

Advancing the Consumer and Purchaser Advocacy Agenda for Better Quality, More Affordable Care

About the Timeline of Activities

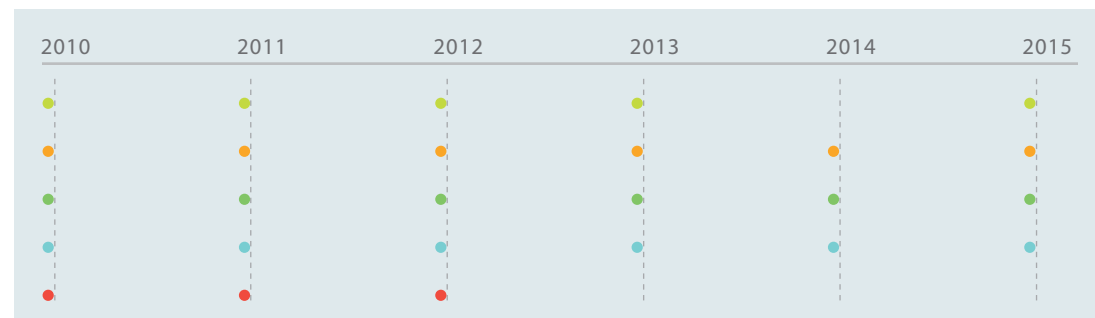
The following pages include the strategies the Consumer-Purchaser Disclosure Project is pursuing to achieve a high quality, affordable health care system. Activities to support the strategies, including participation in health care reform regulatory activity, are listed. Some activities may fall under multiple categories. This is not an exhaustive list of the project's activities. The timeline will be updated monthly to reflect new activities and regulations.

About the CPDP

The Consumer-Purchaser Disclosure Project is a broad coalition dedicated to improving the quality and affordability of health care in America for consumers and health care purchasers. The project's mission is to put the patient in the driver's seat—by sharing meaningful information about provider performance so that patients can make informed choices, providers can improve the quality of the care they deliver, and the health care system can better reward the best performing providers. The coalition is comprised of leading national and local consumer organizations, employers and labor organizations. The CPDP is funded by the Robert Wood Johnson Foundation along with support from participating organizations.

STRATEGIES

- Ensure “availability of better performance measures” on page 2, including cost and patient-centric measures, and help foster the use of health information technology to support efficient collection and use of performance measurement
- Promote “effective use of performance measurement” on page 4 for transparency, accountability and quality improvement in public and private sectors, including in Health Insurance Exchanges
- Advocate for “payment models” on page 7 that reward value and incentivize higher quality and more efficient care delivery
- Encourage public and private sector “collaboration and alignment” on page 12 in performance measurement and payment
- Amplify the “consumer and purchaser” on page 14 voice in all of the above



< STRATEGIES AT A GLANCE

Click a dot to jump to timeline information for the corresponding area of focus, or page through on your own >>

“For a list of common health policy acronyms click here.” on page 16.

Ensure availability of better performance measures, including cost and patient-centric measures, and foster the use of health information technology to support efficient collection and use of performance measurement.

Examples of what CPDP is doing

- Advocating for health information technology (HIT) activities, such as **meaningful use**, that support effective and efficient collection of performance measures, deliver real-time provider feedback and decision support, and result in improved health outcomes and patient engagement.
- Working with measure developers to design more measures that give consumers and purchasers information that matters to them; helping to establish such measures as national standards through the **National Quality Forum** endorsement process.
- Supporting strong consumer and purchaser participation in NQF governance and strategy and providing ongoing guidance to consumers and purchasers throughout the endorsement process.

