Measures under Consideration User Guide

Issue Tracking System Guidance

2019

Table of Contents

Revision History

Version	Date	Organization/Point of Contact	Description of Change
First Draft	5/28/2015	Battelle	Initiate Document
Released 2015	6/15-24/2015	CMS/QMVIG	
First Annual Review	1/29/2016	Battelle & QMVIG	Updates for 2016 cycle
Editorial Changes	7/5/2016	Battelle & QMVIG	Add information on MIPS requirements
Annual Review	1/31/2017	Battelle & QMVIG	Updates for 2017 cycle
Glossary Updates	5/24/2017	Battelle & QMVIG	Modified glossary
Annual Review	2/28/2018	Battelle & QMVIG	Updates for 2018 cycle
Update Rpt Method	4/19/2018	Battelle	Add "Other" to drop-down for #43
Annual Review	4/2/2019	Battelle & QMVIG	Updates for 2019 cycle

Abbreviations

Abbrev.	Definition
ACA	Patient Protection and Affordable Care Act of 2010
ASCQR	Ambulatory Surgical Center Quality Reporting Program
CAH	Critical Access Hospital
CARE	Continuity Assessment Record and Evaluation
CDP	Consensus Development Process (NQF)
CMS	Centers for Medicare and Medicaid Services
eCQM	Electronic Clinical Quality Measure
EH	Eligible Hospital
EHR	Electronic Health Record
ESRD	End-Stage Renal Disease
ESRD QIP	End-Stage Renal Disease Quality Incentive Program
HACRP	Hospital-Acquired Condition Reduction Program
HH QRP	Home Health Quality Reporting Program
HHA	Home Health Agency
HHS	Department of Health and Human Services
HIQR	Hospital Inpatient Quality Reporting Program
HOQR	Hospital Outpatient Quality Reporting Program
HQMF	Health Quality Measures Format
HQRP	Hospice Quality Reporting Program
HRRP	Hospital Readmissions Reduction Program
HVBP	Hospital Value-Based Purchasing Program
IMPACT Act	Improving Medicare Post-Acute Care Transformation Act of 2014
IPFQR	Inpatient Psychiatric Facility Quality Reporting Program
IRF QRP	Inpatient Rehabilitation Facility Quality Reporting Program
LTCH QRP	Long-Term Care Hospital Quality Reporting Program
MACRA	Medicare Access and CHIP Reauthorization Act of 2015
MAP	Measure Applications Partnership
MAT	Measure Authoring Tool
MDS	Minimum Data Set
MIF	Measure Information Form
MIPS	Merit-based Incentive Payment System
MSSP	Medicare Shared Savings Program
MUC	Measures under Consideration
NQF	National Quality Forum
NQS	National Quality Strategy
OASIS	Outcome and Assessment Information Set
PAC	Post-Acute Care
PCHQR	Prospective Payment System (PPS)-Exempt Cancer Hospital Quality Reporting Program
PDF	Portable Document Format
PFS	Physician Fee Schedule
PPS	Prospective Payment System
PRO	Patient Reported Outcome
PROM	Patient Reported Outcome Measure
PRO-PM	PRO-Based Performance Measure
SGR	Sustainable Growth Rate
SNF QRP	Skilled Nursing Facility Quality Reporting Program
SNF VBP	Skilled Nursing Facility Value-Based Purchasing Program

INTRODUCTION

To comply with Section 3014 of the Patient Protection and Affordable Care Act of 2010 (ACA), which created sections 1890A and 1890(b)(7)(B) of the Social Security Act and requires the Department of Health and Human Services (HHS) establish a federal pre-rulemaking process for the selection of quality and efficiency measures for use in certain Medicare programs, annually, no later than December 1, HHS makes publicly available a list of measures HHS is considering adopting through the federal rulemaking process for use in Medicare program(s). The Measures under Consideration (MUC) list satisfies the statutory requirement. The pre-rulemaking process is detailed on this CMS web site.

Purpose and Audience for this Guide

The Centers for Medicare and Medicaid Services (CMS) is providing this document to give guidance to stakeholders submitting pre-rulemaking measures. This document will assist stakeholders with gaining access to the web-based system as well as providing step-by-step directions on submitting measures using the issue tracking system, Jira. Stakeholders will learn how to input quality and efficiency measure specifications for CMS review using Jira.

The audience for this guide includes:

- Measure developers
- Measure owners
- Stewards
- Others interested in healthcare quality and efficiency measures.

How to Navigate this Document

Headings in this User Guide have been bookmarked to facilitate navigation. Additionally, Chapter 2: Creating a New Measure, has been split into subsections including measure background and measure alignment, so users can easily identify sections where they need additional guidance. Each submission line in Jira has been listed individually and is labeled with the title, followed by the on-screen guidance, selection options, and helpful hints. Where possible, screen shots have also been added to aid in the submission process.

Throughout the document there is notation regarding items or data fields that need to be completed only if the prior response requires additional information. On the Jira online user interface, these items will only appear as needed.

Legend
Several formatting features are used to support navigation:
╬ The dark blue **Helpful Hints** call-out boxes offer guidance at certain points in the process.
╬ Additional supporting information is provided in dark blue call-out boxes marked with the colorful bullet point used in this legend.
╬ Steps written in *italics* indicate a skip pattern in the instructions.

Users will also note that while on-line Jira fields are not numbered, each data entry item of the user manual has been assigned a number, which aligns with how the fields are ordered within Jira. Slight differences between the screen shots and text in this user guide compared with Jira may be noted; however, these differences are rare and minor in nature. Significant changes made in Jira will result in new versions of the User Guide.

The following appendices provide supplemental information for Jira users:

- Appendix A. Access to Jira Application
- Appendix B. Glossary
- Appendix C. Workflow Definitions
- Appendix D. Measures under Consideration Component (Program) Approval Chart
- Appendix E. Measures under Consideration Measure Submission Workflow
- Appendix F. Measures under Consideration Feedback/Question/Modify Measure Workflow
- Appendix G. Measures under Consideration Data Template (Blank)
- Appendix H. Example Measures under Consideration Data Template (Completed)

Pre-Rulemaking Background

Beginning with the first pre-rulemaking cycle in 2011, and each subsequent year thereafter, through a call for quality and efficiency measures, CMS begins the annual pre-rulemaking cycle of collecting and compiling measures. Stakeholders are invited to submit candidate quality and efficiency measures. Stakeholders submitting measures include other Federal HHS agencies, organizations contracted with these Federal agencies, and healthcare advocacy groups.

Following submission, the pre-rulemaking process includes providing the opportunity for multi-stakeholder groups to provide input to HHS on the selection of quality and efficiency measures. The National Quality Forum (NQF), the entity with a contract under Section 1890 of the Act, convenes the Measure Applications Partnership (MAP) in December of each year to review and comment on the measures published on the annual MUC list.

Measures Covered by Pre-Rulemaking

Beginning in 2011, the statute has been in effect. Thus, CMS has conducted several pre-rulemaking cycles. CMS seeks to align measures, fill measure gaps, and respond to priorities. Contact the program/measure lead for more information about how these priorities shift over time. Before entering a measure for consideration, note the following important caveats:

- For use in the formal Federal rulemaking process, measure(s) appearing on any prior cycles of the annual published MUC list remain under consideration by the Secretary and may be proposed and adopted in subsequent rulemaking cycles;
- Existing measures that are put forward for expansion into different CMS programs should be submitted on subsequent MUC lists;

- The annual MUC list includes measures that CMS is currently considering for Medicare program(s). Inclusion of a measure on the MUC list does not require CMS to adopt the measure via the Federal rulemaking process for the identified program. All measures included on the annual pre-rulemaking list are subject to the CMS rulemaking process;
- In an effort to provide a more meaningful MUC list, CMS will only include measures that contain adequate specifications;
- Annually CMS reviews and approves or rejects candidate measures for the MUC list. If a candidate measure was submitted, but rejected—meaning that it did not appear on the published MUC list—then using Jira, a measure owner or submitter may resubmit the candidate measure for program consideration in a later year;
- Measure specifications may change over time; if a measure has significantly changed, submit the changed measure using Jira for each applicable program.

Applicable Programs

The statute requires CMS to implement pre-rulemaking for the following programs:

1. Ambulatory Surgical Center Quality Reporting Program
2. End-Stage Renal Disease (ESRD) Quality Incentive Program
3. Home Health Quality Reporting Program
4. Hospice Quality Reporting Program
5. Hospital-Acquired Condition Reduction Program
6. Hospital Inpatient Quality Reporting Program
7. Hospital Outpatient Quality Reporting Program
8. Hospital Readmissions Reduction Program
9. Hospital Value-Based Purchasing Program
10. Inpatient Psychiatric Facility Quality Reporting Program
11. Inpatient Rehabilitation Facility Quality Reporting Program
12. Long-Term Care Hospital Quality Reporting Program
13. Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs)
14. Medicare Shared Savings Program
15. Merit-based Incentive Payment System–Cost
16. Merit-based Incentive Payment System–Quality
17. Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program
18. Skilled Nursing Facility Quality Reporting Program
19. Skilled Nursing Facility Value-Based Purchasing Program

> **Note for MIPS Measures:** If you are submitting for the Merit-based Incentive Payment System (MIPS), there are two choices of program, as described below. When you get to Item 3 in Jira, choose MIPS-Quality for measures that pertain to quality and/or efficiency. Choose the new program MIPS-Cost only for measures that pertain to cost. Do not select both MIPS-Quality and MIPS-Cost for the same measure.

Accessing Jira

Detailed instructions on accessing Jira can be found in Chapter 1: Accessing and Navigating Jira.

<u>Submitting Questions to Jira Technical Support</u>

If submitters have problems related directly to the MUC module, they should submit a question within that module (see Chapter 4). To report a problem related to Jira, such as unable to locate the MUC module, or long latency periods, submitters should send a question through Jira's helpdesk. To submit a question or to report a problem directly to Jira:

1. Select Report A Problem at the bottom of your screen.

2. In the Project box select Jira Issue Tracker.
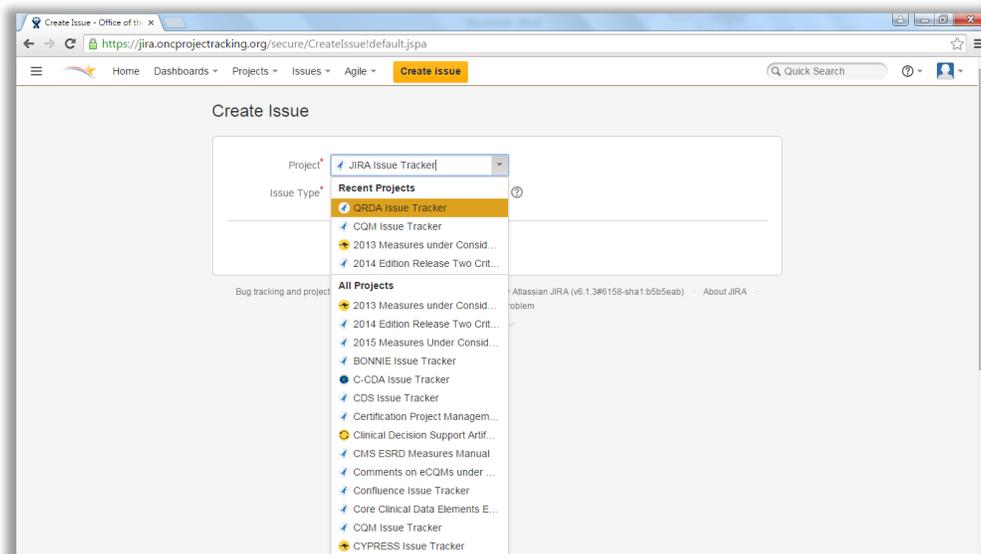
3. Select the Issue Type.

4. Complete the Jira Issue Tracker form and click Create at the bottom of the screen.

Jira Data Fields

Data fields for submitting new quality and efficiency measures have been selected to enhance program-specific data needs, decrease the need for revisions and program follow up, and provide meaningful data. In addition, issue types are available for questions, feedback, and requests to modify a measure submis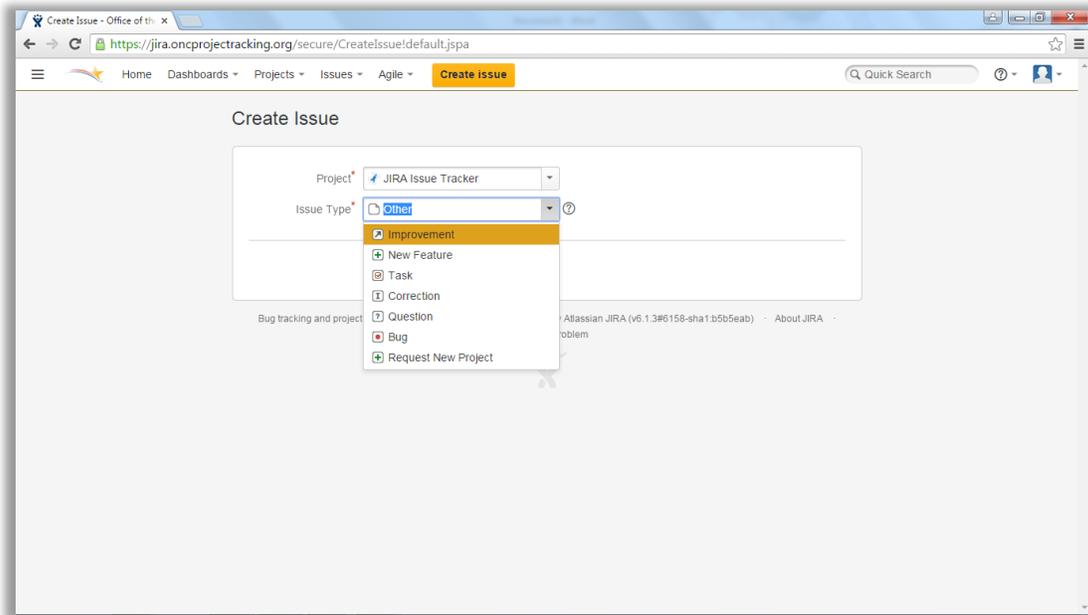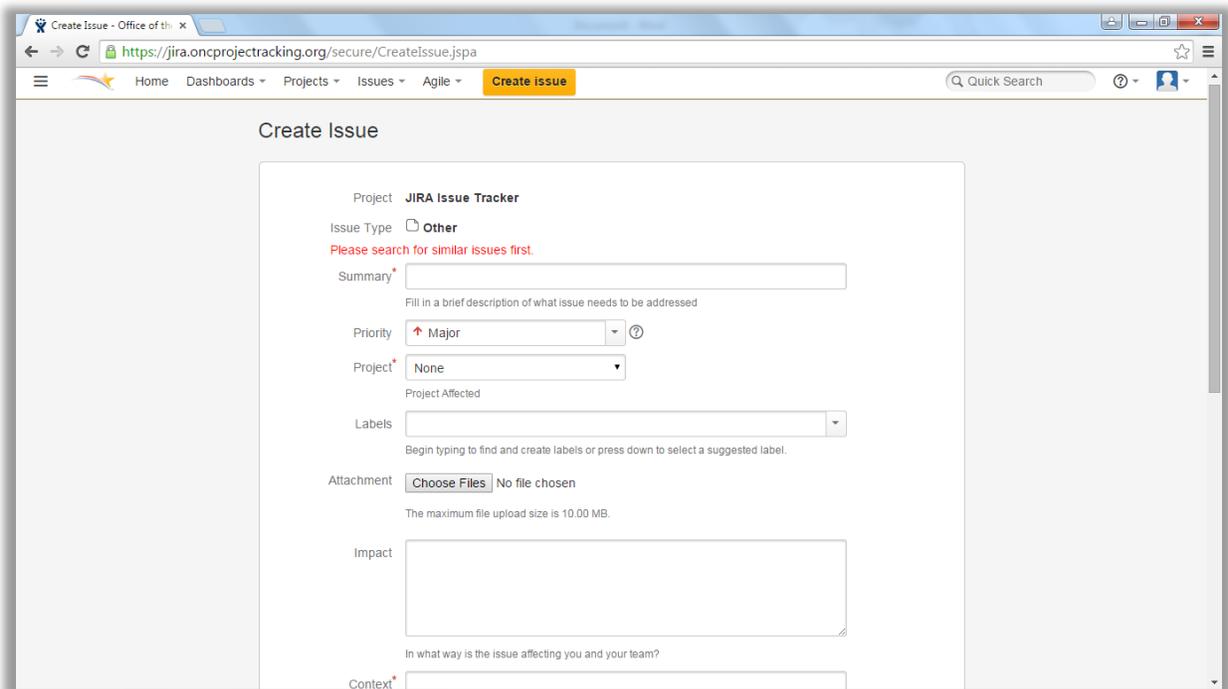sion. For any given issue type, all required data fields, as marked with an asterisk (*) symbol, must be completed during one online session. Once data entry has begun, you must either submit the issue or cancel it. You cannot save partial data that you have entered for future completion.

