

**TABLE B: Quality Measures That Are Calculated for 2017 MIPS Performance That Do Not Require Data Submission**

MIPS ID Number	NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Type	Measure Title and Description <sup>x</sup>	Measure Steward
<b>Proposals Finalized</b>						
	1789/458	N/A	Communication and Care Coordination	Outcome	<p><b>All-cause Hospital Readmission Measure:</b> The 30-day All-Cause Hospital Readmission measure is a risk-standardized readmission rate for beneficiaries age 65 or older who were hospitalized at a short-stay acute care hospital and experienced an unplanned readmission for any cause to an acute care hospital within 30 days of discharge.</p> <p><b>Comments:</b> CMS received comments that supported the inclusion of this measure in 2017 measure set. CMS also received comments stating that the measure is only applicable to primary care clinicians.</p> <p><b>Response:</b> CMS recognizes that this measure may be more relevant to some MIPS eligible clinicians than others. This measure will only be scored for MIPS eligible clinicians and groups who have beneficiaries attributed to them and that meet the minimum case size requirements. In addition, while we had proposed to adopt this measure only for groups of 10 or more eligible clinicians, as discussed in section II.E.5.b of this final rule with comment period, we are finalizing this measure only for groups of 16 or more eligible clinicians to ensure a uniform definition of a “small practice” across the Quality Payment Program.</p> <p><b>Final Decision</b> CMS is finalizing this measure for 2017.</p>	Yale University
<b>Proposals Not Finalized</b>						
	N/A	N/A	Communication and Care Coordination	Outcome	<p><b>Acute Conditions Composite:</b></p> <ul style="list-style-type: none"> <li>Bacterial Pneumonia (PQI 11) (NQF 0279)</li> <li>Urinary Tract Infection (PQI 12) (NQF 0281)</li> <li>Dehydration (PQI 10) (NQF 0280)</li> </ul> <p><b>Comments:</b> CMS received numerous comments regarding the appropriateness of this measure as it does not specifically address clinicians that serve a large number of high-risk patients.</p> <p><b>Response:</b> CMS has been working with measure developers to include risk-adjustment as part of this measure. However, until this measure is fully tested with the risk-adjustment portion included, CMS is not finalizing its proposal to implement this measure for 2017.</p> <p><b>Final Decision:</b> This measure is not being finalized for the 2017 performance period.</p>	Agency for Healthcare Research & Quality
	N/A	N/A	Communication and Care Coordination	Outcome	<p><b>Chronic Conditions Composite:</b></p> <ul style="list-style-type: none"> <li>Diabetes (composite of 4 indicators) (PQI 03, 01, 14, 16) (NQF 0274, 0272,0285, 0638)</li> <li>Chronic Obstructive Pulmonary Disease or Asthma (PQI 5) (NQF 0275)</li> <li>Heart Failure (PQI 8) (NQF 0277)</li> </ul>	Agency for Healthcare Research & Quality

MIPS ID Number	NQF/ PQRS	CMS E-Measure ID	National Quality Strategy Domain	Measure Type	Measure Title and Description <sup>y</sup>	Measure Steward
					<p><b>Comments:</b> CMS received numerous comments regarding the appropriateness of this measure as it does not specifically address clinicians that serve a large number of high-risk patients.</p> <p><b>Response:</b> CMS has been working with measure developers to include risk-adjustment as part of this measure. However, until this measure is fully tested with the risk-adjustment portion included, CMS is not finalizing its proposal to implement this measure for 2017.</p> <p><b>Final Decision:</b> This measure is not being finalized for the 2017 performance period.</p>	

**NOTE: “TABLE C: Individual Quality Cross-Cutting Measures for the MIPS to Be Available to Meet the Reporting Criteria Via Claims, Registry, and EHR Beginning in 2017” has been removed per policy change - See (add reference) for Rationale]**