2010	2011	2012	2013	2014	2015
<p>✦ March 15: CPDP submits comments on proposed regulations for meaningful use (MU) for 2011 [rules help ensure health information technology (HIT) is used in a way that improves quality and the patient experience]. This is the first of three stages.</p> <p>✦ March: CPDP releases brief on MU and why it matters to patients and purchasers.</p> <p>✦ March: CPDP participates in letter to Department of Health and Human Services (HHS) and Office of the National Coordinator for Health Information Technology (ONC HIT) supporting MU 2011 proposed rule.</p> <p>July: MU final rule for 2011 released.</p> <p>August: CPDP shares ideal measurement dashboard with Physician Consortium for Performance Improvement (PCPI).</p> <p>Continued on next page</p>	<p>✦ February 25: CPDP submits comments on proposed regulations for Stage 2 MU in 2013.</p> <p>✦ February 25: CPDP submits comments on proposed Physician Quality Reporting System (PQRS).</p> <p>✦ March 3: CPDP submits comments on Medicaid adult quality measures.</p> <p>April: NQF Measure Applications Partnership (MAP) Coordinating Committee and workgroups set criteria and begin meeting to select measures for dual-eligibles, clinicians, palliative care and long-term care, and patient safety.</p> <p>May: Measure Applications Partnership (MAP) Hospital workgroup begins meeting.</p> <p>May: First year for MU incentive payments begins.</p> <p>✦ August 8: CPDP submits comments on CMS' proposed rule on Medicare data for use in provider performance reports. The final rule is available here</p> <p>Continued on next page</p>	<p>January: Medicare data to be released for provider performance reporting to eligible entities.</p> <p>January–April: CPDP review and analysis of Stage 2 MU quality measures.</p> <p>March 1: By this date and at least every three years following, the Secretary makes public an assessment of the impact of the use of National Quality Forum (NQF)-endorsed measures.</p> <p>HHS develops 10 outcome measures for acute chronic diseases and 10 outcomes measures for primary/preventive care by end of 2012.</p> <p>Mid-year: MU Stage 2 criteria to be established for 2013 implementation. (Originally expected by the end of 2011.)</p>	<p>May: Beacon Community Program performance period ends.</p> <p>December: Stage 3 MU 2015 proposed regulations released.</p>	<p>Penalties begin for covered Medicare facilities and providers that do not achieve MU of HIT.</p>	

Ensure availability of better performance measures, including cost and patient-centric measures, and foster the use of health information technology to support efficient collection and use of performance measurement.

2010	2011	2012	2013	2014	2015
<p>✦ August: CPDP hosts briefing about the final rule for MU in 2011 and next steps.</p> <p>✦ September-December: Through the Office for the National Coordinator (ONC) and MU, CPDP drives development of better measures for consumers and purchasers.</p> <p>Secretary required to award grants and contracts to eligible entities to collect and aggregate data on quality and resource use measures for public reporting. Appropriations for this work authorized for FY2010-FY2014.</p>	<p>✦ August 30: CPDP submits comments on PCORI's Tier 1 Pilot Projects.</p> <p>✦ September 16: CPDP releases Ten Criteria for Meaningful and Usable Measures of Performance, a guide to measure development and implementation.</p>				

Promote effective use of performance measurement for transparency, accountability and quality improvement in public and private sectors, including in Health Insurance Exchanges

Examples of what CPDP is doing

- Participating in formal and informal Department of Health and Human Services and private sector advocacy on the reporting of individual-level physician data, particularly on the new Medicare [Physician Compare website](#), and emphasizing the guidelines contained in the [Patient Charter](#).
- Steering health insurance exchanges to provide robust transparency and performance information for consumer decision-making.
- Engaging physician communities to address resistance to public reporting of provider performance.

