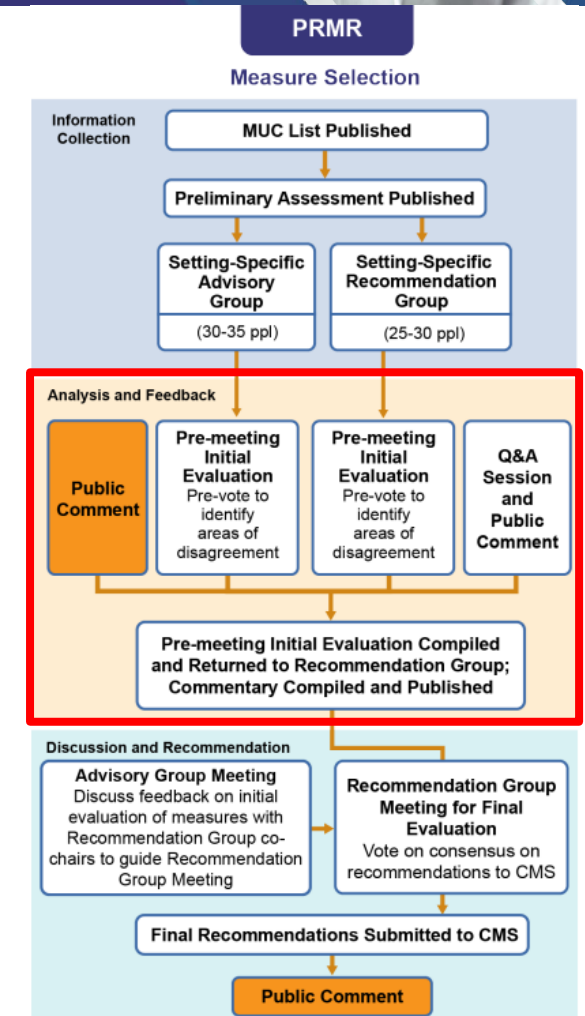
- The MUC List is posted for a 21-day public comment period upon release.
- PQM hosts three public listening sessions, one per setting, where CMS, Battelle staff, and measure developers/stewards hear brief spoken statements on measure(s) of interest. CMS answers MUC-related questions live and/or in writing after the call. Developers may also be asked to weigh in.
- Comments received through our website and during listening sessions will be made publicly available on the PQM website.



# PRMR Process: Analysis and Feedback (cont.)



- Battelle compiles feedback from the PIE Forms, public comment, and listening sessions in advance of the RG meeting for the following purposes:
  - To help Battelle facilitators identify areas of non-consensus, so they may be discussed during the RG meetings
  - To help the RG members prepare in advance of the RG meeting
  - To help CMS leads anticipate, in advance, questions and topics where more context or clarity may be needed to inform the RG discussion



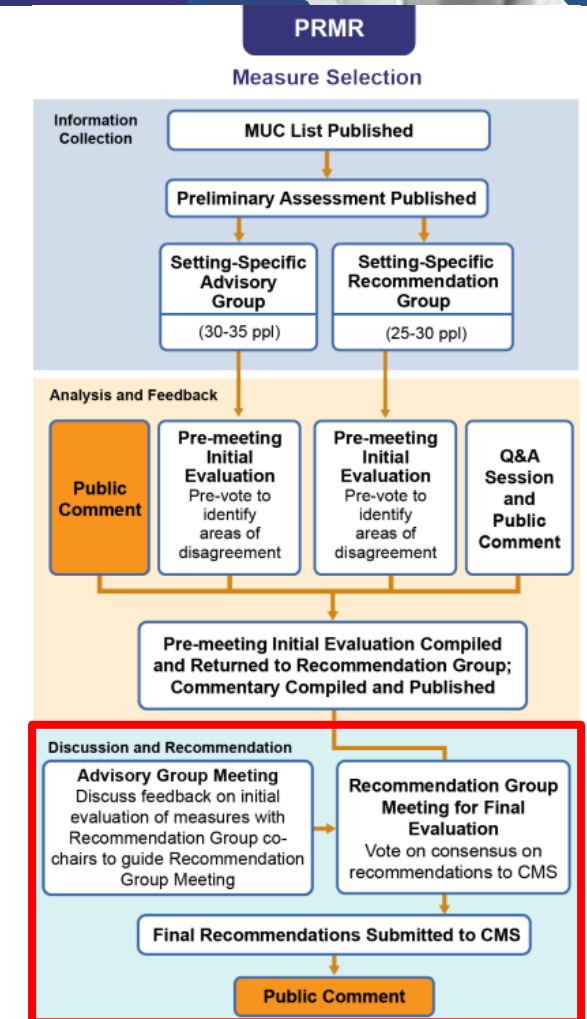
# PRMR Process: Discussion and Recommendation (pt. 1)



