

2025 Measure Set Review (MSR): 00474-01-C-MIPS and 00474-02-E-MIPS Preliminary Assessment

I. Measure Overview¹

CMIT ID	Title
Link to CMIT measure record: 00474-01-C-MIPS & 00474-02-E-MIPS (eCQM version)	Oncology: Medical and Radiation - Pain Intensity Quantified
Measure Steward	CMS Program
American Society of Clinical Oncology (ASCO)	Merit-based Incentive Payment System Link: Quality Payment Program Overview

CBE Endorsement Status	CBE Endorsement History
Endorsed	<ul style="list-style-type: none"> Endorsed with Conditions, Advanced Illness and Post-Acute Care, Fall 2023 <p>Link to endorsement measure records: Oncology: Medical and Radiation – Pain Intensity Quantified</p>

Measure Overview
<p>Rationale for Use: Pain is a commonly occurring symptom for cancer patients, as 30% to 50% (510,000 to 850,000 each year based on current statistics) will experience moderate to severe pain. Initial and ongoing pain assessments are essential to determine the pathophysiology of pain and ensure proper pain management². According to the National Comprehensive Cancer Network (NCCN), undertreatment of pain remains a problem among a significant subset of cancer patients, survival is linked with symptom control and pain management, and pain management contributes to broad quality of life improvement. Furthermore, NCCN notes that formal pain reevaluation is required at each contact to ensure fulfillment of patient goals around comfort, function, and safety.</p> <p>Cancer patients have reported that pain interferes with their mood, work, relationships with other people, sleep, and overall enjoyment of life. To maximize patient outcomes, pain management is an essential part of oncologic management. A recent analysis of registry data for cancer patients with chronic pain found average pain intensity reported as mild (24.6% of patients), moderate (41.5%), and severe (33.9%)³. The study also indicated that patient-reported pain relief is inversely related to the average pain intensity reported. These data suggest that assessing and managing a cancer patient's</p>

¹ The information in this PA is sourced from the [CMS Measures Inventory Tool \(CMIT\)](#) and the [PQM Submission Tool and Repository \(STAR\) Measure Database](#). This document reflects the content available as of September 2025.

² Wiffen, P. J., Wee, B., Derry, S., Bell, R. F., & Moore, R. A. (2017). Opioids for cancer pain-an overview of Cochrane reviews. *Cochrane Database of Systematic Reviews*, (7).

³ Moryl, N., Dave, V., Glare, P., Bokhari, A., Malhotra, V. T., Gulati, A., & Inturrisi, C. E. (2018). Patient-reported outcomes and opioid use by outpatient cancer patients. *The Journal of Pain*, 19(3), 278-290.