2010	2011	2012	2013	2014	2015
<p>✦ June: CPDP submits comments about health insurance web portal.</p> <p>✦ June 17: CPDP submits comments on Department of Health and Human Services (HHS) strategy for improving care for patients with multiple chronic conditions.</p> <p>✦ August 30: CPDP releases talking points to members for HHS panel on health insurance exchanges.</p> <p>✦ September 27: CPDP releases talking points for Listening Session and submits comments on Medicare data release.</p> <p>✦ October 4: CPDP submits comments to HHS and the Office of Consumer Information and Oversight about health insurance exchange standards and rules.</p> <p>✦ November 30: CPDP submits comments on the proposed Medicare Physician Compare website.</p> <p>Continued on next page</p>	<p>January: Launch of Physician Compare website (information on physician performance available in 2013).</p> <p>✦ January: CPDP advocates for data patients need to choose a doctor, via the Physician Compare website.</p> <p>✦ February: CPDP advocates for better Physician Compare website.</p> <p>✦ March 1: CPDP submits comments on quality measures for Medicaid and Children's Health Insurance Program (CHIP).</p> <p>✦ March 21: CPDP releases statement when HHS establishes a National Strategy for Quality Improvement in Health Care (the National Quality Strategy), setting priorities and a strategic plan.</p> <p>April: NQF Measure Applications Partnership (MAP) Coordinating Committee and workgroups begin meeting to set criteria and select measures for dual-eligibles, clinicians, palliative care and long-term care, and patient safety.</p> <p>Continued on next page</p>	<p>January 1: Secretary develops a plan for integrating reporting on clinical quality measures and meaningful use (MU) of electronic health records (EHRs) into PQRS.</p>	<p>January: Physician Compare website publicly reports physician performance.</p> <p>Hospital Compare website populated with data from Medicare's hospital value-based purchasing program.</p> <p>Public reporting of hospital readmission rates from the Medicare hospital readmissions reduction program via Hospital Compare website.</p> <p>Secretary establishes criteria for certification of qualified health plans in health insurance exchanges, which at a minimum include local performance on clinical quality measures and patient experience.</p>	<p>January: Health insurance exchanges open to individuals and small employers.</p> <p>January: Information on the quality and price of health plans in health insurance exchanges made available.</p> <p>Individuals must have coverage.</p> <p>Hospital Compare website publicly reports health care acquired conditions information.</p>	<p>Physicians not participating in PQRS penalized by 1.5% reduction in Medicare fee-for-service (FFS) payment and by 2% in subsequent years.</p>

Promote effective use of performance measurement for transparency, accountability and quality improvement in public and private sectors, including in Health Insurance Exchanges

2010	2011	2012	2013	2014	2015
<p>Temporary national and state high-risk pools to provide health coverage to individuals with pre-existing medical conditions until 2014 are established.</p> <p>The Secretary develops a framework for public reporting of aggregated data on quality and resource measures. Appropriation is authorized for FY2010-FY2014.</p> <p>Hospitals annually make public a list of standard charges for items and services provided.</p> <p>The Affordable Care Act (ACA) has an array of provisions directed at fostering improved public reporting related to nursing home, skilled nursing and long-term care facilities.</p>	<p>✱ July 26: CPDP hosts webinar on current policy developments affecting the implementation of health care reform.</p> <p>August 8: CMS announces results from the initial Physician Group Practice (PGP) Demonstration.</p> <p>August 12: HHS releases proposed rule on Exchange Functions in the Individual Market: Eligibility Determinations; Exchange Standards for Employers and Eligibility Changes Under the ACA.</p> <p>August 12: National Priorities Partnership (NPP) releases Draft Report of Input to the Secretary of the HHS on the 2012 National Quality Strategy.</p> <p>✱ September 12: CPDP submits comments on MAP's Coordination Strategy for Clinician Performance Measurement: Public Comment Draft.</p> <p>✱ September 12: CPDP submits comments on MAP's Coordination Strategy for Healthcare-Acquired Conditions and Readmissions Across Public and Private Payers: Public Comment Draft.</p>				

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Promote effective use of performance measurement for transparency, accountability and quality improvement in public and private sectors, including in Health Insurance Exchanges

2010	2011	2012	2013	2014	2015
	<ul style="list-style-type: none"> * October 20: CPDP hosts webinar to discuss HHS' proposed rules on Exchange Functions in the Individual Market: Eligibility Determinations; Exchange Standards for Employers and Eligibility Changes Under the ACA and CPDP's comments. * October 24: CPDP submits comments on the Measure Applications Partnership (MAP) Strategic Approach to Performance Measurement for Dual Eligible Beneficiaries. * October 27: CPDP hosts webinar with consumers, purchasers, and NQF staff to discuss the criteria MAP is using for assessing measures. * October 31: CPDP releases comments on HHS' Exchange Functions in the Individual Market: Eligibility Determinations; Exchange Standards for Employers and Eligibility Changes Under the ACA. 				