Workflow and Data Processing

Once a new measure, revision request, question, or feedback issue is submitted in Jira, each is processed by the Measure Manager, the CMS MUC Coordinator, CMS Program Leads, and the CMS Group and Division Directors as appropriate. For more information regarding the workflow process, see Appendix E.

IMPORTANT NOTE: Before making entries in the Jira database, you are encouraged to gather all available measure information and complete a data template (Appendix G) offline for each measure. This may save you time once you have logged in to Jira. Data, especially free-text fields, can be cut and pasted from the template directly into Jira. The appendix contains a blank template, a sample completed template, and other helpful resource documentation.

Helpful Hints: Using Data Fields in Jira and Collecting Needed Information

The drop-down option 'none' is a default field in Jira. In order for an answer to be considered complete and valid, submitters must select a valid answer other than 'none.'

Some Jira data fields are multi-select fields; users should hold down the "Control" key to select more than one choice.

Completing the Measure Submission template found in Appendix G prior to entering measures into Jira can be helpful in collecting all needed information. Jira does not allow for saving and returning to finish entering a measure at a later time.

Training and Contacts

Prior to starting the submission process, submitters are also encouraged to review all training materials, which are located at the CMS Pre-Rulemaking web site.

All questions, including navigation of the User Guide, Jira, or data entry, can be directly entered into the Jira MUC system, by selecting the Questions option (Chapter 4). Questions will be reviewed and triaged with a prompt response.

CHAPTER 1: ACCESSING AND NAVIGATING JIRA

1.1 Accessing Jira

Jira is CMS's source for logging, tracking, and approval triage for the annual pre-rulemaking process. As such, Jira is the software system being used to collect information on candidate measures for the MUC list. Once submitters (reporters) have an active username and password, they may access Jira to enter and submit new measures, request revisions to previously submitted candidate measures from the current year, send feedback, and ask questions.

In order to gain access to Jira, reactivate an account, or terminate user credentials, stakeholders should navigate to this web site:
https://oncprojecttracking.healthit.gov/support/secure/Dashboard.jspa
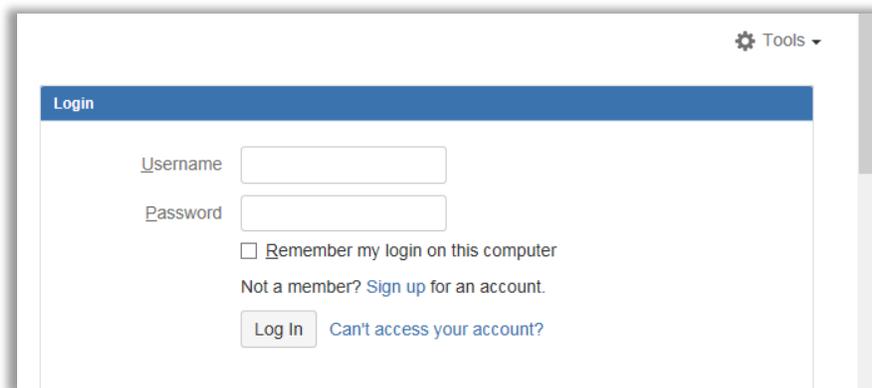
If you have never used any Jira project before, click the link "Sign up for an account." Complete the fields shown below, and then click "Sign up."
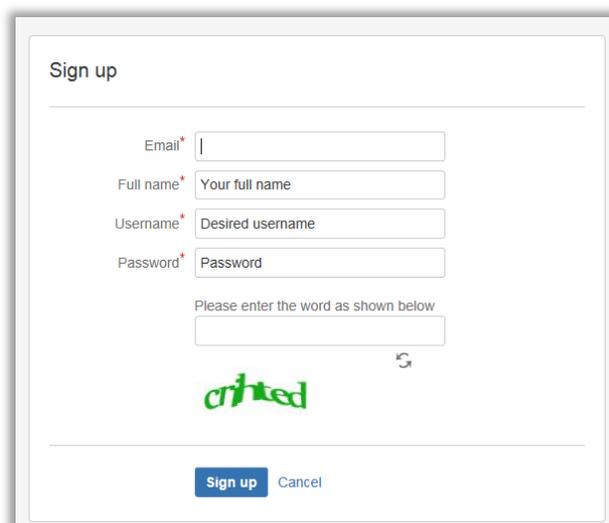
You should receive an "Account Signup" confirmation message by email from the ONC Jira project tracking system.

Once you have your Jira account in place, then to get access to the specific Jira project for the current MUC Year, complete the information requested in Appendix A (Access to Jira) and email this information to MMSSupport@battelle.org. Your request will be verified with the appropriate CMS Program staff. If confirmed, you will be added to the access list and notified of your access to the Jira MUC project.

1.2 Navigating Jira

1. Access account through:

    https://oncprojectracking.healthit.gov/support/secure/Dashboard.jspa.

    Within the Projects menu, scroll down to "Quality-Measures" and select the appropriate year for MUC. The MUC form should now be visible.

2. 'Log In' at the top right corner.

3.   Select 'Create Issue' at the top of the screen.

4. Select the appropriate Issue Type, and complete the dialog box.

For additional Jira navigation assistance:

- [Proceed to Chapter 2 for creating a new measure](#)
- [Proceed to Chapter 3 to modify a current year candidate measure](#)
- [Proceed to Chapter 4 to submit a question](#)
- [Proceed to Chapter 5 to submit feedback](#)
- [Proceed to Chapter 6 for information on review workflow and what submitters should expect as their measures are evaluated.](#)

CHAPTER 2: CREATING A NEW MEASURE

To ease data entry, and ensure that all information is available prior to beginning, submitters should consider completing the submission template (Appendix G) offline before submitting their measure online using Jira. A fillable template can also be found on the CMS Pre-Rulemaking website. While CMS encourages submitters to complete as many fields as possible, fields marked with red asterisks are required to be complete for measure submission.

2.1 Measure Information

Once in Jira, users can select the path they wish to proceed through: Measure Submission, Modify Candidate Measure, Question, or Feedback.

1. Date Reported
   - Date measure was submitted in Jira

   > ✦ No Action – field automatically populates.

2. Issue Type*
   - Select Measure Submission to nominate a measure for the MUC list. Select Question to ask a question on the MUC process. Select Modify Candidate Measure to change a measure already submitted. Select Feedback to leave feedback about the MUC process.
     1. **Measure Submission**
     2. Question
     3. Modify Candidate Measure
     4. Feedback

> ♣ For additional instructions regarding options 2, 3, and 4 above, see chapters 3, 4, and 5 below.
> ♣ The asterisk (*) by a field label, as in the item above, means that this is a required field in Jira.

3. CMS Program(s) (labeled "Component/s" in Jira)*
   a. Start typing to get a list of possible matches or press down to select. Enter CMS program(s) for which the measure is being submitted.
   b. If you are submitting for MIPS, there are two choices of program. Choose MIPS-Quality for measures that pertain to quality and/or efficiency. Choose the new program MIPS-Cost only for measures that pertain to cost. Do not select both MIPS-Quality and MIPS-Cost for the same measure.
   c. If you select MIPS, please navigate to the Additional Resources list at this web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html, download the "MIPS Peer Review Template and a Completed Sample," and attach the completed form to your Jira submission using the "Attachments" field at the bottom of this web page (Item 69).

1. Ambulatory Surgical Center Quality Reporting Program
2. End-Stage Renal Disease (ESRD) Quality Incentive Program
3. Home Health Quality Reporting Program
4. Hospice Quality Reporting Program
5. Hospital-Acquired Condition Reduction Program
6. Hospital Inpatient Quality Reporting Program
7. Hospital Outpatient Quality Reporting Program
8. Hospital Readmissions Reduction Program
9. Hospital Value-Based Purchasing Program
10. Inpatient Psychiatric Facility Quality Reporting Program
11. Inpatient Rehabilitation Facility Quality Reporting Program
12. Long-Term Care Hospital Quality Reporting Program
13. Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs)
14. Medicare Shared Savings Program
15. Merit-based Incentive Payment System-–Cost
16. Merit-based Incentive Payment System-–Quality
17. Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program
18. Skilled Nursing Facility Quality Reporting Program
19. Skilled Nursing Facility Value-Based Purchasing Program
20. Other (enter in Comments below)

> **Helpful Hints: Using the Comments Field; MIPS Measures**
>
> When selecting "Other" from any drop-down in Jira, be sure to navigate to the Comments field at the bottom of the submission form and specify the requested information. Then navigate back to the Jira data field where you were, to continue data entry.
>
> If you are submitting a new measure for the MIPS program, you need to attach a completed Peer Reviewed Journal Article template to your measure in Jira. See Items 69 and 70 below for more information.

4. What is the history or background for including this measure on the MUC list?*
   - Select only one reason.
     1. New measure never reviewed by MAP Workgroup or used in a CMS program
     2. Measure previously submitted to MAP, refined and resubmitted per MAP recommendation
     3. Measure currently used in a CMS program being submitted as-is for a new or different program
     4. Measure currently used in a CMS program, but the measure is undergoing substantial change
     5. None (default – not a valid answer)

5. *If you selected option 3 (CMS Measure proposed as-is) or 4 (Measure with changes) you will need to answer Items 6 and 7 below. If you answered 1 (new measure), 2 (MAP refine/resubmit), or 5 (none) proceed to Item 8 (title or summary).*

6. Range of year(s) this measure has been used by CMS Program(s)?
   - Enter range of years
     - Free text (unlimited)

   > ✚ E.g., Hospice Quality Reporting (2012-2018)

7. What other federal programs are currently using this measure?
   - Select as many as apply. These should be current use programs only, not programs for the 2019 submittal.

   1. Ambulatory Surgical Center Quality Reporting Program
   2. End-Stage Renal Disease Quality Incentive Program
   3. Comprehensive Primary Care Plus (CPC+)
   4. Health Homes Core Set
   5. Home Health Quality Reporting Program
   6. Hospice Quality Reporting Program
   7. Hospital-Acquired Condition Reduction Program

   (contninued)

8. Hospital Inpatient Quality Reporting Program 9. Hospital Outpatient Quality Reporting Program 10. Hospital Readmissions Reduction Program 11. Hospital Value-Based Purchasing Program 12. Inpatient Psychiatric Facility Quality Reporting Program 13. Inpatient Rehabilitation Facility Quality Reporting Program 14. Long-Term Care Hospital Quality Reporting Program 15. Medicaid Adult Core Set 16. Medicaid and CHIP Child Core Set 17. Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical	Access Hospitals (CAHs) 18. Medicare and Medicaid Promoting Interoperability Program for Eligible Professionals 19. Medicare Part C 20. Medicare Part D 21. Medicare Shared Savings Program 22. Merit-based Incentive Payment System 23. Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program 24. Quality Health Plan Quality Rating System 25. Skilled Nursing Facility Quality Reporting Program 26. Skilled Nursing Facility Value-Based Purchasing Program

See Item 3 above for list of CMS programs.

2.2 Measure Identification

The screen image below shows part of the measure identification section of the Create Issue screen.
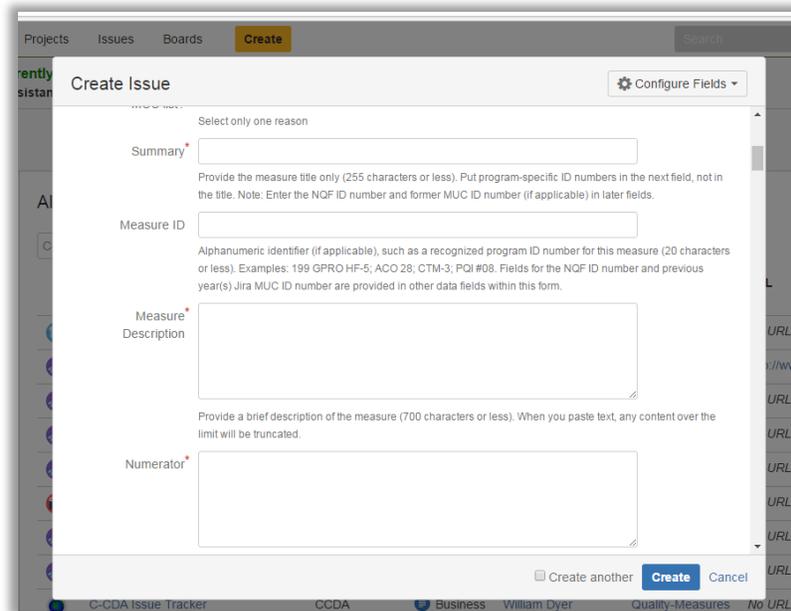
8. Measure Title (labeled "Summary" in Jira)*
   - Provide the measure title only. Put program-specific ID number in the next field, not in the title. Note: Do not enter the NQF ID, former Jira MUC ID number, or any other ID numbers here (see below).
     o Free text (limited to 255 characters)

> ✚ This field is not for Measure ID, NQF ID, or MUC ID numbers. You can enter ID numbers below.
> ✚ The CMS program name should not ordinarily be part of the measure title, because each measure record already has a required field that specifies the CMS program. An exception would be if there are several measures with otherwise identical titles that apply to different programs. In this case, including or imbedding a program identifier in the title (to prevent there being any otherwise duplicate titles) is helpful.

9. Measure ID
   - Alphanumeric identifier (if applicable), such as a recognized program ID number for this measure (20 characters or less). Examples: 199 GPRO HF-5; ACO 28; CTM-3; PQI #08. Fields for the NQF ID number and previous year(s) Jira MUC ID number are provided in other data fields within this form.
     o Free text field (limited to 20 characters)

> ✚ E.g., CTM-3; ACO 28
> ✚ This field is not for NQF or MUC ID numbers. You can enter NQF and MUC numbers later in the online submission form.

10. Measure Description*
    - Provide a brief description of the measure (limited to 700 characters). When you paste text, any content over the character limit will be truncated.
      o Free text (limited to 700 characters)

Helpful Hints: When using free text fields

If copying and pasting text into data fields, check to make sure the full text is within the character limit.

Text greater than the character limits will be truncated and will not be stored.

In measure specifications and other text fields, be sure to spell out all abbreviations and define special terms at their first occurrence. This will save time and revision/editing cycles during clearance.

11. Numerator*
- The upper portion of a fraction used to calculate a rate, proportion, or ratio. A clinical action to be counted as meeting a measure's requirements.
- For all fields, especially Numerator and Denominator, use plain text whenever possible. If needed, convert any special symbols, math expressions, or equations to plain text (keyboard alphanumeric, such as + - * /). This will help reduce errors and speed up data conversion, team evaluation, and MUC report formatting.
  - Free text (unlimited)

12. Denominator*
- The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given patient population that may be counted as eligible to meet a measure's inclusion requirements.
  - Free text (unlimited)

13. Exclusions/Exceptions*
- If applicable, specify Numerator Exclusion, Denominator Exclusion, or Denominator Exception.
  - Free text (unlimited)

> ⊥ Be clear regarding where the exclusion is applied; "Exclusions to the numerator are:…", "Exclusions to the denominator are:…"

14. Measure Type*
- Select only one type of measure. For definitions, see Glossary in Appendix B below.

1. None (not a valid answer)
2. Composite
3. Cost/Resource Use
4. Efficiency
5. Intermediate Outcome
6. Outcome
7. Patient Reported Outcome
8. Process
9. Structure
10. Other (enter in Comments section below)

15. Which clinical guideline(s)?
- The measure should improve compliance with standard clinical guidelines. Provide a detailed description of which guideline supports the measure and how the measure will enhance compliance with the clinical guidelines. Indicate whether the guideline is evidence-based or consensus-based.
  - Free text (unlimited)

> ⊥ Submitters may attach PDFs or other files (Item 69 below) or paste hyperlinks (here in the Item 15 text box) to external web-based documents. If citing an external document, the submitter must provide the page number and reference in this text box field in Jira.
> ⊥ Resource: The National Guideline Clearinghouse http://www.guideline.gov/

16. Is this measure similar to and/or competing with measure(s) already in a program?*
    - Consider other measures with similar purposes.
        - Yes
        - No

17. *If you selected YES, answer the next three Items (18, 19, and 20). If you answered NO, proceed to Item 21 (Target Population).*

18. Which measure(s) already in a program is your measure similar and/or competing with?
    - Identify the other measure(s) including title and any other unique identifier.
        - Free text (unlimited)

    > + In addition to listing the title and identifiers, if a similar or competing measure is NQF endorsed or otherwise available on-line, post website link in text box.