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Measure Overview	
<p>pain is critical and there remains significant room for improvement in assessing and mitigating cancer-related pain. A prospective study of changes in pain severity of cancer patients found that, at initial assessment, 47% of patients reported pain. At follow-up, the patients with pain at initial assessment reported reduced pain (32.2%), stable pain (48.2%) and worse pain (19.6%). Of the 53% of patients reporting no pain at initial assessment, 82.6% reported stable pain and 17.4% reported worse pain at follow-up assessment⁴. This study highlights the importance of initial and ongoing assessments of pain to identify gaps and ensure proper pain management.</p>	
<p>CMS-Provided Rationale for Use in Program: Oncology: Medical and Radiation - Pain Intensity Quantified is specified for both the Merit-based Incentive Payment System (MIPS) CQM and eCQM collection type. The measure is part of the Medical Oncology Core Quality Measures Collaborative (CQMC) and aligned with the Center for Medicare and Medicaid Innovation (CMMI) Enhancing Oncology Model, which is consistent with the CMS priority to align measures across programs. While both collection types are topped out, they are included in the Advancing Cancer Care MIPS Value Pathway (MVP) as one of four specialty-specific measures and in the Radiation Oncology specialty set. Additionally, they have the new topped-out benchmark applied to allow for more meaningful scoring of measure performance. CMS is encouraging the measure steward to consolidate the two Oncology: Medical and Radiation pain-related measures to offer a single, more robust measure.</p>	
<p>Description: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.</p>	
<p>Numerator: Patient visits in which pain intensity is quantified.</p>	
<p>eCQM version Patient visits in which pain intensity is quantified.</p>	
<p>Exclusions: None</p>	
<p>Denominator: Submission Criteria 1: All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy. Submission Criteria 2: All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving radiation therapy.</p>	
<p>eCQM version All patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy.</p>	
<p>Exclusions: None</p>	
<p>CMS Program History: In MIPS since 2017. It has also been active in the Enhancing Oncology Model since 2024.</p>	<p>Cascade of Meaningful Measures Priority: Person-Centered Care</p>
<p>Measure Type: Process</p>	<p>Is the Measure Digital or an Electronic Clinical Quality Measure (eCQM)? Yes; 00474-02-E-MIPS is the eCQM version of 00474-01-C-MIPS</p>
<p>Level(s) of Analysis/Measured Entity: Clinician: Group/Practice</p>	<p>Care Setting(s): Ambulatory: Office-Based Care; Hospital: Outpatient Department (HOD), and Other</p>

⁴ Zhao, F., Chang, V. T., Cleeland, C., Cleary, J. F., Mitchell, E. P., Wagner, L. I., & Fisch, M. J. (2014). Determinants of pain severity changes in ambulatory patients with cancer: an analysis from Eastern Cooperative Oncology Group trial E2Z02. *Journal of clinical oncology*, 32(4), 312-319.

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Measure Overview	
Does the Measure Fill a Statutorily Required Category for the Program? No	Is the Measure Included in Upcoming Rulemaking? Yes – in PY2026, CMS is proposing a change to update the CQM denominator criteria to include patients on oral chemotherapy, which would align with the eCQM version.

II. Measure Performance in Program

For this measure, the MSR evaluation and analysis team reviewed the past 3 years of publicly available data:

- The 2024 Quality Benchmarks CSV file from <https://qpp.cms.gov/benchmarks> (for data referred to as PY2022 in this assessment)
- The 2023 Quality Benchmarks CSV file from <https://qpp.cms.gov/benchmarks> (for data referred to as PY2021 in this assessment)
- The file 2022 MIPS Historical Quality Benchmarks.xlsx in [2022 Quality Benchmarks.zip](#) (for data referred to as PY2020 in this assessment)

Measure score statistics were obtained for Measure ID 143 from the benchmark files.

About Tables 1a and 1b: Tables 1a and 1b illustrate the distribution of scores for performance years 2020-2022. The number of providers and the denominators (number of visits) are not available in the benchmark files, limiting possible interpretations of these results. The analyses presented in table 1 were shaped by the availability of data and in alignment with program guidance. All values shown are drawn directly from the published historical benchmark files.

For this measure, Decile 1 represents a grouping of organizations who have the lowest measure scores and Decile 10 shows those with the highest measure scores. The arrow below denotes improving performance on the measure, to aid your interpretation of the table.

Table 1a. Importance, 00474-01-C-MIPS (Decile by Measure Score, PY2020-PY2022)


Lowest Performers  Highest Performers											
Year	Mean	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
2020	89.6	--	--	90.8-96.6	96.6-98.7	98.7-99.7	99.8-100	100	100	100	100
2021	93.1	20.3-74.9	74.9-94.9	94.9-97.5	97.6-98.7	98.7-99.3	99.3-99.9	99.9-100	100	100	100
2022	94.3	1.6-81.7	81.7-97.1	97.1-99.5	99.5-100	100	100	100	100	100	100

Table 1a Interpretation: The average performance score has increased from 89.6 in PY2020 to 94.3 in PY2022.