## AG Discussion Session\*

- Prior to the RG meetings, AG members convene to discuss their feedback from the PIE Forms and help generate discussion questions for the RG meeting.
- The AG feedback is critical guidance for the RG discussion.
- RG co-chairs facilitate the session, and relevant Battelle staff attend.
- The co-chairs ensure that the AG perspective is represented throughout the RG meetings.

\*Battelle reserves AG meeting discussions for AG members and RG co-chairs. Others can opt to attend AG meetings as members of the public in listen-only mode.



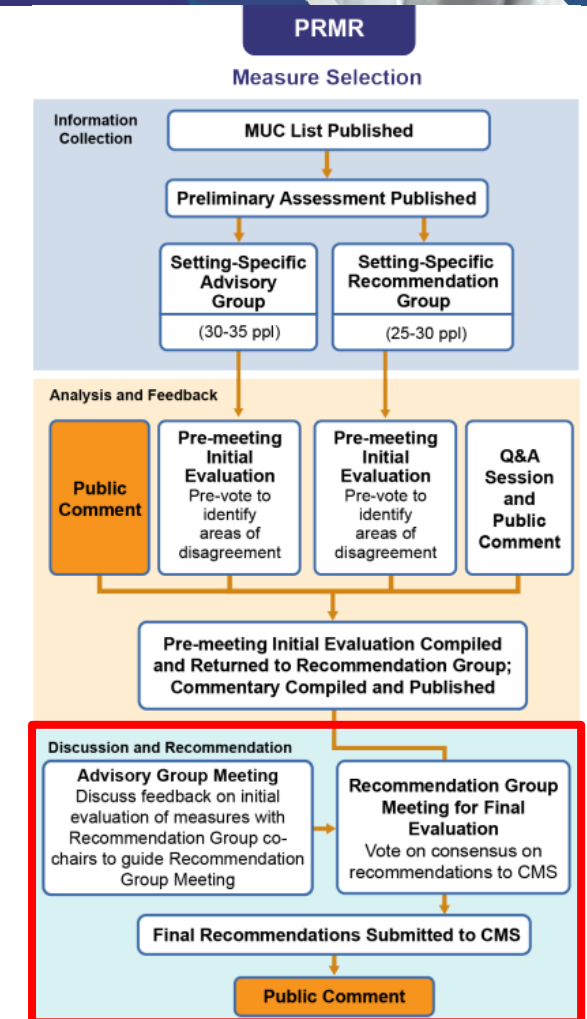


# PRMR Process: Discussion and Recommendation (pt. 2)



## Recommendation Group Meeting for Final Evaluation\*

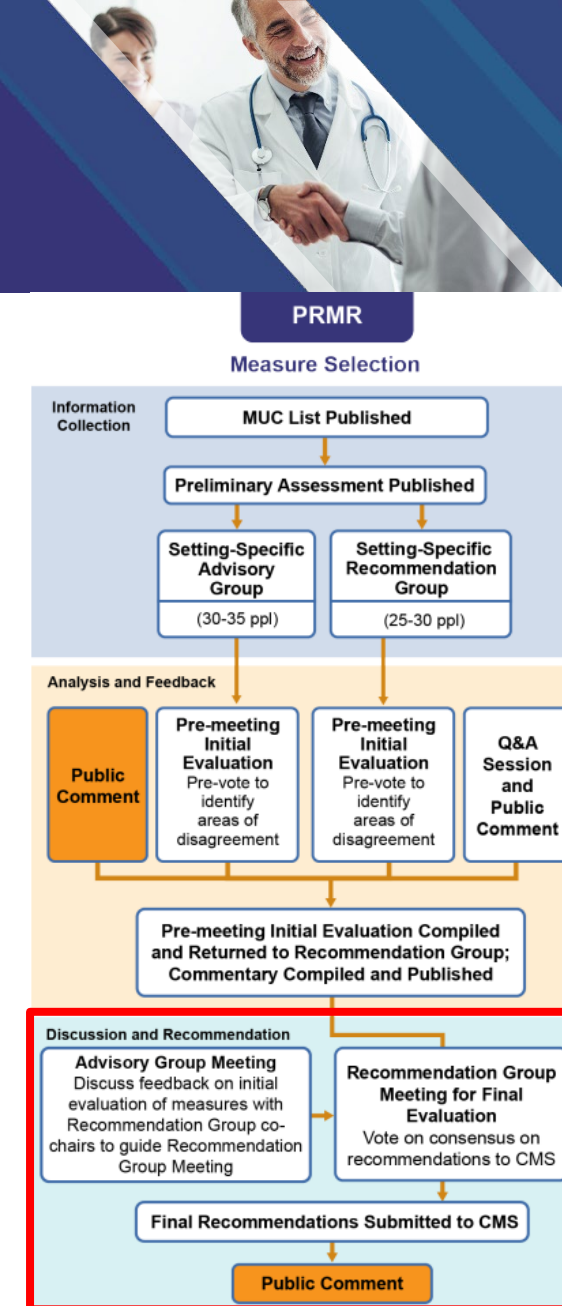
- The RG meets to discuss issues/concerns raised during the AG discussion, public comment period, and via PIE Forms.
- Meeting procedures for each measure:
  - Step 1: Battelle staff provides review of PA for each MUC using PRMR criteria
  - Step 2: CMS staff provides brief overview and/or contextual background on the MUC
  - Step 3: Battelle summarizes public comments and PIE results, and co-chairs provide an overview of AG feedback
  - Step 4: Committee discusses
  - Step 5: Committee votes



\*Battelle reserves RG meeting discussions for RG members. Others can opt to attend RG meetings as members of the public in listen-only mode.

# PRMR Process: Discussion and Recommendation (pt. 3)

- Recommendation Group final recommendations are published February 1 on the [PQM website](#) where they are open for public comment for 15 days.
- The intent of this opportunity is to provide CMS with additional feedback on MUCs and final recommendations. The public comment does not impact the final RG recommendations.



# Opportunity for Public Comment on Hospital Measures

1:20 – 2:00 PM



# Hospital Measures

1:20 – 2:00 PM

- **MUC2024-073** Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (Information Transfer PRO-PM)