Advocate for payment models that reward value and foster better quality and more efficient care delivery

Examples of what CPDP is doing

- Leading formal and informal advocacy with the Department of Health and Human Services, Centers for Medicare and Medicaid Services and other federal agencies to overhaul the payment system and foster higher value.
- Working with CMS and Center for Medicare and Medicaid Innovation to promote implementation of specific CPDP criteria/principles into new models of care such as Accountable Care Organizations.
- Working with CMS and CMMI on payment programs to ensure that they use effective measurement and accountability to achieve better quality and lower costs.
- Collaborating with the [Catalyst for Payment Reform](#) as it develops and implements strategies for private sector employers to drive value-based purchasing and payment in private sector health care services.

2010	2011	2012	2013	2014	2015
<p>✦ May: CPDP hosts forum on accountable care organizations (ACOs) and paying for value.</p> <p>✦ June 18: CPDP submits comments on Centers for Medicare and Medicaid Services (CMS) proposing changes to the Medicare Hospital Inpatient Prospective Payment System (IPPS).</p> <p>✦ July: CPDP submits comments to the National Committee for Quality Alliance (NCQA) about standards for medical homes.</p> <p>✦ August 24: CPDP submits comments about CMS' proposed changes to the Medicare Physician fee schedule for 2011.</p> <p>September: The Patient Centered Outcomes Research Institute (PCORI), a non-profit entity, is established to identify national priorities and provide research to compare the effectiveness of health treatments and strategies.</p> <p>Continued on next page</p>	<p>January 1: States can begin implementing "health home" (i.e., medical home) programs.</p> <p>January: Plans for developing ambulatory surgical center, skilled nursing, and home health value-based payment programs submitted to Congress.</p> <p>January: Medicare bonuses of 10% for primary care providers (PCPs) and general surgeons in health professional shortage areas (HPSAs) available until 2015.</p> <p>January: Medical home demonstrations through Center for Medicare and Medicaid Innovation (CMMI) are launched.</p> <p>✦ March 8: CPDP submits comments on proposed hospital value-based purchasing rule. The final rules are available here.</p> <p>Continued on next page</p>	<p>January 1: The Secretary conducts a demonstration to test payment incentives for home-based primary care teams lasting up to three years. Funding is \$5 million for FY2010-FY2015.</p> <p>January: The Secretary develops an episode grouper for the Medicare physician resource use program (and eventually to be used in the Medicare physician value-based payment modifier).</p> <p>January: The Secretary publishes measures to be used for Medicare physician value-based payment modifier.</p> <p>January: Medicare Bundled Payment Demo begins.</p> <p>January: Funding for Independent Payment Advisory Board (IPAB) begins.</p> <p>Continued on next page</p>	<p>January: The Medicare payment bundling pilot is established.</p> <p>The Hospital Value-Based Purchasing Program incentivizes enhanced quality outcomes for acute care hospitals.</p> <p>Medicare Advantage (MA) plans receive 1.5% payment bonuses based on their quality until 2014. Some plans in qualifying areas may receive double bonuses.</p>	<p>January: IPAB can start submitting fast-track policies to slow Medicare spending.</p> <p>Measures of efficiency are added to the Medicare Hospital Value-Based Purchasing Program, so that Medicare can pay hospitals based on quality and efficiency of care.</p> <p>IPAB reports on cost/quality information on Medicare and private sectors starting in 2014 and ongoing.</p> <p>MA plans receive 1.5% payment bonuses based on their quality until 2014. Some plans in qualifying areas may receive double bonuses.</p>	<p>January: The value-based physician modifier that adjusts Medicare Fee For Service (FFS) payment to physicians for quality and efficiency of care is implemented for specific physicians in 2015 and applied to all physicians in 2017.</p> <p>October: The Medicare Hospital Readmissions Reduction Program is expanded to include four additional conditions.</p> <p>October: Hospitals in top quartile of hospital acquired conditions (HACs) experience 1% reductions in Medicare payments.</p> <p>The Medicare 5-year Payment Bundling Pilot comes to a close in 2017 unless it is extended.</p> <p>Payments are reduced to eligible Medicare facilities and providers for each year they do not achieve meaningful use (MU) of health information technology (HIT).</p> <p>Continued on next page</p>