Table 1b. Importance, 00474-02-E-MIPS (Decile by Measure Score, PY2020-PY2022)

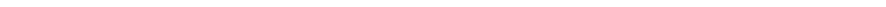
Lowest Performers 										Highest Performers	
Year	Mean	Decile 1	Decile 2	Decile 3	Decile 4	Decile 5	Decile 6	Decile 7	Decile 8	Decile 9	Decile 10
2020	84.4	--	--	76.9-87.4	87.4-93.0	93.0-96.0	96.0-97.5	97.5-98.4	98.4-99.1	99.2-99.8	≥99.9
2021	84.9	2.3-43.5	45.3-80.0	80.0-90.6	90.7-94.7	94.7-96.9	96.9-98.0	98.0-98.9	98.9-99.6	99.6-100	100
2022	83.7	2.1-24.0	24.1-77.9	78.0-90.6	90.7-94.6	94.6-96.7	96.7-98.1	98.1-98.7	98.7-99.4	99.4-100	100

Table 1b Interpretation: The average performance score increased from 84.4 in PY2020 to 84.9 in PY2021 and decreased to 83.7 in PY2022.

III. Evaluation Criteria

Meaningfulness

Importance
<p>Guiding Questions: Does the evidence show that the focus of the measure is linked to meaningful outcomes for patients and health care entities? Do the data demonstrate that using this measure within the quality program results in benefits that outweigh any associated burdens or costs?</p> <p>A meta-analysis cited in the rationale showed that a majority of patients with advanced disease or undergoing cancer treatment reported pain, and early palliative care for patients with cancer, including pain control, is linked with improved quality of life and survivability². The National Comprehensive Cancer Network (NCCN) recommends screening all patients for pain at each contact.</p> <p>During the Fall 2023 Endorsement & Maintenance (E&M) review, a patient representative on the Advanced Illness and Post-Acute Care Committee emphasized the importance of these measures. Additionally, a 2022 study exploring patient and caregiver perspectives on cancer-related quality measures identified pain management plans and improvement in pain among the top five priorities for health system implementation. The study highlighted strong support for routine pain screening, management, and follow-up as essential components of quality cancer care.⁵</p> <p>Performance during the 3 years assessed demonstrates overall high performance on this measure, with an average score of 94.3 (CQM) 83.7 (eCQM) in PY2022. These data show that, while most entities reporting on this measure have acceptable performance, there is still room for improvement on the measure target.</p> <p>In general, MIPS allows clinicians to voluntarily select and report measures, which introduces the potential for self-selection bias. High-performing providers are more likely to report on measures for which they will perform well, meaning reported data may reflect a motivated subset rather than the broader provider population.</p> <p>Committee Member Considerations: Based on professional and personal experiences, committee members should consider the balance of implementation costs or burdens with the benefit of measure use within MIPS. Committee members will have a chance to share these thoughts with the broader committee via Pre-Meeting Initial Evaluation (PIE) Forms and group discussion.</p>
<p>Staff Rating: Met</p>

Conformance
<p>Guiding Question: Do measure components and specifications align with the measure intent and target population?</p> <p>The intent of this measure is to enhance quality of life for patients with cancer who are receiving treatment by ensuring that, at each visit, the intensity of their pain is quantified using a standard instrument. While the measure generally aligns with its stated intent, some components may not fully reflect the needs of the target population. The denominator includes all patient visits for patients receiving either chemotherapy or radiation treatment, regardless of their age. Per guidance provided to participating clinicians, pain intensity should be quantified using a standard instrument, such as a 0-10</p>

⁵ O'Hanlon, C. E., Giannitrapani, K. F., Lindvall, C., Gamboa, R. C., Canning, M., Asch, S. M., Garrido, M. M., ImPACS Patient and Caregiver Panel, Walling, A. M., & Lorenz, K. A. (2022). Patient and Caregiver Prioritization of Palliative and End-of-Life Cancer Care Quality Measures. *Journal of general internal medicine*, 37(6), 1429–1435. <https://doi.org/10.1007/s11606-021-07041-8>

Conformance

numerical rating scale, visual analog scale, a categorical scale, or the pictorial scale. Examples include the Faces Pain Rating Scale and the Brief Pain Inventory (BPI). The intent of this measure aligns with several MIPS objectives: to improve care for Medicare beneficiaries; to educate, engage, and empower patients as active members of their care team; and to maximize QPP participation with a flexible and transparent design.