- **MUC2024-060** In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey - Quality of Dialysis Center Care and Operations (QDCCO) measure
- **MUC2024-074** Median Time to Pain Medication for Patients with a Diagnosis of Sickle Cell Disease (SCD) with Vaso-Occlusive Episode (VOE)
- **MUC2024-067** Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life
- **MUC2024-068** Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life
- **MUC2024-078** Proportion of Patients Who Died from Cancer Admitted to Hospice for Less than 3 Days

# MUC2024-073 Patient Understanding of Key Information Related to Recovery After a Facility-Based Outpatient Procedure or Surgery, Patient Reported Outcome-Based Performance Measure (Information Transfer PRO-PM)



Item	Description
<b>Proposed For</b>	Ambulatory Surgical Center Quality Reporting Program
<b>Measure Description</b>	The Information Transfer PRO-PM collects information from patients aged 18 years or older who had a procedure or surgery at an Ambulatory Surgical Center (ASC). Using a nine-item survey, the measure collects the average score patients rated the ASC's ability to clearly communicate personalized discharge instructions. Patients are asked to answer a brief web-based survey, comprised of three domains: applicability; medications; and daily activities. Patients would receive the survey within 2-7 days post-procedure.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type
PRO-PM or Patient Experience of Care

Endorsement Status
Endorsed

Current Program Use
Hospital Outpatient Quality Reporting Program

Level of Analysis
Facility



# MUC2024-060 In-Center Hemodialysis Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) Survey - Quality of Dialysis Center Care and Operations (QDCCO) Measure



Item	Description
<b>Proposed For</b>	End-Stage Renal Disease Quality Incentive Program
<b>Measure Description</b>	The ICH CAHPS Survey is designed to measure the experiences of people receiving in-center hemodialysis care from Medicare-certified dialysis centers.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program, but is undergoing substantive change