19. How will this measure add value to the CMS program?
    - Describe benefits of this measure, in comparison to measure(s) already in a program.
        - Free text (unlimited)

20. How will this measure be distinguished from other similar and/or competing measures?
    - Describe key differences that set this measure apart from others.
        - Free text (unlimited)

    > + Distinguish between similar measures and the measure being submitted.
    > + Describe how this measure will be distinguished from other similar and/or competing measures.
    > + Demonstrate that an environmental scan has been completed.
    > + Describe the level of investigation.

21. What is the target population of the measure?*
    - What populations are included in this measure? E.g., Medicare Fee for Service, Medicare Advantage, Medicaid, CHIP, All Payer, etc.
        - Free text (unlimited)

2.3 Measure Alignment

22. What one area of specialty is the measure aimed to, or which specialty is most likely to report this measure?*

- Select the most applicable area of specialty. Use the scroll bar to view all available specialties.

1. None (not a valid answer)
2. Addiction medicine
3. Allergy/immunology
4. Anesthesiology
5. Cardiac electrophysiology
6. Cardiac surgery
7. Cardiovascular disease (cardiology)
8. Chiropractic medicine
9. Colorectal surgery (proctology)
10. Critical care medicine (intensivists)
11. Dermatology
12. Diagnostic radiology
13. Electrophysiology
14. Emergency medicine
15. Endocrinology
16. Family practice
17. Gastroenterology
18. General practice
19. General surgery
20. Geriatric medicine
21. Gynecological oncology
22. Hand surgery
23. Hematology/oncology
24. Hospice and palliative care
25. Infectious disease
26. Internal medicine
27. Interventional pain management
28. Interventional radiology
29. Maxillofacial surgery
30. Medical oncology
31. Mental health professionals
32. Nephrology
33. Neurology
34. Neuropsychiatry
35. Neurosurgery
36. Nuclear medicine
37. Obstetrics/gynecology
38. Ophthalmology
39. Optometry
40. Oral surgery (dentists only)
41. Orthopedic surgery
42. Osteopathic manipulative medicine
43. Otolaryngology
44. Pain management
45. Palliative care
46. Pathology 49. Physical medicine and rehabilitation
47. Pediatric medicine
48. Peripheral vascular disease
49. Physical medicine and rehabilitation
50. Plastic and reconstructive surgery
51. Podiatry
52. Preventive medicine
53. Primary care
54. Psychiatry
55. Pulmonary disease
56. Pulmonology
57. Radiation oncology
58. Rheumatology
59. Sleep medicine
60. Sports medicine
61. Surgical oncology
62. Thoracic surgery
63. Urology
64. Vascular surgery
65. Other (enter in Comments below)

Select the one best fit.

23. What one **primary** healthcare priority applies to this measure?*
   - Healthcare priorities (also known as domains); select the best one.
     - **Patient Safety** - Make care safer by reducing harm caused in the delivery of care
     - **Person/Family Engagement** - Strengthen person and family engagement as partners in their care
     - **Effective Communication and Coordination of Care** - Promote effective communication and coordination of care
     - **Prevention and Treatment of [specific disease]** - Promote effective prevention and treatment of chronic disease
     - **Health and Wellbeing** - Work with communities to promote best practices of healthy living
     - **Affordable Care** – Make care affordable.

> ✚ Check the one healthcare priority that best applies to your measure.

24. What one **primary** meaningful measure area applies to this measure?*
   - Select the best one. The meaningful measure area choices that you see depend on your selection of primary healthcare priority above
     - If Priority above = **Make care safer**…, then your choices are:
       - Healthcare-associated infections
       - Preventable healthcare harm
     - If Priority above = **Strengthen person**…, then your choices are:
       - Care is personalized and aligned with patient's goals
       - End of life care according to preferences
       - Patient's experience of care
       - Patient reported functional outcomes
     - If Priority above = **Promote effective communication**…, then your choices are:
       - Medication management
       - Admissions and readmissions to hospitals
       - Transfer of health information and interoperability
     - If Priority above = **Promote effective prevention**…, then your choices are:
       - Preventive care
       - Management of chronic conditions
       - Prevention, treatment, and management of mental health
       - Prevention and treatment of opioid and substance use disorders
       - Risk adjusted mortality
     - If Priority above = **Work with communities**…, then your choices are:
       - Equity of care
       - Community engagement
     - If Priority above = **Make care affordable**, then your choices are:
       - Appropriate use of healthcare

- Patient-focused episode of care
- Risk adjusted total cost of care

> ✚ Check the one Meaningful Measure that best applies to your submitted measure.

25. What **secondary** healthcare priority applies to this measure?
    - Healthcare priorities (also known as domains); select one alternate or secondary priority only if applicable.
        o **Patient Safety** - Make care safer by reducing harm caused in the delivery of care
        o **Person/Family Engagement** - Strengthen person and family engagement as partners in their care
        o **Effective Communication and Coordination of Care** - Promote effective communication and coordination of care
        o **Prevention and Treatment of [specific disease]** - Promote effective prevention and treatment of chronic disease
        o **Health and Wellbeing** - Work with communities to promote best practices of healthy living
        o **Affordable Care** – Make care affordable.

> ✚ Check one secondary priority only if applicable.

26. What **secondary** meaningful measure area applies to this measure?
    - Select an alternate or secondary area only if applicable. The meaningful measure area choices that you see depend on your selection of secondary healthcare priority above
        o If Priority above = **Make care safer**…, then your choices are:
            - Healthcare-associated infections
            - Preventable healthcare harm
        o If Priority above = **Strengthen person**…, then your choices are:
            - Care is personalized and aligned with patient's goals
            - End of life care according to preferences
            - Patient's experience of care
            - Patient reported functional outcomes
        o If Priority above = **Promote effective communication**…, then your choices are:
            - Medication management
            - Admissions and readmissions to hospitals
            - Transfer of health information and interoperability
        o If Priority above = **Promote effective prevention**…, then your choices are:
            - Preventive care
            - Management of chronic conditions

- Prevention, treatment, and management of mental health
- Prevention and treatment of opioid and substance use disorders
- Risk adjusted mortality
  - o If Priority above = **Work with communities**…, then your choices are:
    - Equity of care
    - Community engagement
  - o If Priority above = **Make care affordable**, then your choices are:
    - Appropriate use of healthcare
    - Patient-focused episode of care
    - Risk adjusted total cost of care

> 🞣 Check one secondary Meaningful Measure only if applicable.

27. Briefly describe the peer reviewed evidence justifying this measure*
    - Description of the rationale and/or the peer reviewed evidence; for example, cite the relevant publication(s) and summarize the findings that document the value of this measure.
      - o Free text (unlimited)

28. What is the NQF status of the measure?*
    - Select only one. Refer to http://www.qualityforum.org/QPS/ for information on NQF endorsement, measure ID, and other information.
      - o Endorsed
      - o Endorsement removed
      - o Submitted
      - o Failed endorsement
      - o Never submitted
      - o None (default – not a valid answer)

> 🞣 The NQF is the quality measure consensus building entity. NQF uses its formal Consensus Development Process (CDP) to evaluate and endorse consensus standards, including performance measures.

http://www.qualityforum.org/

29. NQF ID*
- Four- or five-character identifier.
  - Free text (4 or 5 characters)

> + If no NQF ID number is known or the measure was not submitted to NQF, enter numerals 0000.
> + Place zeros ahead of ID if necessary (e.g., 0064).
> + Add a letter after the ID if necessary (e.g., 0064e).

2.4 Measure Testing and Endorsement

30. Evidence the measure can be operationalized
- Provide evidence that the data source used by the measure is readily available to CMS. Summarize how CMS would operationalize the measure. For example, if the measure is based on registry data, the submitter must provide evidence that the majority of the hospitals in the program in which the measure will be used

participate in the registry; if the measure is registry-based, the submitter must provide a plan for CMS to gain access to the registry data.

- For eCQMs, attach feasibility scorecard or other quantitative evidence indicating measure can be reported by the intended reporting entities (see Item 69 below).
  - Free text (unlimited)

> - CMS can implement a measure if the data is available for measure calculation.
> - Data has to be extrapolated in order for CMS to operationalize the measure.
> - CMS has limitations regarding the data it uses for measurement (e.g., chart abstracted and claims data).
> - For example, describe the number of hospitals, physicians, or long-term care facilities that are currently using the measure.
> - The measure must be simple enough that large numbers of users are likely to adopt and use it.
> - CMS needs to be able to collect/access the data.
>
> Example 1: Someone proposes a measure that relies on a registry where only 10% of hospitals participate. CMS cannot force the other 90% of hospitals to join this registry, so the measure cannot readily be operationalized.
>
> Example 2: Measure is proposed where the respondent burden involves completing 98 pages of specifications. The measure is too complex to be operationalized.

31. *If the measure is NQF endorsed, answer Items 32 through 36. If never submitted to NQF, skip to Item 37 (state of development). See Item 28 above for a description of NQF.*

32. Is the measure being submitted <u>exactly</u> as endorsed by NQF?
    - Select only one
      - Yes
      - No

33. If not exactly as endorsed, specify the locations of the differences.
    - Which specification fields are different? Select as many as apply.
      - Measure title
      - Description
      - Numerator
      - Denominator
      - Exclusions
      - Target Population
      - Setting (for testing)
      - Level of analysis
      - Data source

- o eCQM status
- o Other (see next field)

34. If not exactly as endorsed, describe the nature of the differences
    - Briefly describe the differences
        - o Free text (unlimited)

35. Year of most recent of NQF Consensus Development Process (CDP) endorsement (See Item 28 above.)
    - Select one
        - o Four-digit year

1. 1999	12. 2010
2. 2000	13. 2011
3. 2001	14. 2012
4. 2002	15. 2013
5. 2003	16. 2014
6. 2004	17. 2015
7. 2005	18. 2016
8. 2006	19. 2017
9. 2007	20. 2018
10. 2008	21. 2019
11. 2009	

36. Year of next anticipated NQF CDP endorsement review
    - Select one (four-digit year)
        - o 2019
        - o 2020
        - o 2021
        - o 2022
        - o 2023
        - o None (not a valid answer)

37. In what state of development is the measure?*
    - Select as many as apply
        - o Early Development
        - o Field Testing
        - o Fully Developed

38. State of Development Details
    - Details are helpful to CMS in understanding where the measure is in the developmental cycle and will weigh heavily in determining whether or not the measure will be published on the MUC List.

- If you selected early development above, meaning testing is not currently underway, please describe when testing is planned (i.e., specific dates), what type of testing is planned (e.g., alpha, beta, etc.) as well as the types of facilities in which the measure will be tested.
- If you selected field testing or fully developed above, please describe what testing (e.g., alpha, beta, etc.) has taken place in addition to the results of that testing.
- Related to testing, summarize results from validity testing including number of reporting entities and patients measured, and how validity was assessed. Summarize results from reliability testing including number of reporting entities and patients measured, and how reliability was assessed.
  - Free text field (unlimited)

39. In which setting was the measure tested?*
- Select as many as apply

1. None (not a valid answer)
2. Ambulatory surgery center
3. Ambulatory/office-based care
4. Behavioral health clinic and treatment facility
5. Community hospitals
6. Dialysis facility
7. Emergency department
8. Federally qualified health center (FQHC)
9. Hospital outpatient department (HOD)
10. Home health
11. Hospital inpatient
12. Hospital/acute care facility
13. Inpatient psychiatric facility
14. Inpatient rehabilitation facility
15. IP units within acute care hospitals
16. Long-term care hospital
17. Nursing home
18. Post-acute care facility(s)
19. PPS-exempt cancer hospital
20. Psychiatric outpatient
21. Veterans Health Administration facilities
22. Other (enter in Comments below)

40. At what level of analysis was the measure tested?*
- Select as many as apply
  - None (not a valid answer)
  - Clinician
  - Group
  - Facility
  - Health plan
  - Medicaid program (e.g., Health Home or 1115)
  - State
  - Not yet tested
  - Other (enter in Comments box below)

41. What data sources are used for the measure?*
   - Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.
   - If Claims, then enter relevant parts in Item 44 below.
   - If EHR, then enter relevant parts in Item 44 below.
   - If Registry, then enter which registry in Item 43 below.

   1. Administrative clinical data
   2. Facility discharge data
   3. Chronic condition data warehouse (CCW)
   4. Claims
   5. CROWNWeb
   6. EHR
   7. Hybrid
   8. IRF-PAI
   9. LTCH CARE data set
   10. National Healthcare Safety Network
   11. OASIS-C1
   12. Paper medical record
   13. Prescription Drug Event Data Elements
   14. PROMIS
   15. Record review
   16. Registry
   17. State Vital Records
   18. Survey
   19. Other (enter in Comments below)
   20. None (not a valid answer)

   > ⚑ Use the Comments field below to specify or elaborate on the type of data source, if needed to define your measure.

42. *If Registry was selected, answer Item 43. If EHR or Claims or Chart-Abstracted Data, answer Item 44. If none of these, skip to Item 45 (How reported?).*

43. Specify the registry(ies)
   - Identify the registry(ies) using the submitted measure. Use the scroll bar to view all available registries. Select as many as apply.
     1. AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity
     2. Alere Analytics Registry
     3. American Board of Family Medicine Registry
     4. American College of Cardiology Foundation FOCUS Registry
     5. American College of Cardiology Foundation PINNACLE Registry
     6. American College of Physicians Genesis Registry™ in collaboration with CECity
     7. American College of Radiology National Radiology Data Registry
     8. American College of Rheumatology Informatics System for Effectiveness
     9. American College of Surgeons (ACS) Surgeon Specific Registry (SSR)
     10. American College of Surgeons National Cancer Data Base (ASC NCDB)
     11. American College of Surgeons National Surgical Quality Improvement Program (ASC NSQIP)

12. American Gastroenterological Association Colorectal Cancer Screening and Surveillance Registry in collaboration with CECity
13. American Gastroenterological Association Digestive Recognition Program Registry in collaboration with CECity
14. American Health IT
15. American Heart Association's Get With the Guidelines Database
16. American Joint Replacement Registry
17. American Nursing Association's National Database for Nursing Quality Indicators® (NDNQI®).
18. American Osteopathic Association Clinical Assessment Program
19. American Society of Breast Surgeons Mastery of Breast Surgery Program
20. American Society of Clinical Oncology Quality Oncology Practice Initiative (QOPI)®
21. Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry (NACOR)
22. Bayview Physician Services Registry
23. BMC Clinical Data Warehouse Registry
24. Care Coordination Institute Registry
25. CDC, NHSN (National Healthcare Safety Network)
26. CECity Registry ("PQRSwizard")
27. Cedaron Medical
28. Central Utah Informatics
29. Chronic Disease Registry, Inc
30. CINA
31. Clinical Support Services
32. Clinicient
33. Clinigence
34. Conifer Value-Based Care
35. Corrona, LLC
36. Covisint Corporation Registry (formerly Docsite)
37. Crimson Care Registry
38. CUHSM.ORG
39. DC2 Healthcare (NOC2 Spine Registry and C3 Total Joint Registry)
40. Digital Medical Solutions Registry
41. DrexelMed Registry
42. E*HealthLine.com Inc
43. eClinicalWeb (eClinicalWorks) Registry
44. EVMS Academic Physicians and Surgeons Health Services Foundation
45. Faculty Practice Foundation, Inc. supported by BMC Clinical Data Warehouse Registry
46. Falcon Registry
47. FORCE-TJR Registry QITM
48. FOTO PQRS Registry
49. Fresenium Medical Care CKD Data Registry

50. Geriatric Practice Management LTC Qualified Clinical Data Registry
51. Geriatric Practice Management LTC Registry
52. GI Quality Improvement Consortium's GIQuIC Registry
53. Greenway Health PrimeDATACLOUD PQRS Registry
54. HCA Physician Services PQRS Registry
55. HCFS Health Care Financial Services LLC (HCFS)
56. Health Focus Registry
57. ICLOPS
58. Ingenious Med, Inc.
59. Intellicure, Inc
60. Intelligent Healthcare
61. iPatientCare Registry
62. IPC The Hospitalist Company Registry
63. IRISTM Registry
64. Johns Hopkins Disease Registry
65. Louisiana State University Health Care Quality Improvement Collaborative [Louisiana State University, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity]
66. Lumeris Registry
67. M2S Registry
68. Mankato Clinic Registry
69. Massachusetts eHealth Collaborative Quality Data Center QCDR
70. Massachusetts General Physicians Organization Registry
71. McKesson Population Manager
72. MDinteractive
73. MDSync LLC
74. MedAmerica/CEP America Registry
75. Meditab Software, Inc
76. MedXpress Registry
77. MEGAS, LLC Alpha II Registry
78. Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) QCDR
79. Michigan Bariatric Surgery Collaborative QCDR
80. Michigan Spine Surgery Improvement Collaborative
81. Michigan Urological Surgery Improvement Collaborative QCDR
82. myCatalyst
83. National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement Registry in collaboration with CECity
84. Net Health Specialty Care Registry
85. Net.Orange cOS Registry
86. NeuroPoint Alliance (NPA)'s National Neurosurgery Quality & Outcomes Database (N2QOD)
87. NextGen Healthcare Solutions
88. NJ-HITEC Clinical Reporting Registry

89. OBERD QCDR
90. OmniMD
91. Oncology Nursing Quality Improvement Registry in collaboration with CECity
92. Oncology Quality Improvement Collaborative (The US Oncology Network, McKesson Specialty Health, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity)
93. Patient360
94. Physician Health Partners QCDR
95 PMI Registry
96. PQRS Solutions
97. PQRSPRO NetHealth LLC
98. Premier Healthcare Alliance Physician Registry™
99. Pulse PQRS Registry
100. Quintiles PQRS Registry
101. Renal Physicians Association Quality Improvement Registry in collaboration with CECity
102. ReportingMD Registry
103. RexRegistry by Prometheus Research
104. Society of Thoracic Surgeons National Database
105. Solutions for Quality Improvement (SQI) Registry
106. Specialty Benchmarks Registry
107. SunCoast RHIO
108. SupportMed Data Analytics & Registry
109. Surgical Care and Outcomes Assessment Program (SCOAP)
110. SwedishAmerican Medical Group
111. TeamPraxis-Allscripts CQS
112. The Guideline Advantage™ (American Cancer Society, American Diabetes Association, American Heart Association) supported by Forward Health Group's PopulationManager®
113. The Pain Center USA PLLC
114. Unlimited Systems Specialty Healthcare Registry
115. Vancouver Clinic
116. Venous Patient Outcome Registry
117. Vericle, Inc.
118. Webconsort LLC
119. WebOutcomes LLC
120. WebPT, Inc
121. Wellcentive, Inc
122. Wisconsin Collaborative for Health Care Quality Registry
123. Wound Care Quality Improvement Collaborative (Paradigm Medical Management, Patient Safety Education Network (PSEN), Net Health Systems, Inc., CECity)
124. Other (specify in comments)

44. If EHR or Claims or Chart-Abstracted Data, description of parts related to these sources
    - Provide a brief, specific description of which parts of the measure are taken from EHR, claims-based, or chart-abstracted (i.e., paper medical records) data sources.
        - Free text (unlimited)

45. How is the measure expected to be reported to the program?*
    - This differs from the data sources above. This is the anticipated data submission method.
    - Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.
        - eCQM
        - Registry
        - Claims
        - Administrative Claims
        - Other (enter in Comments at far bottom of this screen)

> Use the Comments field below to specify or elaborate on the type of reporting data, if needed to define your measure.