Advocate for payment models that reward value and foster better quality and more efficient care delivery

2010	2011	2012	2013	2014	2015
<p>October 1: CPDP provides talking points for FTC panel on anti-trust issues.</p> <p>✳️ November 19: CPDP submits comments to NCQA about criteria for ACOs.</p> <p>November: The Center for Medicare and Medicaid Innovation (CMMI), which will test innovative payment and health care delivery models to reduce health care costs and enhance quality of care, is launched.</p> <p>✳️ December 3: CPDP releases response to CMS "Request for Information" on ACOs.</p>	<p>✳️ April 12: CPDP releases statement of support when HHS "Partnership for Patients" is announced, setting national goals for reducing readmissions and hospital-acquired conditions.</p> <p>May 17: CMS announces Pioneer ACO Model the Advanced Payment Initiative, and the Accelerated Development Learning Initiative.</p> <p>✳️ May 31: CPDP submits comments on the Federal Trade Commission (FTC) and Department of Justice (DOJ) proposed anti-trust enforcement for ACOs. The final rule is available here.</p> <p>✳️ June 6: CPDP submits comments on CMS' proposed rule for Medicare Shared Savings ACOs. The final rule is available here.</p> <p>✳️ June 20: CPDP submits comments on CMS' IPPS proposed rule for acute care and long-term care hospitals for fiscal year 2012, which includes the hospital readmission payment reduction program. CMS releases final IPPS rule.</p>	<p>January: Medicaid and Children's Health Insurance Plan (CHIP) Pediatric ACO pilot begins.</p> <p>January: Medicare ACO Demonstration is established.</p> <p>October: Hospitals in the Medicare Hospital readmissions reduction program may begin receiving decreased payment for excess readmissions.</p> <p>December 31: Report on activities of CMMI due to Congress.</p> <p>Annual market basket updates reduced for home health agencies, skilled nursing facilities, hospices, and other Medicare providers.</p> <p>MA plans receive 1.5% payment bonuses based on their quality until 2014. Some plans in qualifying areas may receive double bonuses.</p>			<p>Medicaid and CHIP Pediatric ACO Pilot ends in December, 2016.</p> <p>MA plans may receive quality bonuses of 0-5%.</p>

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Advocate for payment models that reward value and foster better quality and more efficient care delivery

2010 2011 2012 2013 2014 2015

July 1: [Prohibition of federal payments for Medicaid services related to HACs](#) becomes effective.

July 8: HHS announces three initiatives aimed at dual eligibles: (1) pilot of two new financial models aimed towards coordinating care, (2) pilot for nursing home residents in lieu of hospital transfer, (3) technical resource center available to all states.

July 11: HHS releases [proposed rule for health benefit exchanges](#) covering function, consumer assistance requirements, certification standards, QHP issuer participation standards, transparency, and prescription drug distribution and cost reporting.

July 18: CMS releases [proposed rule for insurance co-ops initiative](#).

August 12: HHS releases [proposed rule on Exchange Functions in the Individual Market: Eligibility Determinations; Exchange Standards for Employers and Eligibility Changes Under the ACA](#).

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Advocate for payment models that reward value and foster better quality and more efficient care delivery

2010

2011

2012

2013

2014

2015

August 23: CMS announces the [Bundled Payment for Care Improvement Initiative](#), to align payments for services delivered across an episode of care.

✦ August 30: [CPDP submits comments on CMS' proposed rule on Hospital Outpatient Program Quality Reporting Program \(OQR\), a new Ambulatory Surgical Center Quality Reporting Program, and additional operational and substantive details to the Hospital Value-Based Purchasing Program.](#)

✦ August 30: [CPDP submits comments on the proposed rule revising the Physician Fee Schedule. The final rule with comment period is available \[here\]\(#\).](#)

Members of the IPAB should be appointed. The IPAB is charged with providing recommendations to Congress on reducing rate of Medicare spending if target is exceeded. The Secretary must implement unless blocked by Congress.