**TABLE D: Finalized New Measures for MIPS Reporting in 2017**

<b>Title</b>	Basal Cell Carcinoma (BCC)/Squamous Cell Carcinoma: Biopsy Reporting Time - Pathologist
<b>NQF #/Quality #</b>	N/A/440
<b>Description:</b>	Percentage of biopsies with a diagnosis of cutaneous Basal Cell Carcinoma (BCC) and Squamous Cell Carcinoma (SCC) (including in situ disease) in which the pathologist communicates results to the clinician within 7 days of biopsy date
<b>Measure Steward:</b>	American Academy of Dermatology
<b>Numerator:</b>	Number of final pathology reports diagnosing cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease) sent from the Pathologist/Dermatopathologist to the biopsying clinician for review within 5 business days from the time when the tissue specimen was received by the pathologist
<b>Denominator:</b>	All pathology reports generated by the Pathologist/Dermatopathologist consistent with cutaneous basal cell carcinoma or squamous cell carcinoma (to include in situ disease)
<b>Exclusions:</b>	Pathologists/Dermatopathologists providing a second opinion on a biopsy
<b>Measure Type:</b>	Process
<b>Measure Domain:</b>	Communication and Care Coordination
<b>Data Submission Method:</b>	Claims, Registry
<b>Rationale:</b>	CMS is finalizing its proposal to implement the NMSC measure to address a clinical performance gap of communication between pathologists and clinicians regarding final biopsy reports. CMS believes this measure is relevant for pathologists which is a specialty that does not have many relevant measures they can report. During the Measures Application Partnership (MAP) review, the MAP supports this measure and encourages further development.
<b>Title</b>	Ischemic Vascular Disease All or None Outcome Measure (Optimal Control)
<b>NQF#/Quality #:</b>	N/A/441
<b>Description:</b>	The IVD All-or-None Measure is one outcome measure (optimal control). The measure contains

	four goals. All four goals within a measure must be reached in order to meet that measure. The numerator for the all-or-none measure should be collected from the organization's total IVD denominator. All-or-None Outcome Measure (Optimal Control) - Using the IVD denominator optimal results include: Most recent blood pressure (BP) measurement is less than 140/90 mm Hg -- And Most recent tobacco status is Tobacco Free -- And Daily Aspirin or Other Antiplatelet Unless Contraindicated -- And Statin Use
<b>Measure Steward:</b>	Wisconsin Collaborative for Healthcare Quality (WCHQ)
<b>Numerator:</b>	Most recent BP is less than 140/90 mm Hg And Most recent tobacco status is Tobacco Free (NOTE: If there is No Documentation of Tobacco Status the patient is not compliant for this measure) And Daily Aspirin or Other Antiplatelet Unless Contraindicated And Statin Use
<b>Denominator:</b>	Patients with CAD or a CAD Risk-Equivalent Condition 18-75 years of age and alive as of the last day of the Measurement Period. A minimum of two CAD or CAD Risk-Equivalent Condition coded office visits OR one Acute Coronary Event (AMI, PCI, CABG) from a hospital visit and must be seen by a PCP / Cardiologist for two office visits in 24 months and one office visit in 12 months
<b>Exclusions:</b>	History of Gastrointestinal Bleed or Intra-cranial Bleed or documentation of active anticoagulant use during the MP for the Aspirin/Other Anticoagulant component (numerator) of the measure. Inpatient Stays, Emergency Room Visits, Urgent Care Visits, and Patient Self-Reported BP's (Home and Health Fair BP results) for the Blood Pressure Control component (numerator) of the composite measure
<b>Measure Type:</b>	Intermediate Outcome
<b>Measure Domain:</b>	Effective Clinical Care
<b>Data Submission Method:</b>	Registry
<b>Rationale:</b>	CMS is finalizing its proposal to implement the All or None (Composite) measure because it provides benefits to both the patient and the practitioner. CMS believes this measure closely reflects the interests and likely desires of the patient which is a high priority of CMS. Secondly, this measure is an outcome measure that represents a systems perspective emphasizing the importance of optimal care through a patient's entire healthcare experience. During the Measures Application Partnership (MAP) review, the MAP conditionally supports this measure for implementation in 2017. However, the MAP would like to see a future measure that includes patient compliance as part of the composite.
<b>Title</b>	Persistent Beta Blocker Treatment After a Heart Attack
<b>NQF#/Quality #:</b>	0071/442
<b>Description:</b>	The percentage of patients 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of acute myocardial infarction (AMI) and who received were prescribed persistent beta-blocker treatment for six months after discharge
<b>Measure Steward:</b>	National Committee for Quality Assurance
<b>Numerator:</b>	Patients who had a 180-day course of treatment with beta-blockers post discharge
<b>Denominator:</b>	Patients 18 years of age and older by the end of the measurement year who were discharged alive from an acute inpatient setting with an AMI from 6 months prior to the beginning of the measurement year through the 6 months after the beginning of the measurement year
<b>Exclusions:</b>	Exclude patients who are identified as having an intolerance or allergy to beta-blocker therapy. Look as far back as possible in the patient's history for evidence of a contraindication to beta-blocker therapy  Exclude from the denominator hospitalizations in which the patient was transferred directly to a non-acute care facility for any diagnosis
<b>Measure Type:</b>	Process
<b>Measure Domain:</b>	Effective Clinical Care
<b>Data Submission Method:</b>	Registry