2.5 Electronic Clinical Quality Measures (eCQMs)

Electronic clinical quality measures (eCQMs) use data obtained from electronic health records (EHRs) and/or health information technology systems for quality measurement.

CMS created a unique "CMS eMeasure Identifier" to clearly and consistently identify eCQM files. The naming convention combines the eMeasure identifier assigned to the eCQM in the Measure Authoring Tool (MAT) with the "eMeasure Version Number," which begins with "CMS." The eMeasure Version Number is a positive integer value used to indicate the version of the eMeasure. For example, based on this universal naming convention, the Eligible Professional measure "NQF0056-Diabetes: Foot Exam" would display the following for the first version of the measure: CMS123v1. For more eCQM and MAT information, please see: http://www.healthit.gov/ecqi-resource-center/ecqm/index.html.

46. Is this measure an eCQM?*
    - Is this an eCQM? Select only one. If your answer is yes, the Measure Authoring Tool (MAT) ID number must be provided below (Item 48).
        - Yes
        - No
        - None (not a valid answer)

47. If eCQM = Yes, then answer Items 48 and 49 below.

48. If eCQM, enter Measure Authoring Tool (MAT) number*
    - If your measure is an eCQM, then in the Attachments field below (Item 69), you must attach Bonnie test cases for this measure, with 100% logic coverage (test cases should be appended), attestation that value sets are published in Value Set Authority Center, and NQF feasibility scorecard.
    - If not an eCQM, or if MAT number is not available, enter 0.
        - Free Text (unlimited)

49. If eCQM, does the measure have a Healthy Quality Measures Format (HQMF) specification in alignment with the latest HQMF standards?*
    - If not eCQM, select No.
        - Yes
        - No
        - None (not a valid answer)

2.6 Measure Gaps and Consequences

50. Evidence of performance gap*
    - Evidence of a performance gap among the units of analysis in which the measure will be implemented. Provide analytic evidence that the units of analysis have room for improvement and therefore that the implementation of the measure would be more meaningful.
    - The distribution of performance should be wide. Measure must not address "topped-out" opportunities. Please provide current rate of performance and standard deviation from that rate to demonstrate variability.
    - If available, please provide information on the testing data set. If available, include percent average performance rate, minimum, and maximum. Include validity and reliability values in a standard format, and the population size used in determining these values.
        - Free text (unlimited)

51. Unintended consequences
    - Summary of potential unintended consequences if the measure is implemented. Information can be taken from NQF CDP manuscripts or documents.
    - If referencing NQF documents, you must submit the document (Item 69 below) or a link to the document (in this field), and the page being referenced.
        - Free text (unlimited)

2.7 Measures under Consideration and Measure Applications Partnership (MAP) History

Measures that have been submitted, accepted, and published on a previous MUC list should not be resubmitted – unless you are expanding the measure into other programs that are not currently using the measure, or unless the measure has undergone substantial changes. The section Measures Covered by Pre-Rulemaking in the Introduction above provides situations for entering a candidate measure. Please refer to this section for more information.

52. Was this measure published on a previous year's Measures Under Consideration list?*
   - *If **yes**, you are submitting an existing measure for expansion into additional CMS programs or the measure has substantially changed since originally published, then proceed to the Items 53 through 58 and 60 below. If **no**, then skip to Item 61.*
      - Yes
      - No
      - None (not a valid answer)

   🞣 http://www.qualityforum.org/map/

53. In what prior year(s) was this measure published?
   - Select as many as apply
      - 2011
      - 2012
      - 2013
      - 2014
      - 2015
      - 2016
      - 2017
      - 2018
      - Other (enter in comments box at bottom of screen)

Helpful Hint: Finding Past MUC Lists and MAP Workgroup Reports

Previous MAP and Measures under Consideration reports can be found at the CMS Pre-Rulemaking web site.

---

54. What were the MUC IDs for the measure in each year?
- List both the year and the associated MUC ID number in each year. If unknown, enter N/A.
    o Free text (unlimited)

> ♦ e.g., 2013   X1432
> ♦ For reference, in the 2014 MUC list, the following prefixes were used to categorize groups of measures:
> E—Currently endorsed by the NQF
> D—Was once endorsed by the NQF but has subsequently been de-endorsed
> F—Was submitted to the NQF for endorsement but was not endorsed
> S—Is currently submitted to the NQF for endorsement
> X—Has yet to be submitted to the NQF for endorsement.

55. List the NQF MAP workgroup(s) in each year
- List both the year and the associated workgroup name in each year.
    o Free text (unlimited)

> ♦ Workgroup options: Clinician; Hospital; Post-Acute Care/Long-Term Care; and Coordinating Committee.
> ♦ Example: "Clinician, 2014"

56. What were the programs that NQF MAP reviewed the measure for in each year?
- List both the year and the associated program name in each year.
    o Free text (unlimited)

57. What was the NQF MAP recommendation in each year?
- List the year(s), the program(s), and the associated recommendation(s) in each year.
- Options: Support; Do Not Support; Conditionally Support; Refine and Resubmit
    o Free text (unlimited)

> ♦ Example: "Hospital Inpatient Quality Reporting, 2014, Conditionally Support; Hospital Value-Based Purchasing, 2013, Support."

58. Why was the measure not recommended by the MAP workgroups in those year(s)?
- Briefly describe the reason(s) if known.
    o Free text

59. NQF MAP report link for each year

> 🔸 This is not a data entry field, but is provided for your reference in completing this section. You can copy/paste the links into your browser to view each year's MAP pre-rulemaking report (2012 to present). Click on the following link: http://www.qualityforum.org/Setting_Priorities/Partnership/MAP_Final_Reports.aspx
>
> 🔸 All major NQF reports going back to 2008 should be locatable here: http://www.qualityforum.org/Publications.aspx
>
> 🔸 For additional information regarding MAP and the MAP pre-rulemaking report process, go to: http://www.qualityforum.org/map/ or CMS's website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/MultiStakeholderGroupInput.html

60. NQF MAP report page number being referenced for each year
- List both the year and the associated MAP report page number for each year.
  - Free text (unlimited)

2.8 Statutory Requirement

61. If this measure is being submitted to meet a statutory requirement, please list the corresponding statute
- List title and other identifying citation information.
  - Free text (unlimited)

2.9 Measure Steward and Submitter Information

62. Measure Steward*
- Select the current Measure Steward. Select as many as apply. Use the scroll bar to view all available stewards.
  - See Appendix A.62-64 (within Appendix G) below for list choices.

63. Measure Steward Contact Information*
- Last name, First name; Affiliation (if different); Telephone number; E-mail address
  - Free text (unlimited)

64. Long-Term Measure Steward (if different)
- Entity or entities that will be the permanent measure steward(s), responsible for maintaining the measure and conducting NQF maintenance review.
- Use the scroll bar to view all available stewards. See Appendix A.62-64 (within Appendix G) for list choices.
  - Free text (unlimited)

See Appendix A.60-62 within [Appendix G](#) below for a list of Measure Stewards.

65. Long-term Measure Steward Contact Information
  - If different from Steward above: Last name, First Name; Affiliation; Telephone number; E-mail address.
    - Free text (unlimited)

66. Primary Submitter Contact Information*
  - If different from Steward above: Last name, First name; Affiliation; Telephone number; E-mail address.
    - Free text (unlimited)

67. Secondary Submitter Contact Information
- If different from name(s) above: Last name, First name; Affiliation; Telephone number; E-mail address.
  - Free text (unlimited)

2.10 Comments and Attachments

Any field where you selected "other" in previous drop-down fields must be addressed in the Comments box. By specifying the information in fields marked "other," you will aid in the prompt and accurate review of your candidate measure.

68. Comments
- Any notes, qualifiers, external references, or other information not specified above.
- For OTHER entries: please indicate the type of additional data you are providing, such as Measure Type, Setting, Level of Analysis, or Measure Steward.
- Please ensure that all comments are added to the parent measure record rather than the child measure record.
  - Free text (unlimited)

> ✛ Example: If your measure has an area of specialty, a registry, or a measure steward that is not on the drop-down lists provided, you can add this specific information in the Comments field.

Helpful Hint: Add Comments Only to "Parent" Measures

As a measure goes through the Jira workflow, a copy of the "parent" measure record is created for each selected CMS program. These copies are called "child" measures. This permits concurrent review and parallel review/approval of candidate measures across programs. The "child" measure is used only for tracking the program-specific approve/reject decision.

When you are viewing a child measure, at the top of the Details list at left, the legend **"Type: Child Measure"** will be visible. If you wish to add a comment on this measure, then navigate away from the "child" record and go to the corresponding "parent" measure record using the hyperlink at the top of the screen. You will know that you are on the parent measure when you see **"Type: Measure Submission."** See examples below.
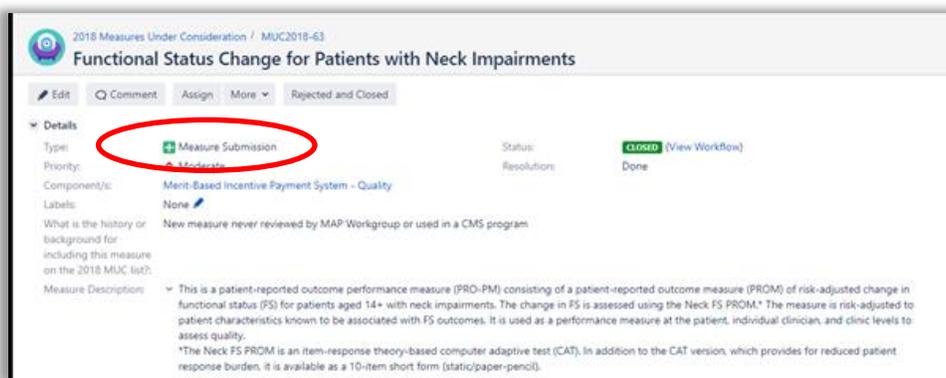
Above is a "Parent" measure record. Type = Measure Submission.

Below is a "Child" measure record. Type = Child Record. To go to the Parent record, in this example, click on the hyperlink to "MUC2018-63" just above the large font measure title.
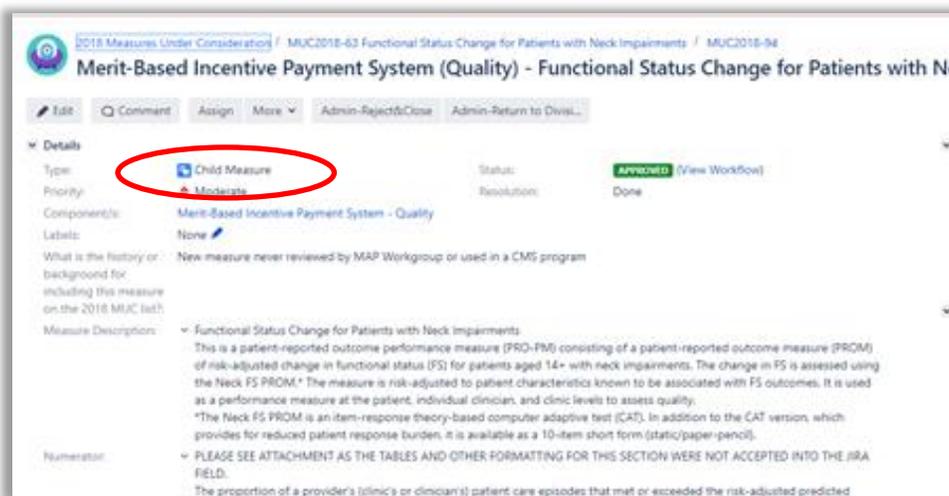
69. Attachment(s)

- The maximum file upload size is 10.00 MB.
- You are encouraged to attach measure information form (MIF) if available. This is a detailed description of the measure used by NQF during endorsement proceedings. If a MIF is not available, comprehensive measure methodology documents are encouraged.
- If you select MIPS, please navigate to the Additional Resources list at this web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html, download the "MIPS Peer Review Template and a Completed Sample," and attach the completed form to your Jira submission using the "Attachments" field at the bottom of this web page.
- If eCQM, you must attach Bonnie test cases for this measure, with 100% logic coverage (test cases should be appended), attestation that value sets are published in Value Set Authority Center, and NQF feasibility scorecard.

To attach file(s) to your Jira measure record, use the "Drop files to attach, or browse" function shown above.

Helpful Hint:
If You Are Submitting a Measure Under the
Merit-Based Incentive Payment System (MIPS)

Any new measure being submitted under MIPS must have a completed attachment in Jira, the "Peer Reviewed Journal Article Requirement," before it can begin the CMS review and approval workflow. This attachment was developed by CMS and has been required since 2016. It consists of a blank template in MS Word format, with topic headings and questions that measure owners/submitters are to complete.

If you select MIPS as a program for the candidate measure that you are submitting, please navigate to the Additional Resources list at this web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html, download the "MIPS Peer-Review Template and a Completed Sample," and attach the completed form to your Jira submission using the "Attachments" field. This requirement is in response to provisions of the Medicare and CHIP Reauthorization Act (MACRA). Please provide specific details to support your responses on this form.

70. MIPS Journal Article Attachment
   - For those submitting measures to MIPS program, click "Yes" after you have attached your completed Peer-Reviewed Journal Article Requirement form.
       o Yes
       o No

2.11 Changing or Deleting a Submitted Measure

After you create a new measure record in Jira, if you need to change any information, you will need to use the "Modifying a Current Year Measure" function described in the next chapter.

All measure submitters are encouraged to use the available Word template to gather and verify their measure information offline before logging into Jira, and to make sure that the measure information is complete, correct, and current before they start creating a new measure record.

CHAPTER 3: MODIFYING A CURRENT YEAR MEASURE

All measure submissions must be completed at the time of entry. Jira does not have a "save" button enabling you to return to finish a submission. To assist with submission preparations, CMS recommends that you complete the "measure submission" template (Appendix G) prior to submitting the measure in Jira to ensure that all relevant data elements are available.

This chapter describes the steps for requesting a measure submission modification or for requesting to delete a measure submission after the original submission has been made.

> + Only current year candidate measures may be considered for modification/deletion within the Jira database.
> + The asterisk (*) symbol below denotes a required field in Jira.

Measure specifications may change, data entry errors may occur, or a measure submission may need to be removed. If any of these situations arise, create a "Modify Candidate Measure" issue type for assistance. The "Modify Candidate Measure" record is tracked in Jira, and CMS will work with program staff to review and either approve or reject the request.