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Advocate for payment models that reward value and foster better quality and more efficient care delivery

2010	2011	2012	2013	2014	2015
	<p>Health plans experience penalties for exceeding set Medical Loss Ratio (MLR).</p> <p>Payments to MA plans restructured by setting payments to different percentages of Medicare FFS rates.</p> <p>PCORI identifies research priorities, establishes research agenda, appoints expert panels and develops methodological standards.</p> <p>Beginning this tax year, the cost of employer-sponsored health coverage is reported on W-2 forms.</p>				

Encourage public and private sector collaboration and alignment in performance measurement and payment

Examples of what CPDP is doing

- Creating a model dashboard of what a comprehensive, meaningful measurement set should look like for payment pilots.
- Ensuring that Medicare data released for aggregation with private claims data has the least number of restrictions possible, while protecting patient privacy and security. Ample multi-payer data is critical to good measurement.

2010	2011	2012	2013	2014	2015
<p>* September 27: CPDP submits comments on Medicare data release and releases talking points for Listening Session.</p> <p>* October 15: CPDP submits comments about Department of Health and Human Services (HHS) proposed National Health Quality Strategy and Plan.</p> <p>November: The Center for Medicare and Medicaid Innovation (CMMI), which will emphasize public-private collaboration in pilots, is launched.</p> <p>December 31: Interagency Working Group on Quality is established and provides first annual report to Congress. Annual report due every December.</p> <p>Centers for Medicare and Medicaid Services (CMS) develops a strategic framework for public reporting. No deadline specified.</p>	<p>January: Medical home demonstrations through CMMI are launched.</p> <p>March: National Strategy for Improving Health Care Quality submitted to Congress.</p> <p>* April 12: CPDP releases a statement of support when HHS "Partnership for Patients" is announced, setting national goals for reducing readmissions and hospital-acquired conditions (HACs).</p> <p>May 17: CMS announces Pioneer ACO Model.</p> <p>* May 31: CPDP submits comments on the Federal Trade Commission (FTC) and Department of Justice (DOJ) proposed anti-trust enforcement policy for ACOs.</p> <p>* June 6: CPDP submits comments on CMS' proposed rule for Medicare Shared Savings Program: ACOs. The final rule is available here.</p> <p>* August 8: CPDP submits comments on CMS' proposed rule on Medicare data for use in provider performance reports. The final rule is available here.</p>	<p>January: Medicare data released for performance reporting.</p> <p>December 31: Report on activities of CMMI due to Congress.</p>	<p>January: Medicaid Quality Measures Program established by CMS.</p>	<p>Independent Payment Advisory Board (IPAB) provides report on cost/quality information on Medicare and private sectors starting in 2014 and ongoing.</p>	<p>IPAB can provide recommendations for how to slow private sector spending. Report to be provided biennially.</p>

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Encourage public and private sector collaboration and alignment in performance measurement and payment

2010	2011	2012	2013	2014	2015
	<p>September 1: HHS releases final rule that individual and small group health plans sold through associations will be included in the ACA's rate review process.</p> <p>Members of the IPAB should be appointed. The IPAB is charged with providing recommendations to Congress on reducing rate of Medicare spending if target is exceeded. The Secretary must implement unless blocked by Congress.</p> <p>Formal multi-stakeholder process provides input to the Secretary on the selection of quality measures and national priorities for quality improvements to use in public reporting and public health care programs. \$20 million is authorized for each FY2010-FY2014. The National Quality Forum (NQF) facilitates the process, which is being called the Measure Applications Partnership (MAP).</p>				

Amplify the consumer and purchaser voice in all the above strategies

Examples of what CPDP is doing

- Nominating consumers and purchasers to influential boards and bodies, both established and new bodies.
- Providing tools, resources and strategic advice to consumers and purchasers working on established boards and bodies.
- Ensuring the consumer and purchaser voice is a part of the regulatory process – making sure they have a “seat at the table,” recruiting and supporting participants in listening sessions, organizing sign on letters, etc.