Measure Type
PRO-PM or Patient Experience of Care

Endorsement Status
Endorsed

Current Program Use
End-Stage Renal Disease Quality Incentive Program

Level of Analysis
Facility



# MUC2024-074 Median Time to Pain Medication for Patients with a Diagnosis of Sickle Cell Disease (SCD) with Vaso-Occlusive Episode (VOE)



Item	Description
<b>Proposed For</b>	Hospital Outpatient Quality Reporting Program; Rural Emergency Hospital Quality Reporting Program
<b>Measure Description</b>	Median time (in minutes) from ED arrival to initial administration of pain medication for all patients, regardless of age, with a principal encounter diagnosis of SCD with VOE.
<b>Developer/Steward</b>	American Society of Hematology
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type
Process

Endorsement Status
Not Endorsed

Current Program Use
New Measure

Level of Analysis
Facility

# MUC2024-067 Proportion of Patients Who Died from Cancer Admitted to the ICU in the Last 30 Days of Life



Item	Description
<b>Proposed For</b>	Hospital Inpatient Quality Reporting Program
<b>Measure Description</b>	Proportion of patients who died from cancer admitted to the ICU in the last 30 days of life.
<b>Developer/Steward</b>	American Society of Clinical Oncology (ASCO)
<b>Measure Background</b>	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type
Intermediate Outcome

Endorsement Status
Endorsed

Current Program Use
Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program

Level of Analysis
Facility

# MUC2024-068 Proportion of Patients Who Died from Cancer Receiving Chemotherapy in the Last 14 Days of Life



Item	Description
<b>Proposed For</b>	Hospital Outpatient Quality Reporting Program
<b>Measure Description</b>	Proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life.
<b>Developer/Steward</b>	American Society of Clinical Oncology (ASCO)
<b>Measure Background</b>	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type
Process

Endorsement Status
Endorsed

Current Program Use
Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program

Level of Analysis
Facility

# MUC2024-078 Proportion of Patients Who Died from Cancer Admitted to Hospice for Less than 3 Days



Item	Description
<b>Proposed For</b>	Hospital Inpatient Quality Reporting Program; Hospital Outpatient Quality Reporting Program
<b>Measure Description</b>	Proportion of patients who died from cancer admitted to hospice for less than 3 days.
<b>Developer/Steward</b>	American Society of Clinical Oncology (ASCO)
<b>Measure Background</b>	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type
Intermediate Outcome

Endorsement Status
Endorsed

Current Program Use
Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program

Level of Analysis
Facility

# Opportunity for Public Comment on Hospital Measures

2:00 – 2:50 PM



# Hospital Measures

2:00 – 2:50 PM

- **MUC2024-069** Addressing Social Needs Assessment & Intervention
- **MUC2024-085** Hospital Harm – Anticoagulant-Related Major Bleeding
- **MUC2024-027** Patient Safety Structural Measure
- **MUC2024-075** Emergency Care Capacity and Quality (ECCQ)
- **MUC2024-095** Emergency Care Capacity and Quality (ECCQ)
- **MUC2024-034** Influenza Vaccination Coverage Among Healthcare Personnel
- **MUC2024-042** Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
- **MUC2024-043** Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke Hospitalization with Claims-Based Risk Adjustment for Stroke Severity



# MUC2024-069 Addressing Social Needs Assessment & Intervention



Item	Description
<b>Proposed For</b>	Hospital Inpatient Quality Reporting Program; Medicare Promoting Interoperability Program; Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program
<b>Measure Description</b>	Percentages of inpatient encounters for patients of all ages reflecting whether patients were assessed in four domains of social need: food, housing, transportation, and utilities; and whether the patient received a qualifying follow-up action within the visit for any positive social needs. Qualifying follow-up actions were identified from Gravity Project: adjustment, assistance/assisting, coordination, counseling, education, evaluation of eligibility, provision, and referral.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type
Process

Endorsement Status
Not Endorsed

Current Program Use
New Measure

Level of Analysis
Facility

# MUC2024-085 Hospital Harm – Anticoagulant-Related Major Bleeding



Item	Description
<b>Proposed For</b>	Hospital Inpatient Quality Reporting Program; Hospital-Acquired Condition Reduction Program; Medicare Promoting Interoperability Program
<b>Measure Description</b>	The proportion of inpatient hospitalizations for patients aged 18 and older who were administered at least one anticoagulant medication within the first 24 hours of admission and had a subsequent bleeding event. Bleeding events must occur during the encounter.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Not Endorsed	New Measure	Facility