> + If approved, the modification/deletion request will initiate the process of changing or deleting the original measure record itself. Requests for changes and deletions will be facilitated by CMS or by measures contractor staff.
> + If rejected, the modification/deletion request will not be put into effect, the original measure record will remain unchanged, and the submitter/requestor will be notified through a comment in the original (parent) measure record.

1. Issue Type*
   - Select Modify Candidate Measure to change a measure already submitted for the current year.
     - Measure Submission
     - Question
     - **Modify Candidate Measure**
     - Feedback

2. Component/s*
   - Enter CMS program(s) for which the measure is proposed. Start typing to get a list of possible matches or press down to select.

See Chapter 2, Item 3 above for a list of CMS Programs.

3. Measure Title (labeled in Jira as "Summary")*
   - Provide the measure title only. Put program-specific ID number in the next field, not in the title. Use the same measure title as originally submitted.

       ○ Free text (limited to 255 characters)

4. Measure ID
   - Alphanumeric identifier (if applicable), such as a recognized program ID number for this measure. Use the same Measure ID as originally submitted (if applicable).
     - Free text (limited to 20 characters).

   > ✛ Example: CTM-3; ACO 28
   > ✛ This field is not for NQF or MUC ID numbers.

5. MUC ID
   - Provide the original MUC ID for the current year that Jira generated with your candidate measure submission.
     - Free text (limited to 20 characters)

6. Change
   - Type your proposed change here. Use this form only for candidate measures that have already been submitted through Jira for the current year MUC process.
   - Describe the change specifically. Be sure to include the names of the data field(s) affected, and indicate clearly whether the change is intended to add to or replace the existing information in that field.
     - Free text (unlimited)

7. Primary Contact Information for Person Requesting Change*
   - Last name, First name; Affiliation; Telephone number; Email address
     - Free text (unlimited)

8. Secondary Contact Information for Person Requesting Change*
   - Last name, First name; Affiliation; Telephone number; Email address
     - Free text (unlimited)

   > ✛ Provide detailed and accurate contact information to allow for additional follow-up by measure managers.

Helpful Hint: Difference between "Delete" and "Reject"

A candidate measure record can be approved or rejected. If a CMS reviewer determines that a candidate measure should not appear on the next Measures under Consideration List, he or she rejects it. However, such records remain in the database for tracking, accountability, and future reference.

In some cases, measure submitters may need to delete a candidate measure record entirely, for example, if two records with identical content are submitted to Jira in the same year, or if a candidate measure was submitted erroneously. In those cases, users should create a "Modify Candidate Measure" request or issue type, indicating the MUCxx identifying number of the record that should be reviewed for deletion and the reason for the request. Once a record has been deleted by Jira administrators, it cannot be recovered, and it is not traceable in the database.

CHAPTER 4: SUBMITTING A QUESTION OR REPORTING A PROBLEM

Problems or questions related to the MUC process can be entered within this section. All questions and problems will be reviewed per the [workflow shown in Appendix E](#).

1. Issue Type*
   - Select Question to ask a question on the MUC process.
     - Measure Submission
     - **Question**
     - Modify Candidate Measure
     - Feedback

2. Component/s [that is, CMS Program(s)]*
   - Please select the program(s) you are asking about.

[See Chapter 2, Item 3 above for a list of CMS programs.](#)

> 🔱 To select program, begin by typing the name of the program; Jira will pull up options for selection.

3. Summary*
    - Fill in a brief description of what issue needs to be addressed.
        - Free text (unlimited)

4. Type of question
    - Select type of question (main purpose)
        1. Jira user interface
        2. Measure content/specifications
        3. Measure supporting information
        4. Training
        5. Data request
        6. Other

5. Question*
    - Type your question here. Provide specific references to the Jira fields, measure attributes, or policies that you are asking about.
        - Free text (unlimited)

6. Primary Contact Information for Person Asking Question*
    - Last name, First name; Affiliation; Telephone number; Email address
        - Free text (unlimited)

7. Secondary Contact Information for Person Asking Question*
    - Last name, First name; Affiliation; Telephone number; Email address
        - Free text (unlimited)

CHAPTER 5: PROVIDING FEEDBACK

Feedback related to the MUC process can be entered within this section. All questions and problems will be reviewed per the workflow shown in Appendix E.

1. Issue Type*
   - Select Feedback to provide input about the current year MUC process.
     - Measure Submission
     - Question
     - Modify Candidate Measure
     - **Feedback**

2. Component/s [that is, CMS Program(s)]*
   - Please select the program(s) you are asking about

See Chapter 2, Item 3 above for a list of CMS programs.

> ✦ Type in the beginning of the program name – Jira will generate options for selection.
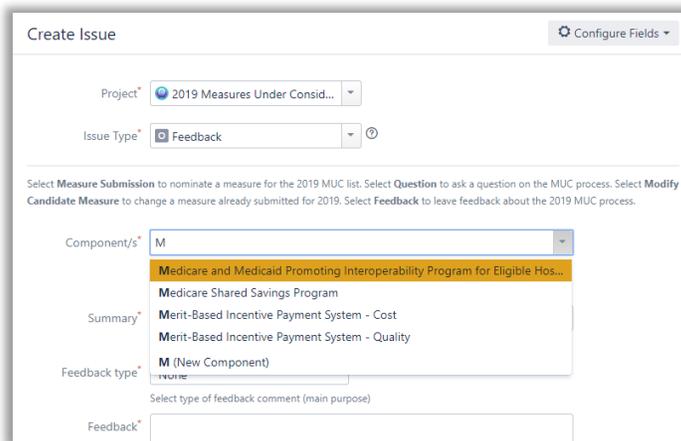
3. Summary*
   - Fill in a brief description of what issue needs to be addressed
     - Free text (unlimited)

4. Feedback Type*
   - Select type of question (main purpose)
     - Jira user interface
     - Measure content/specifications

o Measure supporting information
o Training
o Other
o None (not a valid answer)

5. Feedback*
   • Type your feedback here. Provide specific references to the Jira fields, measure attributes, or policies that you are responding to.
       o Free text (unlimited)

CHAPTER 6: MEASURE EVALUATION WORKFLOW AND FOLLOW-UP

Once the Jira project is closed for the year, no new measures can be submitted for consideration and no requests for changes to measures are accepted in Jira. This is to allow CMS and HHS reviews to commence with a stable set of measures and specifications. During this review period, candidate measures may undergo editorial or technical changes that originate with CMS or HHS clearance reviewers, but such changes are normally vetted with the measure owner and the respective CMS program(s). Also during this review period, all authorized users of Jira are encouraged to access and view measure information, including status changes that occur as the measure moves through the CMS workflow and comments are added.

Measure submitters, owners, or stewards may be contacted by CMS reviewers or others requesting further information or clarification on a given candidate measure. These contacts may be in the form of direct e-mails, auto-notifications from the Jira system, or comments added to the Jira record for a given measure. All stakeholders are encouraged to check the Jira website as their measures undergo review by CMS Program Leads and decisions are made. Reviewers and measure owners can add comments, questions, answers, and other documentation to the Jira record for each measure.

If your measure is accepted as a Measure under Consideration by one or more CMS Program(s) for publication on the list that is due December 1, the owners or stewards of such measures should attend the respective Measure Applications Partnership (MAP) Workgroup Meetings, held under the auspices of the National Quality Forum: http://www.qualityforum.org/map/.

You have the option of attending these public meetings either in-person or via webinar/teleconference. Your attendance coupled with your ability to respond to MAP Workgroup members' inquiries enables the Workgroup members to make an informed decision on each respective candidate measure. Your attendance is important, to address MAP Workgroup inquiries that cannot be resolved with reference to the Jira database alone.

If your candidate measure is not accepted by any CMS program, then it remains in the Jira database for future reference, and is added to the CMS Inventory Tool (CMIT) as a measure with a status of Declined. CMS program representatives add comments to these measures in Jira indicating the reasons for their rejection. Measure owners may resubmit these measures for consideration in a future year, for the same or different CMS programs.

REMINDER: Once a measure has appeared on a published Measures under Consideration List, it does not need to be resubmitted through pre-rulemaking for a future year unless it has undergone substantial change or it is being submitted for use in a different CMS program.

APPENDIX A: ACCESS TO JIRA APPLICATION

In order to gain access to Jira for the current MUC Year project web site, complete and email the following form to MMSSupport@battelle.org.

Submitter Name:

Submitter Email:

Organization/Agency Name:

Your Manager's Name:

Your Manager's Phone Number:

Your Manager's Email:

CMS Program Name:

CMS Program Lead Name:

Is this an activation, reactivation, or removal?

Note: Please make sure that you have already signed up for an ONC Jira account as described in Section 1.1 above, before requesting access to the current year MUC Project in Jira.

APPENDIX B: GLOSSARY

CMS has included a list of terms for clarity and consistency. For a more detailed list of common properties used in health care measure development, go to:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Blueprint.html   or to
http://www.qualitymeasures.ahrq.gov/about/glossary.aspx   or to
http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=73681

Accountable Care Organizations
> Umbrella organizations that provide coordinated care, chronic disease management, and thereby improve the quality of care patients get. The organizations are paid for an episode of care and distribute funds to the providers who participate in that care. The organizations' payments are tied to achieving health care quality goals and outcomes that result in cost savings.

Administrative clinical data
> Data such as enrollment or eligibility information, claims information, and managed care encounters. The claims and encounters may be for hospital and other facility services, professional services, prescription drug services, laboratory services, and so on, gathered from billing codes or other coding systems. This refers to information that is collected, processed, and stored in automated information systems.

Administrative management data
> Data that describe attributes of delivery organizations, staff, equipment, non-clinical operations, and financing.

Alpha test
> Formative testing of a measure.

Ambulatory/Office-based Care
> Health care services provided to patients on an ambulatory basis rather than by admission to a hospital or other health care facility. The services may be provided by a hospital augmenting its inpatient services or may be provided at a free-standing facility such as an ambulatory surgery center, clinician office, or clinic/ urgent care setting.

Ambulatory Procedure/Imaging Center
> Health care facilities where diagnostic imaging services and/or surgical procedures not requiring an overnight hospital stay are performed. Comprehensive care including pre-screening, pain management and post-operative nursing care is provided. Services include acupuncture, angiography, biopsy, chemotherapy, computed tomography, lab tests, laser medicine, magnetic resonance imaging (MRI), radiography,

electrocardiography (ECG), endoscopy, hemodialysis, palliative care, physical therapy, radiation therapy, ultrasonography, and various outpatient surgeries.

Ancillary Services

Supplemental services, including laboratory, radiology, physical therapy, and inhalation therapy, that are provided in conjunction with medical or hospital care.

Assisted Living Facilities

Long-term care facilities that typically permit residents to live in their own apartments or rooms. They provide services such as meals, housekeeping, 24-hour security, and onsite staff for emergencies, and social programs. Assisted living facilities may also offer assistance with personal care, medications, and other activities of daily living.

Behavioral Health Care

Health care services organized to provide mental health care, which may include diagnostic, therapeutic, and preventive mental health services; therapy and/or rehabilitation for substance-dependent individuals; and the use of community resources, individual case work, or group work to promote the adaptive capacities of individuals in relation to their social and economic environments.

Beta test

Field testing of a measure.

Building Block Measure

A measure that is necessary to inform the development of an outcome measure.

Clinical Practice Guideline

Give users an identifier to refer to a measure. Clinical practice guidelines are statement that include recommendations intended to optimize patient care that are informed by systematic review of evidence and an assessment of the benefits and harm of alternative care options.

Clinical training documentation

The recording of the details of educational and related activities intended to augment the skills and knowledge of clinical personnel.

CMS Program(s)

Refers to the applicable Medicare program(s) that may adopt the measure through rulemaking in the future.

Community Health Care

Diagnostic, therapeutic, and preventive health care services provided for individuals or families in the community for the purpose of promoting, maintaining, or restoring health or minimizing the effects of illness and disability. Community health care takes a

public health perspective of addressing the health of all residents in a community and undertaking health education and other public health measures as well as delivery of personal health care. Classic examples of community health care are the federally funded community health centers, most of which are in towns and cities.

Composite

A combination of two or more component measures, each of which individually reflects quality of care, into a single performance measure with a single score.

Cost/Resource Use

A count of the frequency of units of defined health system services or resources; some may further apply a dollar amount (e.g., allowable charges, paid amounts, or standardized prices) to each unit of resource use (i.e., monetize the health service or resource use units).

Data Source

Source(s) from which data are obtained for measurement.

Denominator

The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given patient population that may be counted as eligible to meet a measure's inclusion requirements.

Description

Detailed information about the measure, such as medical conditions to be measured, particular outcomes or results that could or should/should not result from the care and patient populations.

Documentation of organizational self-assessment

An organization's record keeping of its identifiable strengths and noticeable gaps in agency performance. The assessment serves to provide agencies with the means to evaluate and understand their own systems and program operations in order to strengthen the services delivered to the community and gain accreditation.

Early Development (State or Stage of Measure Development)

Measure testing is not currently underway in the healthcare setting.

Efficiency (measure type)

The cost of care associated with a specified level of health outcomes.

Electronic health record (EHR) system

An electronic health record (EHR) is just like it sounds: a systematic collection of health information about a patient or population in a digital format. At its simplest, an EHR is a computerized version of a doctor's traditional paper charts. Electronic information in

EHRs can be more easily shared through connected systems and other information networks.

EHR standards

Healthcare providers use different types of EHR systems that need to be able to communicate, translate, and use information from many sources. Standards are sets of rules or guidelines that allow for interoperability (the exchange of useful data across different systems).

eMeasure

eMeasures are performance measures that have been developed for use in an EHR or other electronic system. eMeasure pull the information needed to evaluate performance directly from the electronic record. They can be far more efficient than traditional approaches of extracting data from paper charts or claims databases.

Value set

A value set is a list of specific clinical terms and the codes that correspond with them. A value set defines each of the clinical terms in the elements of a quality measure. Value sets support the calculation of eMeasures and the systematic exchange of health information.

Emergency Department

A section of an institution that is staffed and equipped to provide rapid and varied emergency care, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma.

Emergency Medical Services

Services specifically designed, staffed, and equipped for the emergency care of patients.

Endorsement

The National Quality Forum (NQF) uses its formal Consensus Development Process (CDP) to evaluate and endorse measures. The CDP process is designed to allow input and discussion from stakeholder groups from across the healthcare industry to determine which measures warrant endorsement as the "best in class."

Endorsement Date

The date the measure was endorsed.

Endorsement Maintenance

Healthcare is always changing, measures need ongoing maintenance and updates. Endorsement maintenance is a review process completed every three years to ensure that measures continue to meet the measure evaluation criteria and that their specifications are up to date.

Exceptions

Characteristics defined during the delivery of care that would mean that care specified in the numerator was contraindicated, refused by the patient, or not possible for some other compelling and particular circumstance of this case.

Exclusions

Exclusions are patients included in an initial population for whom there are valid reasons a process or outcome of care has not occurred. These cases are removed from the denominator. When clinical judgment is allowed, these are referred to as "exceptions". Denominator exceptions fall into three general categories: medical reasons, patients' reasons, and system reasons. Exceptions must be captured in a way that they could be reported separately.

Exclusion Criteria

Specifications of those characteristics that would cause groups of individuals to be removed from the numerator and/or denominator of a measure although they experience the denominator index event. For instance, the denominator index event may specify a discharge diagnosis, but patients with certain co-morbidities may be excluded.

External audit

A review of a health care organization by a separate organizational entity that examines structures in the health care setting (e.g., facilities, staffing, or the availability of drugs and equipment) or the management of particular clinical or administrative processes.

Field Testing (State or Stage of Measure Development)

Measure testing is currently underway in the healthcare setting as specified in the measurement design.

Fully Developed (State or Stage of Measure Development)

Measure testing is completed in the healthcare setting specified and the testing results are available to ascertain the reliability and validity of the measure specifications as designed.

Harmonization

Having multiple similar measures can make it difficult to choose one to use. Harmonization is the process of editing the design of similar measure to ensure they are compatible. Measure developers can make changes to the way a topic or population is defined. Harmonization helps reduce the confusion of having measures that are similar but different.

> **Competing measures**
> Address the same topic and the same population.

Related measure

Address either the same topic or the same population.

Health professional survey

An investigation aimed at gathering information from health professionals to search and disseminate information relating to their professions.

Home Care

Community health and nursing services providing coordinated multiple service home care to the patient. It includes home-offered services provided by visiting nurses, home health agencies, hospitals, or organized community groups using professional staff for care delivery.

Hospices

Facilities or services that are specifically devoted to providing palliative and supportive care to the patient with a terminal illness and to the patient's family.

Hospital Inpatient

A hospital setting in which patients are admitted for diagnosis or treatment that requires at least one overnight stay.

Hospital Outpatient

A hospital setting in which patients are admitted for diagnosis or treatment that does not require at least one overnight stay.