2010	2011	2012	2013	2014	2015
<p>September: CPDP nominates individuals to the new Patient Centered Outcomes Research Institute (PCORI) Board of Governors.</p> <p>October: CPDP nominates organizations to the National Quality Forum (NQF) Measure Applications Partnership (MAP) Patient-Focused Coordinating Council.</p> <p>Ongoing: CPDP supports consumers and purchasers on the NQF Consensus Standards Approval Committee (CSAC) and Board.</p> <p>Ongoing: CPDP supports consumers and purchasers on the Office of National Coordinator for Health Information Technology (ONC HIT) Policy Committee and Quality Workgroup.</p> <p>Ongoing: CPDP supports consumers and purchasers on the Assessment and Qualifications Alliance (AQA) Steering Group and selected workgroups.</p> <p>Continued on next page</p>	<p>February: CPDP nominates organizations to the four NQF MAP Workgroups.</p> <p>March 11: The Department of Health and Human Services (HHS) releases “National Health Care Disparities Report for 2010”.</p> <p>April 8: NQF kicks off NQF MAP Patient-Focused Coordinating Council.</p> <p>June 13: NQF releases updated list of 29 serious reportable events (SREs).</p> <p>✳ September 16: CPDP releases Ten Criteria for Meaningful and Usable Measures of Performance, a guide to measure development and implementation.</p>	<p>February 1: The Secretary receives feedback on quality measures from multi-stakeholder groups.</p>			

Amplify the consumer and purchaser voice in all the above strategies

2010	2011	2012	2013	2014	2015
<p>Ongoing: CPDP supports consumers and purchasers on the Hospital Quality Alliance (HOA) Principals and selected workgroups.</p> <p>Ongoing: CPDP supports consumers and purchasers on the Quality Alliance Steering Committee (QASC) and selected workgroups.</p> <p>Ongoing: CPDP nominates individuals to serve on NQF measure endorsement committees.</p> <p>Ongoing: CPDP nominates individuals to serve on the American Medical Association's (AMA) Physician Consortium for Performance Improvement (PCPI) measure development committees.</p> <p>Ongoing: CPDP provides support for consumers and purchasers on the AMA's PCPI Consumer and Purchaser Advisory Panel.</p>					

Common Health Policy Acronyms

ACO Accountable Care Organizations

ACA Affordable Care Act (aka PPACA)

AHRQ Agency for Healthcare
Research and Quality

AMA American Medical Association

AQA Assessment and Qualifications Alliance

CHIP Children's Health Insurance Program

CMS Center for Medicare and Medicaid Services

CMMI Center for Medicare
and Medicaid Innovation

CPDP Consumer-Purchaser Disclosure Project

DOJ Department of Justice

EHR Electronic Health Record

FFS Fee for Service

FTC Federal Trade Commission

HAC Hospital-Acquired Conditions

HHS Health and Human Services (aka DHHS)

HIT Health Information Technology

HPSA Health Professional Shortage Area

HQA Hospital Quality Alliance

IOM Institute of Medicine of the
National Academies

IPPS Inpatient Prospective Payment System

MA Medicare Advantage

MAP Measure Applications Partnership (MAP)

MLR Medical Loss Ratio

MU Meaningful Use of
Electronic Health Records

NCQA National Committee for Quality Alliance

NQF National Quality Forum

**NQF
MAP** National Quality Forum Measure
Applications Partnership

**NQF
CSAC** National Quality Forum Consensus
Standards Approval Committee

NPRM Notice of Proposed Rule Making

NPP National Priorities Partnership

ONC Office of the National Coordinator

**ONC
HIT** Office of the National Coordinator for
Health Information Technology

OPM Office of Personnel Management

OPPS Outpatient Prospective Payment System

PCORI Patient Centered Outcomes
Research Institute

PCP Primary Care Physician

PCPI Physician Consortium for Performance
Improvement (aka AMA-PCPI)

PPACA Patient Protection and Affordable
Care Act (aka ACA)

PQRS Physician Quality Reporting System

QASC Quality Alliance Steering Committee

SRE Serious reportable event