Committee Member Considerations: Committee members should review the list of active measures within this CMS program in the appendix and consider this measure's alignment with the group. The [appendix](#) lists all active measures reported in relevant MIPS specialty sets.

Staff Rating: Met

Feasibility

Guiding Question: Are the tools, processes, and people necessary to implement and report on the measure reasonably available for measured entities in the CMS program?

For the eCQM version of the measure, all required data elements are routinely captured in electronic health records. The CQM version appears to rely on data elements that may not exist in defined fields in EHRs and may require manual chart abstraction. While feasible, this process increases staff workload and may impact reporting timeliness.

Committee Member Considerations: Committee members with experience implementing this or similar measures in acute care hospital settings should reflect on potential challenges to feasibility of data collection and reporting.

Staff Rating: Met

Validity

Guiding Question: Do the data and/or logic support the idea that the measured entity can improve their performance on the measure?

Based on the information provided in Tables 1a and 1b, most entities are already performing at a high level. There may still be room for improvement among entities reporting lower outlier scores.

Committee Member Considerations: Committee members with experience implementing this or similar measures in outpatient settings should reflect on potential methods to improve pain management in patients with cancer, particularly if needs for pain treatment remain unmet even when most providers are performing at or near the maximum for this measure.

Staff Rating: Met

Reliability

Data are insufficient to estimate the reliability of this measure. Reliability cannot be calculated without denominators, and QPP data do not include denominators.

Reliability

Guiding Question: Does the evidence show that changes in measure performance are due to

Reliability

improvements in quality of care? In other words, do the data demonstrate that variation in measure performance is linked to changes made to processes or behaviors to improve care?

Staff Rating: Insufficient Information Available

Usability

Guiding Questions: Are there any known barriers or facilitators that determine whether the person or entity could improve on the measure focus? Are these barriers addressable?

This measure is reported annually and is a value-based care arrangement measure. Based on the limited information available, the measure appears to be integrated into existing reporting processes and is generally understood by participating entities. No significant barriers to use or improvement have been identified, though unreported challenges may exist.

Annual reporting may delay feedback and limit timely recognition of improvement efforts. While this could reduce the measure's usefulness for rapid change, the information currently available is insufficient to fully assess the impact of this barrier.

A review of information provided in CMIT and STAR did not identify additional barriers or facilitators to assess use within MIPS.

Committee Member Considerations: Based on professional/personal experiences, committee members should consider any barriers to using this measure for certain measured entities as well as any potential facilitators that might promote usability within MIPS.

Staff Rating: Met

Data Stream Parsimony

Data Stream Parsimony

Guiding Question: Does the clinical data flow required for the measure promote non-burdensome data collection and reporting?

The consistently high rate of voluntary reporting for the pain measures suggests a low implementation burden. Such widespread and sustained use is unlikely if the measures imposed significant workload demands. This pattern supports the conclusion that the reporting burden associated with these measures is minimal.

Committee Member Considerations: Based on professional/personal experiences, committee members should reflect on any additional barriers to the clinical data flow that collection may add as well as potential mitigation strategies.

Patient Journey

Patient Health Journey

Guiding Question: Does the measure address the appropriate aspects of care to align with the patient health care journey?

The measures emphasize regular assessment of patients' level of pain, which may help reduce undertreatment of pain. Adequate treatment for pain is essential for managing symptoms and quality of life over time for patients with cancer. This approach aligns with the patient's need for continuous,

Patient Health Journey

coordinated care throughout their health journey.