<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address cardiovascular care. Furthermore, CMS is utilizing its authority to finalize measures that were not reviewed by the Measures Application Partnership (MAP).
<b>Title</b>	Non-Recommended Cervical Cancer Screening in Adolescent Females
<b>NQF#/Quality #:</b>	N/A/443
<b>Description:</b>	The percentage of adolescent females 16–20 years of age screened unnecessarily for cervical cancer
<b>Measure Steward:</b>	National Committee for Quality Assurance
<b>Numerator:</b>	Cervical cytology (Cervical Cytology Value Set) or an HPV test (HPV Tests Value Set) performed during the measurement year
<b>Denominator:</b>	Adolescent females 16-20 years as of December 31 of the measurement year
<b>Exclusions:</b>	A history of cervical cancer (Cervical Cancer Value Set), HIV (HIV Value Set) or immunodeficiency (Disorders of the Immune System Value Set) any time during the member’s history through December 31 of the measurement year
<b>Measure Type:</b>	Process
<b>Measure Domain:</b>	Patient Safety
<b>Data Submission Method:</b>	Registry
<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address care coordination and patient safety within primary care. Furthermore, CMS is utilizing its authority to finalize measures that were not reviewed by the Measures Application Partnership (MAP).
<b>Title</b>	Medication Management for People with Asthma (MMA)
<b>NQF#/Quality #:</b>	1799/444
<b>Description:</b>	The percentage of patients 5–64 years of age during the measurement year who were identified as having persistent asthma and were dispensed appropriate medications that they remained on for at least 75% of their treatment period
<b>Measure Steward:</b>	National Committee for Quality Assurance
<b>Numerator:</b>	Medication Compliance 50%: The number of patients who achieved a PDC* of at least 50% for their asthma controller medications during the measurement year  Medication Compliance 75%: The number of patients who achieved a PDC* of at least 75% for their asthma controller medications during the measurement year  *PDC is the proportion of days covered by at least one asthma controller medication prescription, divided by the number of days in the treatment period
<b>Denominator:</b>	Patients 5–64 years of age during the measurement year who were identified as having persistent asthma
<b>Exclusions:</b>	1) Exclude patients who had any diagnosis of Emphysema (Emphysema Value Set, Other Emphysema Value Set), COPD (COPD Value Set), Chronic Bronchitis (Obstructive Chronic Bronchitis Value Set, Chronic Respiratory Conditions Due To Fumes/Vapors Value Set), Cystic Fibrosis (Cystic Fibrosis Value Set) or Acute Respiratory Failure (Acute Respiratory Failure Value Set) any time during the patient’s history through the end of the measurement year (e.g., December 31)  2) Exclude any patients who have no asthma controller medications (Table ASM-D) dispensed during the measurement year