# MUC2024-027 Patient Safety Structural Measure



Item	Description
<b>Proposed For</b>	Hospital Inpatient Quality Reporting Program; Hospital Value-Based Purchasing Program; Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program
<b>Measure Description</b>	The Patient Safety Structural Measure is an attestation-based measure that assesses whether hospitals demonstrate having a structure and culture that prioritizes patient safety. The Patient Safety Structural Measure comprises five domains, each containing multiple statements that aim to capture the most salient structural and cultural elements of patient safety. This measure is designed to identify hospitals that practice a systems-based approach to safety.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program but is undergoing substantive change

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Structure	Not Endorsed	HIQR; PCHQR	Facility

# MUC2024-075 Emergency Care Capacity and Quality (ECCQ)



Item	Description
<b>Proposed For</b>	Hospital Outpatient Quality Reporting Program
<b>Measure Description</b>	This measure captures the proportion of Emergency Department (ED) visits where patients (all ages, all payers) experienced any one of four quality gaps in access.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Intermediate Outcome	Not Endorsed	New Measure	Facility

# MUC2024-095 Emergency Care Capacity and Quality (ECCQ)



Item	Description
Proposed For	Rural Emergency Hospital Quality Reporting Program
Measure Description	This measure captures the proportion of Emergency Department (ED) visits where patients (all ages, all payers) experienced any one of four quality gaps in access: 1. The patient waited longer than 1 hour to be placed in a treatment room or dedicated treatment area that allows for audiovisual privacy during history-taking and physical examination, or 2. The patient left the ED without being evaluated by a physician/advanced practice nurse/physician’s assistant, or 3. The patient, if transferred (time from Decision to Transfer to ED departure), boarded for longer than 4 hours, or 4. The patient had an ED length of stay (LOS) (time from ED arrival to ED physical departure as defined by the ED depart timestamp) of longer than 8 hours.
Developer/Steward	Centers for Medicare & Medicaid Services (CMS)
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Intermediate Outcome	Not Endorsed	New Measure	Facility

# MUC2024-034 Influenza Vaccination Coverage Among Healthcare Personnel



Item	Description
<b>Proposed For</b>	Rural Emergency Hospital Quality Reporting Program
<b>Measure Description</b>	Percentage of healthcare personnel (HCP) who receive the influenza vaccination.
<b>Developer/Steward</b>	Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN)
<b>Measure Background</b>	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type
Process

Endorsement Status
Endorsed

Current Program Use
HIQR; IRF QRP; LTCH QRP; PCHQR; SNF QRP

Level of Analysis
Facility

# MUC2024-042 Hospital-Level, Risk-Standardized Complication Rate (RSCR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)



Item	Description
<b>Proposed For</b>	Hospital Inpatient Quality Reporting Program; Hospital Value-Based Purchasing Program; Hospital-Acquired Condition Reduction Program
<b>Measure Description</b>	The measure estimates a hospital-level risk-standardized complication rate (RSCR) associated with elective primary THA and/or TKA procedure. The outcome (complication) is defined as any one of the specified complications occurring from the date of index admission to up to 90 days post-date of the index admission (the admission included in the measure cohort). Complications are counted in the measure only if they occur during the index hospital admission or during a readmission. The complication outcome is a dichotomous (yes/no) outcome.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program but is undergoing substantive changes.

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Endorsed	HVBP; HIQR	Facility



# MUC2024-043 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Ischemic Stroke Hospitalization with Claims-Based Risk Adjustment for Stroke Severity



Item	Description
<b>Proposed For</b>	Hospital Inpatient Quality Reporting Program; Hospital Value-Based Purchasing Program
<b>Measure Description</b>	The measure estimates the hospital-level, risk-standardized mortality rate (RSMR) for patients discharged from the hospital with a principal discharge diagnosis of acute ischemic stroke. The outcome is all-cause 30-day mortality, defined as death from any cause within 30 days of the index admission date, including in-hospital death, for stroke patients. The measure includes the National Institutes of Health (NIH) Stroke Scale as an assessment of stroke severity upon admission in the risk-adjustment model.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program but is undergoing substantive change