Hospital - Other

A hospital setting that cannot be characterized as "hospital inpatient," "hospital outpatient," "intensive care units," or "emergency room."

Imaging data

Data derived from the use of radiographic, sonographic, and other technologies.

Inclusion Criteria

Specifications of the characteristics that define membership in a group. (a) Denominator inclusion criteria define those individuals or events that are included in the denominator of a measure. (b) Numerator inclusion criteria define those individuals or events, already defined as belonging to the denominator, that are also included in the numerator of a measure. (c) NQMC Inclusion Criteria are used to define those among submitted measures that can be included in NQMC.

Inspections/Site visits

A formal visit to a hospital or heath care facility by representatives from an accrediting organization (e.g., The Joint Commission [TJC], Centers for Medicare & Medicaid

Services [CMS]) to assess the quality of care provided in the institution, as reflected by the facility's adherence to guidelines for providing such care.

Intensive Care Units

A hospital unit in which is concentrated special equipment and specially trained personnel for the care of seriously ill patients requiring immediate and continuous attention.

Intermediate Outcome

Refers to a change produced by a health care intervention that leads to a longer term outcome (e.g., a reduction in blood pressure is an intermediate outcome that leads to a reduction in the risk of longer term outcomes such as cardiac infarction or stroke).

Laboratory data

Data collected from a site equipped for experimentation, observation, testing and analysis, or practice in a field of study. In regards to clinical practice, laboratory data may provide information on diagnosis, prognosis, prevention, or treatment of disease based on close examination of the human body.

Long-term Care Facilities — Other

Long-term care facilities that cannot be characterized as "assisted living facilities" or "skilled nursing facilities/nursing homes."

Managed Care Plans

Health insurance plans intended to reduce unnecessary health care costs through a variety of mechanisms, including economic incentives for physicians and patients to select less costly forms of care, programs for reviewing the medical necessity of specific services, increased beneficiary cost sharing, controls on inpatient admissions and lengths of stay, the establishment of cost-sharing incentives for outpatient surgery, selective contracting with health care providers, and the intensive management of high-cost health care cases. The programs may be provided in a variety of settings, such as health maintenance organizations (HMO), independent practice associations (IPA), and preferred provider organizations (PPO), etc.

Measure

A healthcare performance measure is a way to calculate whether and how often the healthcare system does what it should. Measure are based on scientific evidence about processes, outcomes, perceptions, or systems that relate to high-quality care.

Structural measures

Assess healthcare infrastructure.

Process measures

Assess steps that should be followed to provide good care.

Outcome measures

Assess the results of healthcare that are experienced by patients. They include endpoints like well-being, ability to perform daily activities, or even death. An intermediate outcome measure assesses a factor or short-term result that contributes to an ultimate outcome, such as having an appropriate cholesterol level.

Patient engagement and patient experience measures

These measures use direct feedback from patients and their caregivers about the experience of receiving care. The information is usually collected through surveys.

Composite measures

A combination of two or more component measures to produce a single score. The information can be greater than the sum of its parts because it paints a more complete picture.

Measure Developer

Measure developers are individuals or organizations that design and build measures.

Measure Evaluation Criteria

The National Quality Forum (NQF) uses standard criteria to evaluate a measure and decide if it should be recommended for endorsement. When considering candidate measures for inclusion on the annual Measures under Consideration List, CMS also assesses these factors.

Importance to measure and report

This principle asks if there is evidence that measuring this topic will improve healthcare quality. The goal of this principle is to keep the focus on the most important areas for quality improvement. There must be scientific evidence to support the topic being measured and a significant opportunity to improve achievement.

Scientific acceptability of the measurement properties

This principle asks if a measure will provide consistent and credible information about the quality of care by evaluating its reliability and validity.

RELIABILITY reflects the amount of error in a measure and how well it distinguishes differences in performance. An unreliable measure doesn't function well across users or over time.

VALIDITY asks if a measure truly provides the information that it claims to. A measure that isn't valid is mistakenly evaluating something besides

the topic of the measure. Such a measure will not lead to sound conclusions about the quality of care provided.

Feasibility

This criterion makes sure that the information needed to calculate a measure is readily available so that the effort of measurement is worth it. The most feasible measures use electronic data that is routinely collected during the delivery of care.

Use and usability

This criterion checks that users of a measure –employers, patients, providers, hospitals, and health plans, -will be able to understand the measure's results and find them useful for quality improvement and decision making. It asks if the measure is strong enough to be used for various types of measurement programs, including public reporting, whether it leads to actual improvement for patients, and whether the benefits of the measure outweigh any potential harms.

Measure Steward

An individual or organization that owns a measure and is responsible for maintaining the measure. Measure stewards are often the same as measure developers, but not always. Measure stewards are also an ongoing point of contact for people interested in a given measure. Refers to the primary (and secondary, if applicable) party responsible for updating and maintaining a measure.

Measure testing

Empirical analysis to demonstrate the reliability and validity of the measure as specified including analysis of issues that pose threat to the validity of conclusions about quality of care such as exclusions, risk adjustment/stratification for outcome and resource use measures, methods to identify differences in performance, and comparability of data sources/methods.

Measure Title

Refers to the title of the measure.

Measure Type

A domain of measurement such as process, outcome or patient experience with care.

Measurement Setting

The healthcare setting for which the measure was developed. A healthcare setting is any facility or office, including a discrete unit of care within such facility, that is organized, maintained, and operated for the diagnosis, prevention, treatment, rehabilitation, convalescence or other care of human illness or injury, physical or mental, including care during and after pregnancy. Healthcare settings include, but are

not limited to, hospitals, nursing homes, rehabilitations centers, medical centers, office-based practices, outpatient dialysis centers, reproductive health centers, independent clinical laboratories, hospices, ambulatory surgical centers, and pharmacies.

Measure specifications

Measure specifications are the technical instructions for how to build and calculate a measure. They describe a measure's building blocks: numerator, denominator, exclusions, target population, how results might be split to show differences across groups (stratification scheme), risk adjustment methodology, how results are calculated (calculation algorithm), sampling methodology, data source, level of analysis, how data are attributed to providers and/or hospitals (attribution model), and care setting.

National public health data

Public health data include national health status (gathered through birth and death certificates, hospital discharge diagnoses, other epidemiologic sources), communicable disease (food/water/air/waste/vector borne), environmental health risks, presence of and use of health care facilities and providers, preventive services, and other information identified by the nation as helpful for planning.

National Public Health Programs

An officially authorized entity concerned with the prevention and control of disease and disability and the promotion of physical and mental health of the population on the national level.

Numerator

The numerator reflects the subset of patients in the denominator for whom a particular service has been provided or for whom a particular outcome has been achieved.

Organizational policies and procedures

Refers to the principles and methods, whether formalized, authorized, or documented, that enable people affiliated with an organization to perform in a predictable, repeatable, and consistent way.

Outcome (measure type)

The health state of a patient (or change in health status) resulting from healthcare-desirable or adverse.

Paper medical record

A collection of hard-copy documents compiled and maintained by health care professionals in the course of providing care to patients.

Patient-centered Medical Homes

Primary care facilities that adopt a model of providing coordinated, relationship-based care with an orientation toward the whole person. Patient-centered medical homes

involve changes to the way care is organized, paid for, and certified. The model is centered on partnering with patients and their families, and requires understanding of and respect for each patient's unique needs, culture, values, and preferences.

Patient Engagement/Experience (measure type)

The use of feedback from patients and their families/caregivers about their experience and/or engagement in decision making around care (e.g., CAHPS, other patient surveys).

Patient/Individual survey

An instrument that assesses patients' perspectives on any of the following: their health and the care they receive, including the level of patients' satisfaction, or patients' understanding of their health status.

Patient Reported Outcome (PRO)

Refers to a measure of a patient's feelings or what they are able to do as they are dealing with diseases or conditions. These types may include PROM (Patient Reported Outcome Measure, which is an instrument, scale, or single-item measure that gathers the information directly from the patient) and PRO-PM (PRO-Based Performance Measure, which is a way to aggregate the information that has been shared by the patient and collected into a reliable, valid measure of health system performance).

Pharmacy data

A database that provides information on prescription and/or dispensing of drug and non-drug products that may be obtained from a pharmacy (retail or health care institution-based). The information provided may include clinical attributes such as the product's ingredients (e.g., ampicillin), drug classes (e.g., antibiotics, penicillin), strength (e.g., 500mg), and form (e.g., capsule). Non-clinical information provided may include manufacturer identity, packaging (e.g., 500 per bottle), and price (e.g., $2 per 500).

Population Health

The health states of a group of individuals, including the distribution of such states within the group. There are multiple determinants of such health states, however measured. These determinants include medical care, public health interventions, aspects of the social environment (income, education, employment, social support, culture) and of the physical environment (urban design, clean air and water), genetics, and individual behavior.

Population Health Quality

The degree of accomplishment of desired population health objectives by a public health practitioner or organization or by the health system serving a geographically or otherwise non-clinically-identified group of people.

Population Health Quality Measure

A mechanism to assess the degree to which public health providers or the health system

serving a population effectively and safely delivers health services that are appropriate for the population in the optimal time period.

PRO Measure (PROM)

An instrument, scale, or single-item measure that gathers the information directly from the patient.

PRO-Based Performance Measure (PRO-PM)

A way to aggregate the information that has been shared by the patient and collected into a reliable, valid measure of health system performance.

Process (measure type)

A healthcare service provided to, or on behalf of, a patient. This may include, but is not limited to, measures that may address adherence to recommendations for clinical practice based on evidence or consensus.

Provider characteristics

Specific descriptive information about the clinician provider or the facility caring for the patient.

Rationale for the Measure

The rationale is a brief statement describing the patients and the specific aspect of health care to which the measure applies. The rationale may also include the evidence basis for the measure and an explanation of how to interpret results.

Region, county, or city public health data

Public health data include community health status on a region/county/city level (gathered through birth and death certificates, hospital discharge diagnoses, local surveys, other epidemiologic sources), communicable disease (food/water/air/waste/vector borne), environmental health risks, presence of and use of health care facilities and providers, preventive services, and other information identified by the local community as helpful for planning.

Regional, County, or City Public Health Programs

An officially authorized entity concerned with the prevention and control of disease and disability and the promotion of physical and mental health of the population on the regional, county, or city level.

Registry data

Data derived from an organized system for the collection, storage, retrieval, analysis, and dissemination of information on individual persons who have a clinical condition that predisposes them to the occurrence of a health-related event, or prior exposure to substances (or circumstances) known or suspected to cause adverse health effects.

Rehabilitation Centers

Facilities/programs that provide interventions and support services intended for rehabilitating individuals with mental illnesses or physical disabilities.

Related measures

Measures that have either 1) the same target population being measure but a different concept for the measure focus (process, condition, event, outcome) OR the same concept for the measure focus (process, condition, event, outcome) and a different target population being measured.

Reliability

The repeatability or precision of measurement. Reliability of data elements refers to repeatability and reproducibility of the data elements for the same population in the same time period. Reliability of the measure score refers to the proportion of variation in the performance scores due to systematic differences across the measured entities (signal) in relation to random variation or noise.

Reliability testing

Empirical analysis of the measure as specified that demonstrate repeatability and reproducibility of the data elements in the same population in the same time period and/or the precision of the computed measure scores. Reliability testing focuses on random error in measurement and generally involves testing the agreement between repeated measurements of data elements (often referred to as inter-rater or inter-observer, which also applies to abstractors and coders) or the amount of error associated with the computed measure scores (signal vs. noise).

Reliability, threats

Some aspects of the measure specifications or the specific topic of measurement can affect reliability. Ambiguous measure specifications can result in unreliable measures. Small case volume or sample size, or rare events can affect the precision (reliability) of the measure score.

Residential Care Facilities

Communal living facilities for residents who, though unrelated, live together. Includes group homes, halfway houses, and orphanages.

Risk Adjustment

The method of adjusting for clinical severity and conditions present at the start of care that can influence patient outcomes for making valid comparisons of outcome measure across providers. A corrective approach designed to reduce any negative or positive consequences associated with caring for patients of higher or lower health risk or propensity to require health services.

Rural Health Care

Rural health care generally refers to health care services provided to patients who live in rural areas. The services include the promotion of health and the delivery of health care. Some measures specifically address the challenges of delivering quality of care in the special circumstances of rural settings where travel distances are long and public transportation is virtually non-existent.

Skilled Nursing Facilities/Nursing Homes

Long-term care facilities that house chronically ill, usually elderly patients, and provide long-term nursing care, rehabilitation, and other services.

State/Province public health data

Public health data include community health status on a state/province level (gathered through birth and death certificates, hospital discharge diagnoses, statewide and local surveys, other epidemiologic sources), communicable disease (food/water/air/waste/vector borne), environmental health risks, presence of and use of health care facilities and providers, preventive services, and other information identified by the community as helpful for planning.

State/Provincial Public Health Programs

An officially authorized entity concerned with the prevention and control of disease and disability and the promotion of physical and mental health of the population on the state level.

Substance Use Treatment Programs/Centers

Facilities/programs providing therapy and/or rehabilitation for substance-dependent individuals. Includes inpatient programs and outpatient programs (e.g., methadone distribution centers).

Target Population

This refers to the entire group of individuals or objects to which researchers are interested in generalizing the conclusions. Individuals/events in the denominator of a measure are sampled from a target population whose care the measure is intended to represent.

Transition

The transfer of a patient or responsibility for a patient between providers, settings, or time points.

Validation

Process (testing) to determine if a measure has the property of validity. The term validation is often used in reference to the data elements and is another term for validity testing of data elements. Validation also is used in reference to statistical risk

models where model performance metrics are compared between two different samples of data called the development and validation samples.

Validity

Refers to the correctness of measurement. Validity of data elements refers to the correctness of the data elements as compared to an authoritative source. Validity of the measure score refers to the correctness of conclusions about quality that can be made based on the measure scores (i.e., a higher score on a quality measure reflects higher quality).

Validity testing

Empirical analysis of the measure as specified that demonstrates that data are correct and/or conclusions about quality of care based on the computed measure score are correct. Validity testing focuses on systematic errors and bias. It involves testing agreement between the data elements obtained when implementing the measure as specified and data from another source of known accuracy. Validity of computed measure scores involves testing hypotheses of relationships between the computed measure scores as specified and other known measure of quality or conceptually related aspects of quality. A variety of approaches can provide some evidence for validity. The specific terms and definitions used for validity may vary by discipline, including face, content, construct, criterion, concurrent, predictive, convergent, or discriminant validity. Therefore, the proposed conceptual relationship and test should be described. The hypotheses and statistical analysis often are based on various correlations between measures or differences between groups known to vary in quality.

Validity, threats

In addition to unreliability, some aspects of measure specifications and data can affect the validity of conclusions about quality. Potential threats include patients excluded from measurement; differences in patient mix for outcome and resource use measures; measure scores generated with multiple data sources/methods; and systematic missing or "incorrect" data (unintentional or intentional).

APPENDIX C: WORKFLOW DEFINITIONS

MUC New Measure Submission Workflow

Issue Log → Issue is waiting to be worked on

Measures Manager Review for Completion → Measure Processing

CMS MUC Project Lead Review for Completion → Measure Processing

Program Lead (1st Approver) → Parent Issue is waiting on child issues to be approved/rejected

Group Director Review → Measure Processing; can reject measure at this stage

Accept and Send to Measures Manager for Harmonization → Measure Processing

Rejected and Closed → Measure rejected and closed by CMS MUC Project Lead before child issues are created; can also be rejected during Group Director Review

Adjustment Needed – Enter in Log → Group Director suggests adjustments to be made

Closed → This issue is complete (All child issues have been approved/rejected and CMS processing is complete)

MUC Child Measure Record Workflow

Open → Issue is assigned to the program's 1st Approver awaiting approval/rejection. (From here issue can go to 'Division Director Review,' 'Rejected and Closed,' or 'Reject/Pending Clarification.')

Division Director Review → Issue has been approved by 1st Approver and is awaiting Division Director approval/rejection. (From here issue can go to 'Approved,' 'Rejected and Closed,' or 'Reject/Pending Clarification.')

Approved → This issue has been approved by the program's 1st Approver and the Division Director

Issue Log → Measure Processing

Measures Manager Review for Completion → Measure Processing

CMS MUC Project Lead Review for Completion → Measure Processing

Rejected and Closed → The candidate measure submission was rejected and closed and will not be included on the Measures under Consideration List.

MUC Feedback/Question/Modify Measure Workflow

Open → This issue is in the initial 'Open' state, ready for the assignee to start work on it

In Progress → This issue is actively being worked on by the assignee

Resolved → A Resolution has been identified or implemented, and this issue is awaiting verification by the reporter. From here, issues are either 'Reopened' or 'Closed'

Reopened → This issue was once 'Resolved' or 'Closed,' but is now being re-examined. (For example, an issue with a Resolution of 'Cannot Reproduce' is reopened when more information becomes available and the issue becomes reproducible). From here, issues are either marked In Progress, Resolved, or Closed

Closed →This issue is complete

APPENDIX D: MEASURES UNDER CONSIDERATION COMPONENT APPROVAL CHART

Note: The approval routing workflows have not changed between 2015 and the current year.