<b>Measure Type:</b>	Process
<b>Measure Domain:</b>	Efficiency and Cost Reduction
<b>Data Submission Method</b>	Registry
<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address pulmonary care within primary care. Furthermore, CMS is utilizing its authority to finalize measures that were not reviewed by the Measures Application Partnership (MAP).
<b>Title</b>	Risk-Adjusted Operative Mortality for Coronary Artery Bypass Graft (CABG)
<b>NQF#/Quality #:</b>	0119/445
<b>Description:</b>	Percent of patients aged 18 years and older undergoing isolated CABG who die, including both 1) all deaths occurring during the hospitalization in which the CABG was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure
<b>Measure Steward:</b>	The Society of Thoracic Surgeons
<b>Numerator:</b>	Number of patients undergoing isolated CABG who die, including both 1) all deaths occurring during the hospitalization in which the operation was performed, even if after 30 days, and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure
<b>Denominator:</b>	All patients undergoing isolated CABG
<b>Exclusions:</b>	N/A
<b>Measure Type:</b>	Outcome
<b>Measure Domain:</b>	Effective Clinical Care
<b>Data Submission Method:</b>	Registry
<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address chronic cardiovascular condition. Furthermore, CMS is utilizing its authority to finalize propose measures that were not reviewed by the Measures Application Partnership (MAP).
<b>Title</b>	Operative Mortality Stratified by the Five STS-EACTS Mortality Categories
<b>NQF#/Quality #:</b>	0733/446
<b>Description:</b>	Percent of patients undergoing index pediatric and/or congenital heart surgery who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days (including patients transferred to other acute care facilities), and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure, stratified by the five STAT Mortality Levels, a multi-institutional validated complexity stratification tool
<b>Measure Steward:</b>	The Society of Thoracic Surgeons
<b>Numerator:</b>	Number of patients undergoing index pediatric and/or congenital heart surgery who die, including both 1) all deaths occurring during the hospitalization in which the procedure was performed, even if after 30 days (including patients transferred to other acute care facilities), and 2) those deaths occurring after discharge from the hospital, but within 30 days of the procedure, stratified by the five STAT Mortality Levels, a multi-institutional validated complexity stratification tool
<b>Denominator:</b>	All patients undergoing index pediatric and/or congenital heart surgery
<b>Exclusions:</b>	N/A
<b>Measure Type:</b>	Outcome
<b>Measure Domain:</b>	Patient Safety

<b>Data Submission Method:</b>	Registry
<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address pediatric heart surgery. Furthermore, CMS is utilizing its authority to finalize measures that were not reviewed by the Measures Application Partnership (MAP).
<b>Title</b>	Chlamydia Screening and Follow-up
<b>NQF#/Quality #:</b>	1395/447
<b>Description:</b>	The percentage of female adolescents 16 years of age who had a chlamydia screening test with proper follow-up during the measurement period
<b>Measure Steward:</b>	National Committee for Quality Assurance
<b>Numerator:</b>	Adolescents who had documentation of a chlamydia screening test with proper follow-up by the time they turn 18 years of age
<b>Denominator:</b>	Sexually active female adolescents with a visit who turned 18 years of age during the measurement year
<b>Exclusions:</b>	N/A
<b>Measure Type:</b>	Process
<b>Measure Domain:</b>	Community/Population Health
<b>Data Submission Method:</b>	Registry
<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address obstetrics and gynecology conditions. Furthermore, CMS is utilizing its authority to finalize measures that were not reviewed by the Measures Application Partnership (MAP).
<b>Title</b>	Appropriate Work Up Prior to Endometrial Ablation
<b>NQF#/Quality #:</b>	0567/448
<b>Description:</b>	Percentage of women, aged 18 years and older, who undergo endometrial sampling or hysteroscopy with biopsy and results documented before undergoing an endometrial ablation
<b>Measure Steward:</b>	Health Benchmarks – IMS Health
<b>Numerator:</b>	Women who received endometrial sampling or hysteroscopy with biopsy during the year prior to the index date (inclusive of the index date)
<b>Denominator:</b>	Continuously enrolled women who had an endometrial ablation procedure during the measurement year
<b>Exclusions:</b>	Women who had an endometrial ablation procedure during the year prior to the index date (exclusive of the index date)
<b>Measure Type:</b>	Process
<b>Measure Domain:</b>	Patient Safety
<b>Data Submission Method:</b>	Registry
<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address obstetrics and gynecology conditions. Furthermore, CMS is utilizing its authority to finalize measures that were not reviewed by the Measures Application Partnership (MAP).
<b>Title</b>	HER2 Negative or Undocumented Breast Cancer Patients Spared Treatment with HER2-Targeted Therapies