<b>Measure Type</b>	<b>Endorsement Status</b>	<b>Current Program Use</b>	<b>Level of Analysis</b>
Outcome	Not Endorsed	Hospital Inpatient Quality Reporting Program	Facility

# Opportunity for Public Comment on Hospital Measures

2:50 – 3:50 PM



# Hospital Measures

2:50 – 3:50 PM

- **MUC2024-041** Hospital-Level, 30-Day, Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)
- **MUC2024-046** Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery
- **MUC2024-030** Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization
- **MUC2024-032** Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization
- **MUC2024-040** Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization
- **MUC2024-045** Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization

# MUC2024-041 Hospital-Level, 30-Day, Risk-Standardized Readmission Rate (RSRR) Following Elective Primary Total Hip Arthroplasty (THA) and/or Total Knee Arthroplasty (TKA)



Item	Description
<b>Proposed For</b>	Hospital Readmissions Reduction Program
<b>Measure Description</b>	The measure estimates a hospital-level risk-standardized readmission rate (RSRR) following elective primary THA and/or TKA in Medicare Fee-For-Service (FFS) and/or Medicare Advantage (MA) beneficiaries who are 65 years and older. The outcome (readmission) is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission (the admission included in the measure cohort). A specified set of planned readmissions do not count in the readmission outcome.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program but is undergoing substantive change

Measure Type
Outcome

Endorsement Status
Endorsed

Current Program Use
Hospital Readmissions Reduction Program

Level of Analysis
Facility

# MUC2024-046 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Coronary Artery Bypass Graft (CABG) Surgery



Item	Description
<b>Proposed For</b>	Hospital Readmissions Reduction Program
<b>Measure Description</b>	This measure estimates a hospital-level, 30-day risk-standardized readmission rate (RSRR) for patients discharged from the hospital after a qualifying isolated coronary artery bypass graft (CABG) surgery. Readmission is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. Readmissions are classified as planned and unplanned by applying the planned readmission algorithm.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Endorsed	Hospital Readmissions Reduction Program	Facility



# MUC2024-030 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Acute Myocardial Infarction (AMI) Hospitalization



Item	Description
<b>Proposed For</b>	Hospital Readmissions Reduction Program
<b>Measure Description</b>	The measure estimates a hospital-level 30-day, all-cause, risk-standardized readmission rate (RSRR) for patients aged 65 and older discharged from the hospital with a principal diagnosis of acute myocardial infarction (AMI). Readmission is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. Readmissions are classified as planned and unplanned by applying the planned readmission algorithm.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Endorsed	Hospital Readmissions Reduction Program	Facility

# MUC2024-032 Hospital 30-day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Heart Failure (HF) Hospitalization



Item	Description
<b>Proposed For</b>	Hospital Readmissions Reduction Program
<b>Measure Description</b>	This measure estimates a hospital-level, 30-day risk-standardized readmission rate (RSRR) for patients discharged from the hospital with a principal discharge diagnosis of heart failure (HF). Readmission is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. Readmissions are classified as planned and unplanned by applying the planned readmission algorithm.
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Endorsed	Hospital Readmissions Reduction Program	Facility



# MUC2024-040 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization



Item	Description
<b>Proposed For</b>	Hospital Readmissions Reduction Program
<b>Measure Description</b>	The measure estimates a hospital-level 30-day, all-cause, risk-standardized readmission rate (RSRR) for patients aged 65 and over discharged from the hospital with either a principal discharge diagnosis of COPD or a principal discharge diagnosis of respiratory failure with a secondary diagnosis of acute exacerbation of COPD. The outcome (readmission) is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission (the admission included in the measure cohort).
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program, but the measure is undergoing substantive change

<b>Measure Type</b>	<b>Endorsement Status</b>	<b>Current Program Use</b>	<b>Level of Analysis</b>
Outcome	Endorsed	Hospital Readmissions Reduction Program	Facility

# MUC2024-045 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Pneumonia Hospitalization



Item	Description
<b>Proposed For</b>	Hospital Readmissions Reduction Program
<b>Measure Description</b>	The measure estimates a hospital-level 30-day, all-cause, risk-standardized readmission rate (RSRR) for patients aged 65 and older discharged from the hospital with either a principal discharge diagnosis of pneumonia (including aspiration pneumonia) or a principal discharge diagnosis of sepsis (not severe sepsis) with a secondary diagnosis of pneumonia (including aspiration pneumonia) coded as present on admission (POA).
<b>Developer/Steward</b>	Centers for Medicare & Medicaid Services (CMS)
<b>Measure Background</b>	Measure currently used in a Medicare program, but the measure is undergoing substantive change

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Endorsed	Hospital Readmissions Reduction Program	Facility

# Next Steps

Kate Buchanan | Battelle



# Public Comment Period



Please provide any additional written feedback via the [PQM website](#). The public comment period is open until December 30.