Committee Member Considerations: Based on professional/personal experiences, committee members should consider if the measure identifies an appropriate and critical time to evaluate whether a patient's pain intensity was assessed. Reflect on if this timepoint is meaningful to patients and any potential barriers or burdens associated with this timepoint in the care journey.

Appendix: Active Measures in the Merit-based Incentive Payment System

CMS Specialty Measure Sets
<p>This measure is in the following traditional MIPS specialty sets:</p> <ul style="list-style-type: none"> Oncology Radiation Oncology <p>This measure is in the following MIPS Value Pathways:</p> <ul style="list-style-type: none"> Advancing Cancer Care. View this pathway at Explore MIPS Value Pathways (MVPs) - M0001 - QPP

Measures in the MIPS Oncology Specialty Set	
CMIT ID	Measure Title
00026-01-C-MIPS	Adult Immunization Status
00037-01-C-MIPS	Advance Care Plan
00050-01-C-MIPS	Ambulatory Palliative Care Patients Experience of Feeling Heard and Understood
01794-01-C-MIPS	Appropriate Germline Testing for Ovarian Cancer Patients
01651-01-C-MIPS	Appropriate Intervention of Immune-Related Diarrhea and/or Colitis in Patients Treated with Immune Checkpoint Inhibitors
00073-01-C-MIPS	Appropriate Treatment for Patients with Stage I (T1c) - III HER2 Positive Breast Cancer
00091-02-E-MIPS	Bone Density Evaluation for Patients with Prostate Cancer and Receiving Androgen Deprivation Therapy
00158-01-C-MIPS	CAHPS for MIPS Clinician/Group Survey
00133-01-C-MIPS	Closing the Referral Loop: Receipt of Specialist Report
01803-01-C-MIPS	Connection to Community Service Provider
00219-01-C-MIPS	Documentation of Current Medications in the Medical Record
01212-02-C-MIPS	Gains in Patient Activation Measure (PAM) Scores at 12 Months
00474-01-C-MIPS	<i>Oncology: Medical and Radiation - Pain Intensity Quantified</i>
00473-01-C-MIPS	Oncology: Medical and Radiation - Plan of Care for Pain
00541-01-C-MIPS	Percentage of Patients Who Died from Cancer Admitted to Hospice for Less than 3 days (lower score - better)
00543-01-C-MIPS	Percentage of Patients Who Died from Cancer Receiving Systemic Cancer-Directed Therapy in the Last 14 Days of Life (lower score better)
01792-01-C-MIPS	Positive PD-L1 Biomarker Expression Test Result Prior to First-Line Immune Checkpoint Inhibitor Therapy
00672-02-C-MIPS	Preventive Care and Screening: Screening for Depression and Follow-Up Plan

Measures in the MIPS Oncology Specialty Set	
CMIT ID	Measure Title
00595-01-C-MIPS	Preventive Care and Screening: Screening for High Blood Pressure and Follow-Up Documented
00596-10-C-MIPS	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
00597-02-C-MIPS	Preventive Care and Screening: Unhealthy Alcohol Use: Screening & Brief Counseling
00614-01-C-MIPS	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients
00623-01-C-MIPS	Radical Prostatectomy Pathology Reporting
00628-01-C-MIPS	RAS (KRAS and NRAS) Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy
01664-01-C-MIPS	Screening for Social Drivers of Health
00744-03-E-MIPS	Use of High-Risk Medications in Older Adults

Measures in the MIPS Radiation Oncology Specialty Set	
CMIT ID	Measure Title
00474-01-C-MIPS	<i>Oncology: Medical and Radiation - Pain Intensity Quantified</i>
00473-01-C-MIPS	Oncology: Medical and Radiation - Plan of Care for Pain
00596-10-C-MIPS	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention
00614-01-C-MIPS	Prostate Cancer: Avoidance of Overuse of Bone Scan for Staging Low Risk Prostate Cancer Patients