<b>NQF#/Quality #:</b>	1857/449
<b>Description:</b>	Proportion of female patients (aged 18 years and older) with breast cancer who are human epidermal growth factor receptor 2 (HER2)/neu negative who are not administered HER2-targeted therapies
<b>Measure Steward:</b>	American Society of Clinical Oncology
<b>Numerator:</b>	Trastuzumab not administered during the initial course of treatment
<b>Denominator:</b>	Adult women with AJCC stage I (T1c) – III breast cancer that is HER-2 negative or HER-2 undocumented/unknown
<b>Exclusions:</b>	Patient transfer to practice after initiation of chemotherapy
<b>Measure Type:</b>	Process
<b>Measure Domain:</b>	Efficiency and Cost Reduction
<b>Data Submission Method:</b>	Registry
<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address medical oncology and breast cancer. Furthermore, CMS is utilizing its authority to finalize measures that were not reviewed by the Measures Application Partnership (MAP).
<b>Title</b>	Trastuzumab Received By Patients With AJCC Stage I (T1c) – III And HER2 Positive Breast Cancer Receiving Adjuvant Chemotherapy:
<b>NQF#/Quality #:</b>	1858/450
<b>Description:</b>	Proportion of female patients (aged 18 years and older) with AJCC stage I (T1c) – III, human epidermal growth factor receptor 2 (HER2) positive breast cancer receiving adjuvant chemotherapy who are also receiving trastuzumab
<b>Measure Steward:</b>	American Society of Clinical Oncology
<b>Numerator:</b>	Trastuzumab not administered during the initial course of treatment
<b>Denominator:</b>	Adult women with AJCC stage I (T1c) – III breast cancer that is HER-2 negative or HER-2 undocumented/unknown
<b>Exclusions:</b>	Patient transfer to practice after initiation of chemotherapy
<b>Measure Type:</b>	Process
<b>Measure Domain:</b>	Efficiency and Cost Reduction
<b>Data Submission Method:</b>	Registry
<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address medical oncology and breast cancer. Furthermore, CMS is utilizing its authority to finalize measures that were not reviewed by the Measures Application Partnership (MAP).
<b>Title</b>	KRAS Gene Mutation Testing Performed for Patients with Metastatic Colorectal Cancer who receive Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibody Therapy:
<b>NQF#/Quality #:</b>	1859/451
<b>Description:</b>	Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer who receive anti-epidermal growth factor receptor monoclonal antibody therapy for whom KRAS gene mutation testing was performed
<b>Measure Steward:</b>	American Society of Clinical Oncology
<b>Numerator:</b>	KRAS gene mutation testing performed before initiation of anti-EGFR MoAb
<b>Denominator:</b>	Adult patients with metastatic colorectal cancer who receive anti-EGFR monoclonal antibody therapy

<b>Exclusions:</b>	Patient transfer to practice after initiation of chemotherapy
<b>Measure Type:</b>	Process
<b>Measure Domain:</b>	Effective Clinical Care
<b>Data Submission Method:</b>	Registry
<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address medical oncology and breast cancer. Furthermore, CMS is utilizing its authority to finalize measures that were not reviewed by the Measures Application Partnership (MAP).
<b>Title</b>	Patients with Metastatic Colorectal Cancer and KRAS Gene Mutation Spared Treatment with Anti-epidermal Growth Factor Receptor (EGFR) Monoclonal Antibodies:
<b>NQF#/Quality #:</b>	1860/452
<b>Description:</b>	Percentage of adult patients (aged 18 or over) with metastatic colorectal cancer and KRAS gene mutation spared treatment with anti-EGFR monoclonal antibodies
<b>Measure Steward:</b>	American Society of Clinical Oncology
<b>Numerator:</b>	Anti-EGFR monoclonal antibody therapy not received
<b>Denominator:</b>	Adult patients with metastatic colorectal cancer who have a KRAS gene mutation
<b>Exclusions:</b>	Patient transfer to practice after initiation of chemotherapy  Receipt of anti-EGFR monoclonal antibody therapy as part of a clinical trial protocol
<b>Measure Type:</b>	Process
<b>Measure Domain:</b>	Patient Safety
<b>Data Submission Method:</b>	Registry
<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address medical oncology and breast cancer. Furthermore, CMS is utilizing its authority to finalize measures that were not reviewed by the Measures Application Partnership (MAP).
<b>Title</b>	Proportion Receiving Chemotherapy in the Last 14 Days of life:
<b>NQF#/Quality #:</b>	0210/453
<b>Description:</b>	Proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life
<b>Measure Steward:</b>	<b>American Society of Clinical Oncology</b>
<b>Numerator:</b>	Patients who died from cancer and received chemotherapy in the last 14 days of life
<b>Denominator:</b>	Patients who died from cancer
<b>Exclusions:</b>	N/A
<b>Measure Type:</b>	Process
<b>Measure Domain:</b>	Effective Clinical Care
<b>Data Submission Method:</b>	Registry
<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address hospice and end of life metrics for medical oncology. Furthermore, CMS is utilizing its authority to finalize measures that were not reviewed by the Measures Application Partnership (MAP).
<b>Title</b>	Proportion of Patients who Died from Cancer with more than One Emergency Department Visit in the Last 30 Days of Life:



<b>NQF#/Quality #:</b>	0211/454
<b>Description:</b>	Proportion of patients who died from cancer with more than one emergency room visit in the last 30 days of life
<b>Measure Steward:</b>	<b>American Society of Clinical Oncology</b>
<b>Numerator:</b>	Patients who died from cancer and had >1 ER visit in the last 30 days of life
<b>Denominator:</b>	Patients who died from cancer
<b>Exclusions:</b>	N/A
<b>Measure Type:</b>	Outcome
<b>Measure Domain:</b>	Effective Clinical Care
<b>Data Submission Method:</b>	Registry
<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address hospice and end of life metrics for medical oncology. Furthermore, CMS is utilizing its authority to finalize measures that were not reviewed by the Measures Application Partnership (MAP).
<b>Title</b>	Proportion Admitted to the Intensive Care Unit (ICU) in the Last 30 Days of Life
<b>NQF#/Quality #:</b>	0213/455
<b>Description:</b>	Proportion of patients who died from cancer admitted to the ICU in the last 30 days of life
<b>Measure Steward:</b>	<b>American Society of Clinical Oncology</b>
<b>Numerator:</b>	Patients who died from cancer and were admitted to the ICU in the last 30 days of life
<b>Denominator:</b>	Patients who died from cancer
<b>Exclusions:</b>	N/A
<b>Measure Type:</b>	Outcome
<b>Measure Domain:</b>	Effective Clinical Care
<b>Data Submission Method:</b>	Registry
<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address hospice and end of life metrics for medical oncology. Furthermore, CMS is utilizing its authority to finalize measures that were not reviewed by the Measures Application Partnership (MAP).
<b>Title</b>	Proportion Not Admitted to Hospice
<b>NQF#:/Quality #</b>	0215/456
<b>Description:</b>	Proportion of patients who died from cancer not admitted to hospice
<b>Measure Steward:</b>	<b>American Society of Clinical Oncology</b>
<b>Numerator:</b>	Patients who died from cancer without being admitted to hospice
<b>Denominator:</b>	Patients who died from cancer
<b>Exclusions:</b>	N/A
<b>Process Type:</b>	Process
<b>Measure Domain:</b>	Effective Clinical Care
<b>Data Submission Method:</b>	Registry
<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement proposes this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address hospice and end of life metrics for medical oncology. Furthermore, CMS is utilizing its authority to finalize

	measures that were not reviewed by the Measures Application Partnership (MAP).
<b>Title</b>	Proportion Admitted to Hospice for less than 3 days
<b>NQF#:/Quality #</b>	0216/457
<b>Description:</b>	Proportion of patients who died from cancer, and admitted to hospice and spent less than 3 days there
<b>Measure Steward:</b>	<b>American Society of Clinical Oncology</b>
<b>Numerator:</b>	Patients who died from cancer and spent fewer than three days in hospice
<b>Denominator:</b>	Patients who died from cancer who were admitted to hospice
<b>Exclusions:</b>	N/A
<b>Measure Type:</b>	Outcome
<b>Measure Domain:</b>	Effective Clinical Care
<b>Data Submission Method:</b>	Registry
<b>Rationale:</b>	CMS, as part of the CQMC, is finalizing its proposal to implement this measure to fulfill a set of condition-specific core measures. CMS believes the CQMC fills measure gaps, condition-specific performance gaps and ensures the collaborative agreement between CMS and private health insurers. This measure is finalized as a core measure to specifically address hospice and end of life metrics for medical oncology. Furthermore, CMS is utilizing its authority to finalize measures that were not reviewed by the Measures Application Partnership (MAP).