**All comments—shared through our website or during this listening session—will be shared with:**

- CMS
- Advisory Groups
- Recommendation Groups

**Public comments help guide Recommendation Group discussions next month!**

# PRMR Timeline



Month	Dec	Dec	Dec	Dec	Jan	Jan	Jan	Jan	Jan	Feb	Feb
Week	1	2	3	4	1	2	3	4	5	1	2
CMS releases MUC List; the public comments on MUC List	X	X	X								
PRMR committees provide written feedback (PIE)	X	X	X								
CMS and Battelle host listening sessions to facilitate Q&A and public comment		X									
Battelle synthesizes feedback from public comment and PIE			X	X	X						
Advisory Group meetings					X						
Recommendation Group meetings						X	X				
Battelle compiles and summarizes PRMR recommendations								X	X		
Battelle publishes PRMR recommendations spreadsheet										X	
Public comment on final recommendations spreadsheet										X	X

# 2024 Hospital Events



Event	Dates
<b>Hospital Listening Session</b>	12/18/2024 (1-4 PM ET) *this meeting
<b>Public Comment on MUC List</b>	11/25/2024-12/30/2024
<b>Committee Members Complete PIE Forms</b>	12/2/2024-12/23/2024



# 2024 Hospital Events (cont.)



Event	Dates
<b>Hospital Advisory Group Meeting*</b>	1/8/2025 (1-3 PM ET)
<b>In-Person Hospital Recommendation Group Meeting</b> (Baltimore, MD) <sup>†</sup>	1/15/2025-1/16/2025 (10 AM-4:45 PM ET) (10 AM-1:15 PM ET)
<b>Public Comment on RG Final Recommendations</b>	2/3/2025-2/17/2025

\*Battelle reserves AG meeting discussions for AG members and RG co-chairs. Others can opt to attend AG meetings as members of the public in listen-only mode.

†Battelle reserves RG meeting discussions for RG members. Others can opt to attend RG meetings virtually as members of the public in listen-only mode.

# Learn about PQM!

## The PRMR and MSR Guidebook

introduces processes and incorporates changes as suggested by interested parties through a public comment period.

Become a PQM member – it's free!



# Learn about Quality Measurement!



## The Measures Management System

(MMS) Hub is a great plain-language general resource on quality measures.

- [Quality Measure FAQ](#)
- [QM101](#)
- [From Research to Reality: Translating Reliability and Validity into Actionable Insights](#)

## The CMS Measures Inventory Tool (CMIT)

is the repository of record for measures used in CMS quality programs.

- Use the [Measure Summary](#) to learn about to currently used measures by program.

CMS.gov | Measures Management System (MMS)

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### Welcome to the Measures Management System Hub

The CMS MMS Hub is your trusted source for quality measures and quality measure development and maintenance information. It houses technical content previously found in the CMS MMS Blueprint. View this [brief animated video](#) to learn more about all the MMS Hub has to offer!

[Get started with quality measures](#)

#### FEATURED NEWS & EVENTS

- Call for Nominations for Physician Cost Measures and Patient Relationship Codes TEP - Closes 11/18
- TEP Opportunity: Behavioral Health Measures Development & Inpatient and Outpatient Measures Maintenance Closes 1/15
- CMS Premieres Three Videos About Suite of MMS Tools

[View All News & Events](#)

#### Pre-rulemaking 2024 MUC Submissions

Learn about Pre-Rulemaking, MERIT, and quality and efficiency measure

#### Blueprint Measure Lifecycle Overview

Get started with the Measure Lifecycle

#### Get Involved in the Measure Lifecycle

Join a TEP, submit public comments, learn about calls for measures, and

# Questions or Comments?

Contact us at [p4qm.org/contact](https://p4qm.org/contact)  
or by emailing [pqmsupport@battelle.org](mailto:pqmsupport@battelle.org)





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