MUC2015 Component Approval
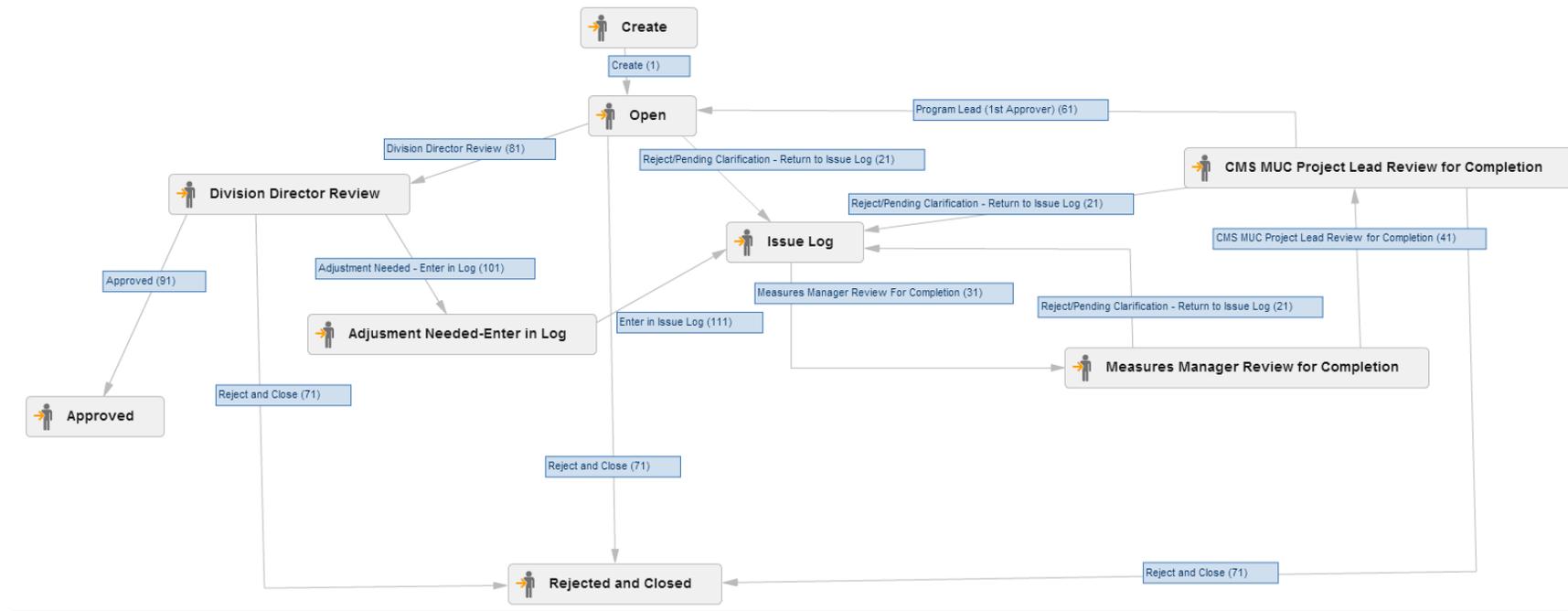
APPENDIX E: MEASURES UNDER CONSIDERATION MEASURE SUBMISSION WORKFLOW

MUC2015 Measure Submission Workflow
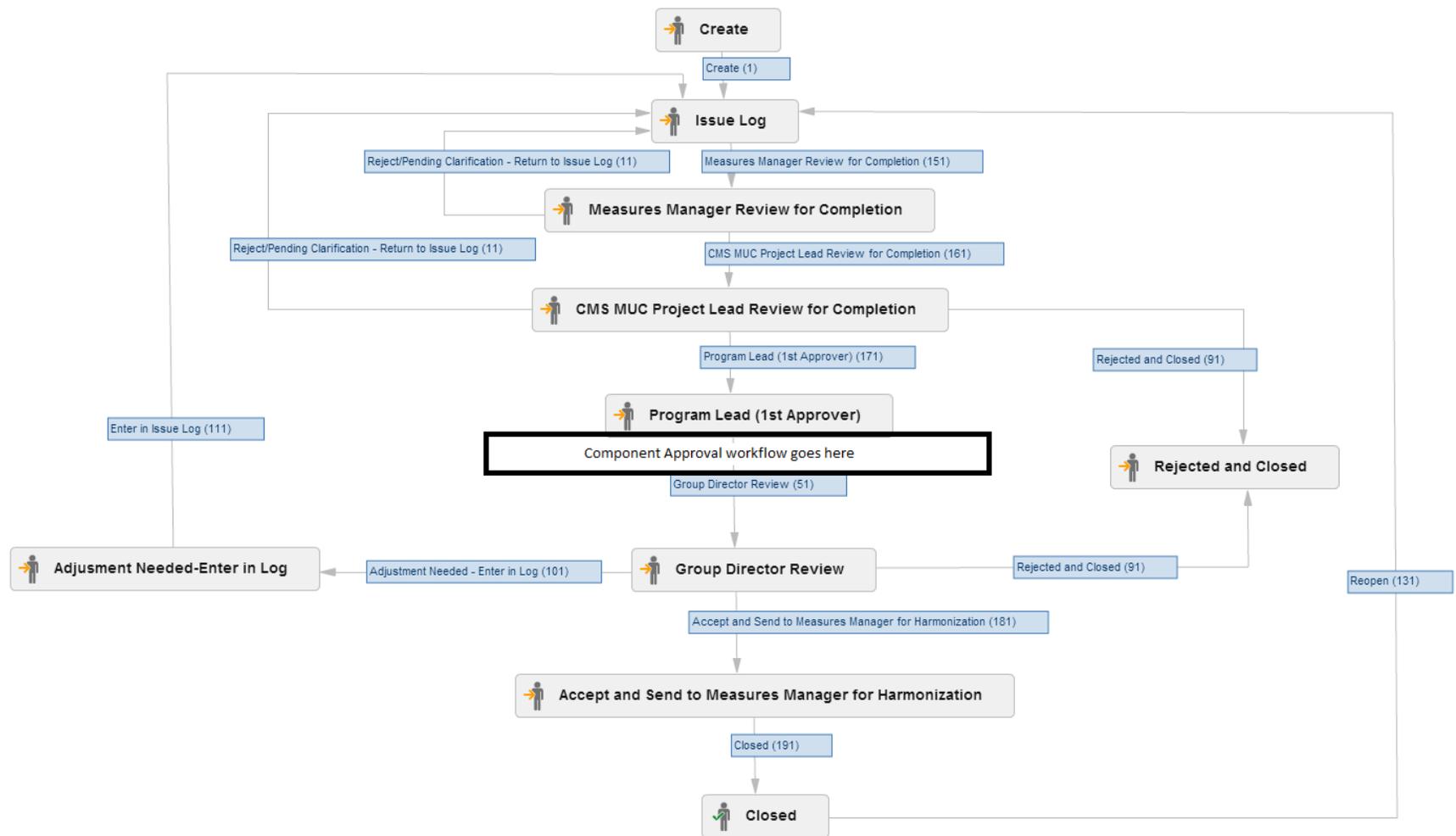
APPENDIX F: MEASURES UNDER CONSIDERATION FEEDBACK/QUESTION/MODIFY MEASURE WORKFLOW

MUC2015 Feedback/Question/Modify Measure Workflow
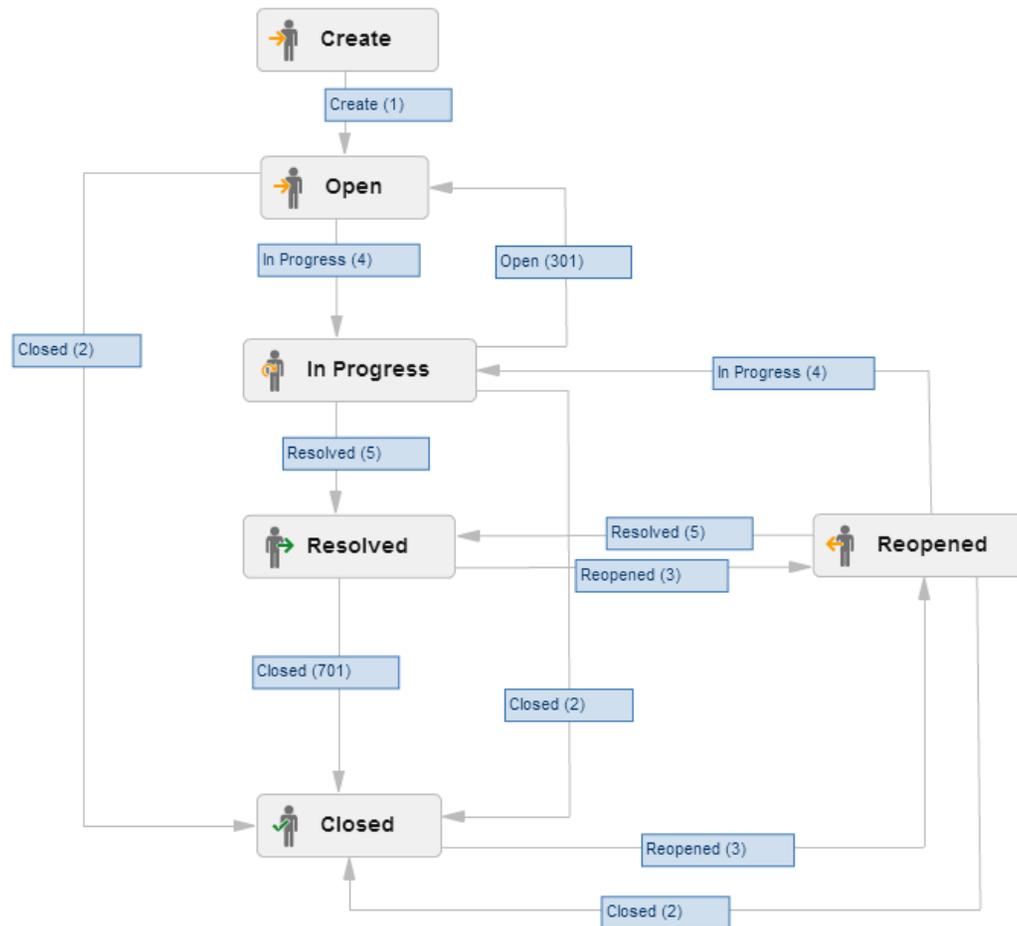
APPENDIX G: MEASURES UNDER CONSIDERATION DATA TEMPLATE (BLANK)

Centers for Medicare & Medicaid Services   **Measures under Consideration 2019**   **Data Template for Candidate Measures**

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
1	Auto Date (no user input required)					
2	Issue Type	Yes	Select Measure Submission to nominate a measure for the 2019 MUC list. Select Question to ask a question on the MUC process. Select Modify Candidate Measure to change a measure already submitted for 2019. Select Feedback to leave feedback about the 2019 MUC process.	Select one	Measure Submission Question Modify Candidate Measure Feedback	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
3	Component/s	Yes	Start typing to get a list of possible matches or press down to select. Enter CMS program(s) for which the measure is being submitted. If you are submitting for MIPS, there are two choices of program. Choose MIPS-Quality for measures that pertain to quality and/or efficiency. Choose MIPS-Cost only for measures that pertain to cost. Do not select both MIPS-Quality and MIPS-Cost for the same measure. If you select MIPS (either Quality or Cost), please navigate to the Additional Resources list at this web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html, download the "MIPS Peer Review Template and a Completed Sample," and attach the completed form to your Jira submission using the "Attachments" field at the bottom of this web page.	Multi-select	Ambulatory Surgical Center Quality Reporting Program End-Stage Renal Disease Quality Incentive Program Home Health Quality Reporting Program Hospice Quality Reporting Program Hospital-Acquired Condition Reduction Program Hospital Inpatient Quality Reporting Program Hospital Outpatient Quality Reporting Program Hospital Readmissions Reduction Program Hospital Value-Based Purchasing Program Inpatient Psychiatric Facility Quality Reporting Program Inpatient Rehabilitation Facility Quality Reporting Program Long-Term Care Hospital Quality Reporting Program Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs) Medicare Shared Savings Program Merit-based Incentive Payment System-Cost Merit-based Incentive Payment System-Quality	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
3	Component/s (continued)				Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program Skilled Nursing Facility Quality Reporting Program Skilled Nursing Facility Value-Based Purchasing Program	
4	What is the history or background for including this measure on the 2019 MUC list?	Yes	Select only one reason	Select one	None New measure never reviewed by MAP Workgroup or used in a CMS program Measure previously submitted to MAP, refined and resubmitted per MAP recommendation Measure currently used in a CMS program being submitted as-is for a new or different program Measure currently used in a CMS program, but the measure is undergoing substantial change	
5	If currently used:					
6	Range of year(s) this measure has been used by CMS Program(s).	No	For example: Hospice Quality Reporting (2012-2018)	Free text		

7	What other federal programs are currently using this measure?	No	Select as many as apply. These should be current use programs only, not programs for the 2019 submittal.	Multi-select	Ambulatory Surgical Center Quality Reporting Program	
					End-Stage Renal Disease Quality Incentive Program	
					Comprehensive Primary Care Plus (CPC+)	
					Health Homes Core Set	
					Home Health Quality Reporting Program	
					Hospice Quality Reporting Program	
					Hospital-Acquired Condition Reduction Program	
					Hospital Inpatient Quality Reporting Program	
					Hospital Outpatient Quality Reporting Program	
					Hospital Readmissions Reduction Program	
					Hospital Value-Based Purchasing Program	
					Inpatient Psychiatric Facility Quality Reporting Program	
					Inpatient Rehabilitation Facility Quality Reporting Program	
					Long-Term Care Hospital Quality Reporting Program	
					Medicaid Adult Core Set	
					Medicaid and CHIP Child Core Set	
					Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals	
					Medicare and Medicaid Promoting Interoperability Program for Eligible Professionals	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
7	What other federal programs are currently using this measure? (continued)				Medicare Part C Medicare Part D Medicare Shared Savings Program Merit-based Incentive Payment System Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program Quality Health Plan Quality Rating System Skilled Nursing Facility Quality Reporting Program Skilled Nursing Facility Value-Based Purchasing Program	
8	Summary	Yes	Provide the measure title only (255 characters or less). Put program-specific ID number in the next field, not in the title. Note: Do not enter the NQF ID, former Jira MUC ID number, or any other ID numbers here (see below).	Free text 255 characters max		
9	Measure ID	No	Alphanumeric identifier (if applicable), such as a recognized program ID number for this measure (20 characters or less). Examples: 199 GPRO HF-5; ACO 28; CTM-3; PQI #08. Fields for the NQF ID number and previous year(s) Jira MUC ID number are provided in other data fields within this form.	Free text 20 characters max		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
10	Measure description	Yes	Provide a brief description of the measure (700 characters or less). When you paste text, any content over the limit will be truncated.	Free text 700 characters or less)		
11	Numerator	Yes	The upper portion of a fraction used to calculate a rate, proportion, or ratio. A clinical action to be counted as meeting a measure's requirements. For all fields, especially Numerator and Denominator, use plain text whenever possible. If needed, convert any special symbols, math expressions, or equations to plain text (keyboard alphanumeric, such as + - * /). This will help reduce errors and speed up data conversion, team evaluation, and MUC report formatting.	Free text		
12	Denominator	Yes	The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given patient population that may be counted as eligible to meet a measure's inclusion requirements.	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
13	Exclusions/Exceptions	Yes	If applicable, specify Numerator Exclusion, Denominator Exclusion, or Denominator Exception.	Free text		
14	Measure Type	Yes	Select only one type of measure. For definitions, visit this web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html and link to the user guide under The Jira System.	Select one	None Composite Cost/Resource Use Efficiency Intermediate Outcome Outcome Patient Reported Outcome Process Structure Other (enter in Comments at far bottom of this form)	
15	Which clinical guideline(s)?	No	The measure should improve compliance with standard clinical guidelines. Provide a detailed description of which guideline supports the measure and how the measure will enhance compliance with the clinical guidelines. Indicate whether the guideline is evidence-based or consensus-based.	Free text		
16	Is this measure similar to and/or competing with measure(s) already in a program?	Yes	Consider other measures with similar purposes.	Select one	Yes No	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
17	If Yes:					
18	Which measure(s) already in a program is your measure similar to and/or competing with?	No	Identify the other measure(s) including title and any other unique identifier	Free text		
19	How will this measure add value to the CMS program?	No	Describe benefits of this measure, in comparison to measure(s) already in a program.	Free text		
20	How will this measure be distinguished from other similar and/or competing measures?	No	Describe key differences that set this measure apart from others.	Free text		
21	What is the target population of the measure?	Yes	What populations are included in this measure? e.g., Medicare Fee for Service, Medicare Advantage, Medicaid, CHIP, All Payer, etc.	Free text		
22	What one area of specialty is the measure aimed to, or which specialty is most likely to report this measure?	Yes	Select the most applicable area of specialty. Use the scroll bar to view all available specialties.	Select one	**See Appendix A.22 for list choices.**	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
23	What one primary healthcare priority applies to this measure?	Yes	Healthcare priorities (also known as domains); select the best one.	Select one	Make care safer by reducing harm caused in the delivery of care Strengthen person and family engagement as partners in their care Promote effective communication and coordination of care Promote effective prevention and treatment of chronic disease Work with communities to promote best practices of healthy living Make care affordable	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
24	What one primary meaningful measure area applies to this measure?	Yes	Select the best one. The meaningful measure area choices depend on your selection of primary healthcare priority above.	Select one	If #23 is Make care safer…, then choices are: Healthcare-associated infections Preventable healthcare harm If #23 is Strengthen person…, then choices are: Care is personalized and aligned with patient's goals End of life care according to preferences Patient's experience of care Functional outcomes If #23 is Promote effective communication…, then choices are: Medication management Admissions and readmissions to hospitals Transfer of health information and interoperability	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
24	What one primary meaningful measure area applies to this measure? (continued)				If #23 is Promote effective prevention…, then choices are: Preventive care Management of chronic conditions Prevention, treatment, and management of mental health Prevention and treatment of opioid and substance use disorders Risk adjusted mortality If #23 is Work with communities…, then choices are: Equity of care Community engagement If #23 is Make care affordable, then choices are: Appropriate use of healthcare Patient-focused episode of care Risk adjusted total cost of care	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
25	What secondary healthcare priority applies to this measure?	No	Healthcare priorities (also known as domains); select one alternate or secondary priority only if applicable.	Select one	Make care safer by reducing harm caused in the delivery of care Strengthen person and family engagement as partners in their care Promote effective communication and coordination of care Promote effective prevention and treatment of chronic disease Work with communities to promote best practices of healthy living Make care affordable	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
26	What secondary meaningful measure area applies to this measure?	No	Select an alternate or secondary area only if applicable. The meaningful measure area choices depend on your selection of secondary healthcare priority above.	Select one	If #24 is Make care safer…, then choices are: Healthcare-associated infections; Preventable healthcare harm. If #24 is Strengthen person…, then choices are: Care is personalized and aligned with patient's goals; End of life care according to preferences; Patient's experience of care; Functional outcomes. If #24 is Promote effective communication…, then choices are: Medication management; Admissions and readmissions to hospitals; Transfer of health information and interoperability	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
26	What secondary meaningful measure area applies to this measure? (continued)				If #24 is Promote effective prevention…, then choices are: Preventive care; Management of chronic conditions; Prevention, treatment, and management of mental health; Prevention and treatment of opioid and substance use disorders; Risk adjusted mortality. If #24 is Work with communities…, then choices are: Equity of care; Community engagement. If #24 is Make care affordable, then choices are: Appropriate use of healthcare; Patient-focused episode of care; Risk adjusted total cost of care	
27	Briefly describe the peer reviewed evidence justifying this measure	Yes	Add description of evidence.	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
28	What is the NQF status of the measure?	Yes	Select only one. Refer to http://www.qualityforum.org/QPS/ for information on NQF endorsement, measure ID, and other information.	Select one	None Endorsed Endorsement Removed Submitted Failed endorsement Never submitted	
29	NQF ID	Yes	Four- or five-digit identifier with leading zeros and following letter if needed. If no NQF ID number is known, enter numerals 0000.	Can be four- or five-character alphanumeric ID value		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
30	Evidence that the measure can be operationalized	No	Provide evidence that the data source used by the measure is readily available to CMS. Summarize how CMS would operationalize the measure. For example, if the measure is based on registry data, the submitter must provide evidence that the majority of the hospitals in the program in which the measure will be used participate in the registry; if the measure is registry-based, the submitter must provide a plan for CMS to gain access to the registry data. For eCQMs, attach feasibility scorecard or other quantitative evidence indicating measure can be reported by the intended reporting entities.	Free text		
31	If endorsed:					
32	Is the measure being submitted **exactly** as endorsed by NQF?	No	Select only one	Radio button	Yes No	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
33	If not exactly as endorsed, specify the locations of the differences	No	Which specification fields are different? Select as many as apply.	Multi-select	Measure title Description Numerator Denominator Exclusions Target Population Setting (for testing) Level of analysis Data source eCQM status Other (see next field)	
34	If not exactly as endorsed, describe the nature of the differences	No	Briefly describe the differences	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
35	Year of most recent NQF Consensus Development Process (CDP) endorsement	No	Select one	Select one	None 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
36	Year of next anticipated NQF CDP endorsement review	No	Select one	Select one	None 2019 2020 2021 2022 2023	
37	In what state of development is the measure?	Yes	Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	Early Development Field Testing Fully Developed	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
38	State of Development Details	No	Details are helpful to CMS in understanding where the measure is in the developmental cycle and will weigh heavily in determining whether or not the measure will be published on the MUC List. If you selected early development above, meaning testing is not currently underway, please describe when testing is planned (i.e., specific dates), what type of testing is planned (e.g., alpha, beta, etc.) as well as the types of facilities in which the measure will be tested. If you selected field testing or fully developed above, please describe what testing (e.g., alpha, beta, etc.) has taken place in addition to the results of that testing. Related to testing, summarize results from validity testing including number of reporting entities and patients measured, and how validity was assessed. Summarize results from reliability testing including number of reporting entities and patients measured, and how reliability was assessed.	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
39	In which setting was this measure tested?	Yes	Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	None Ambulatory surgery center Ambulatory/office-based care Behavioral health clinic and treatment facility Community hospitals Dialysis facility Emergency department Federally qualified health center (FQHC) Hospital outpatient department (HOD) Home health Hospital inpatient Hospital/acute care facility Inpatient psychiatric facility Inpatient rehabilitation facility IP units within acute care hospitals Long-term care hospital Nursing home Post-acute care facility(s) PPS-exempt cancer hospital Psychiatric outpatient Veterans Health Administration facilities Other (enter in Comments at far bottom of this screen)	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
40	At what level of analysis was the measure tested?	Yes	Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	None Clinician Group Facility Health plan Medicaid program (e.g., Health Home or 1115) State Not yet tested Other (enter in Comments at far bottom of this screen)	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
41	What data sources are used for the measure?	Yes	Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections. If Claims, then enter relevant parts in the field below. If EHR, then enter relevant parts in the field below. If Registry, then enter which registry in the field below. Use the "Comments" field to specify or elaborate on the type of data source, if needed to define your measure.	Multi-select	Administrative clinical data Facility discharge data Chronic condition data warehouse (CCW) Claims CROWNWeb EHR Hybrid IRF-PAI LTCH CARE data set National Healthcare Safety Network OASIS-C1 Paper medical record Prescription Drug Event Data Elements PROMIS Record review Registry Survey State Vital Records Other (enter in Comments at far bottom of this screen) None	
42	If Registry:					

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
43	Specify the registry(ies)	No	Identify the registry using the submitted measure. Select as many as apply. Use the scroll bar to view all available registries.	Multi-select	**See Appendix A.43 for list choices.**	
44	If EHR or Claims or Chart-Abstracted Data, description of parts related to these sources	No	Provide a brief, specific description of which parts of the measure are taken from EHR, claims-based, or chart-abstracted (i.e., paper medical records) data sources.	Free text		
45	How is the measure expected to be reported to the program?	Yes	This differs from the data sources above. This is the anticipated data submission method. Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections. Use the "Comments" field to specify or elaborate on the type of reporting data, if needed to define your measure.	Multi-select	eCQM CQM (Registry) Claims Web interface Other (enter in Comments at far bottom of this screen)	
46	Is this measure an eCQM?	Yes	Is this an electronic clinical quality measure (eCQM)? Select only one. If your answer is yes, the Measure Authoring Tool (MAT) ID number must be provided below.	Select one	Yes No	
47	If eCQM = Yes					

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
48	If eCQM, enter Measure Authoring Tool (MAT) number	Yes	In the Attachments field below, you must attach Bonnie test cases for this measure, with 100% logic coverage (test cases should be appended), attestation that value sets are published in Value Set Authority Center, and NQF feasibility scorecard. If not an eCQM, or if MAT number is not available, enter 0.	Free text		
49	If eCQM, does the measure have a Health Quality Measures Format (HQMF) specification in alignment with the latest HQMF standards?	Yes	If not eCQM, select No	Select one	Yes No	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
50	Evidence of performance gap	Yes	Evidence of a performance gap among the units of analysis in which the measure will be implemented. Provide analytic evidence that the units of analysis have room for improvement and, therefore, that the implementation of the measure would be meaningful. The distribution of performance should be wide. Measures must not address "topped-out" opportunities. Please provide current rate of performance and standard deviation from that rate to demonstrate variability. If available, please provide information on the testing data set. If available, include percent average performance rate, minimum, and maximum. Include validity and reliability values in a standard format, and the population size used in determining these values.	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
51	Unintended consequences	No	Summary of potential unintended consequences if the measure is implemented. Information can be taken from NQF CDP manuscripts or documents. If referencing NQF documents, you must submit the document or a link to the document, and the page being referenced.	Free text		
52	Was this measure published on a previous year's Measures under Consideration list?	Yes	If **yes,** you are submitting an existing measure for expansion into additional CMS programs or the measure has substantially changed since originally published, then proceed to the following subset of data fields including: In what prior year(s) was this measure published?, What were the MUC IDs for the measure in each year?, Why was the measure not recommended by the MAP workgroups in those year(s)?, What were the programs that NQF MAP reviewed the measure for in each year?, List the NQF MAP workgroup(s) in each year, What was the NQF MAP recommendation each year?, and NQF MAP report page number being referenced for each year. If **no,** then skip these subset questions.	Select one	Yes No	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
53	In what prior year(s) was this measure published?	No	Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	None 2011 2012 2013 2014 2015 2016 2017 2018 Other (enter in Comments at far bottom of this screen)	
54	What were the MUC IDs for the measure in each year?	No	List both the year and the associated MUC ID number in each year. If unknown, enter N/A.	Free text		
55	List the NQF MAP workgroup(s) in each year	No	List both the year and the associated workgroup name in each year. Workgroup options: Clinician; Hospital; Post-Acute Care/Long-Term Care; Coordinating Committee. Example: "Clinician, 2014"	Free text		
56	What were the programs that NQF MAP reviewed the measure for in each year?	No	List both the year and the associated program name in each year.	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
57	What was the NQF MAP recommendation in each year?	No	List the year(s), the program(s), and the associated recommendation(s) in each year. Options: Support; Do Not Support; Conditionally Support; Refine and Resubmit	Free text		
58	Why was the measure not recommended by the MAP workgroups in those year(s)?	No	Briefly describe the reason(s) if known.	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
59	NQF MAP report link for each year		For your reference in completing this section, click on the links below or copy/paste the links into your browser to view each year's MAP pre-rulemaking report (2012 to 2019). 2019: Link currently unavailable 2016-18: http://www.qualityforum.org/map/ 2015: http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=78711 2014: http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report__2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx 2013: http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx 2012: http://www.qualityforum.org/Publications/2012/02/MAP_Pre-Rulemaking_Report__Input_on_Measures_Under_Consideration_by_HHS_for_2012_Rulemaking.aspx All major NQF reports going back to 2008 should be locatable here: http://www.qualityforum.org/Publications.aspx			
60	NQF MAP report page number being referenced for each year	No	List both the year and the associated MAP report page number for each year.	Free text		
61	If this measure is being submitted to meet a statutory requirement, please list the corresponding statute	No	List title and other identifying citation information.	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
62	Measure steward	Yes	Select the current Measure Steward. Select as many as apply. Use the scroll bar to view all available stewards. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	**See Appendix A.62-64 for list choices.**	
63	Measure Steward Contact Information	Yes	Last name, First name; Affiliation (if different); Telephone number; Email address	Free text		
64	Long-Term Measure Steward (if different)	No	Entity or entities that will be the permanent measure steward(s), responsible for maintaining the measure and conducting NQF maintenance review. Use the scroll bar to view all available stewards. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	**See Appendix A.62-64 for list choices.**	
65	Long-Term Measure Steward Contact Information	No	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address	Free text		
66	Primary Submitter Contact Information	Yes	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address	Free text		
67	Secondary Submitter Contact Information	No	If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
68	Comments	No	Any notes, qualifiers, external references, or other information not specified above. For OTHER entries: please indicate the type of additional data you are providing, such as Measure Type, Setting, Level of Analysis, or Measure Steward.	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
69	Attachment(s)	No	The maximum file upload size is 10.00 MB. You are encouraged to attach measure information form (MIF) if available. This is a detailed description of the measure used by NQF during endorsement proceedings. If a MIF is not available, comprehensive measure methodology documents are encouraged. If you select MIPS, please navigate to the Additional Resources list at this web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html, download the "MIPS Peer Review Template and a Completed Sample," and attach the completed form to your Jira submission using the "Attachments" field at the bottom of this web page. If eCQM, you must attach Bonnie test cases for this measure, with 100% logic coverage (test cases should be appended), attestation that value sets are published in Value Set Authority Center, and NQF feasibility scorecard.	Browse for files		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
70	MIPS Journal Article Requirement	No	For those submitting measures to MIPS program, click "Yes" after you have attached your completed Peer Reviewed Journal Article Requirement form.	Radio button	Yes No	

Appendix: Lengthy Drop-Down List Choices

A.22 Choices for **What area of specialty best fits the measure?**

None
Addiction medicine
Allergy/immunology
Anesthesiology
Cardiac electrophysiology
Cardiac surgery
Cardiovascular disease (cardiology)
Chiropractic medicine
Colorectal surgery (proctology)
Critical care medicine (intensivists)
Dermatology
Diagnostic radiology
Electrophysiology
Emergency medicine
Endocrinology
Family practice
Gastroenterology
General practice
General surgery
Geriatric medicine
Gynecological oncology
Hand surgery
Hematology/oncology
Hospice and palliative care
Infectious disease
Internal medicine
Interventional pain management
Interventional radiology
Maxillofacial surgery
Medical oncology
Mental health professionals
Nephrology
Neurology
Neuropsychiatry
Neurosurgery

Nuclear medicine
Obstetrics/gynecology
Ophthalmology
Optometry
Oral surgery (dentists only)
Orthopedic surgery
Osteopathic manipulative medicine
Otolaryngology
Pain management
Palliative care
Pathology
Pediatric medicine
Peripheral vascular disease
Physical medicine and rehabilitation
Plastic and reconstructive surgery
Podiatry
Preventive medicine
Primary care
Psychiatry
Pulmonary disease
Pulmonology
Radiation oncology
Rheumatology
Sleep medicine
Sports medicine
Surgical oncology
Thoracic surgery
Urology
Vascular surgery
Other (enter in Comments at far bottom of this screen)

A.43 Choices for **Specify the registry(ies)**

None
AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity
Alere Analytics Registry
American Board of Family Medicine Registry
American College of Cardiology Foundation FOCUS Registry
American College of Cardiology Foundation PINNACLE Registry
American College of Physicians Genesis RegistryTM in collaboration with CECity
American College of Radiology National Radiology Data Registry
American College of Rheumatology Informatics System for Effectiveness
American College of Surgeons (ACS) Surgeon Specific Registry (SSR)
American College of Surgeons National Cancer Data Base (ASC NCDB)
American College of Surgeons National Surgical Quality Improvement Program ASC NSQIP)
American Gastroenterological Association Colorectal Cancer Screening and Surveillance Registry in collaboration with CECity
American Gastroenterological Association Digestive Recognition Program Registry in collaboration with CECity
American Health IT
American Heart Association's Get With the Guidelines Database
American Joint Replacement Registry
American Nursing Association's National Database for Nursing Quality Indicators® (NDNQI®)
American Osteopathic Association Clinical Assessment Program
American Society of Breast Surgeons Mastery of Breast Surgery Program
American Society of Clinical Oncology Quality Oncology Practice Initiative (QOPI)R
American Society of Clinical Oncology's Quality Oncology Practice Initiative (QOPI)
Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry (NACOR)
Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry
Bayview Physician Services Registry
BMC Clinical Data Warehouse Registry
Care Coordination Institute Registry
CDC, NHSN (National Healthcare Safety Network)
CECity Registry ("PQRSwizard")
Cedaron Medical
Central Utah Informatics
Chronic Disease Registry, Inc
CINA

Clinical Support Services
Clinicient
Clinigence
Conifer Value-Based Care
Corrona, LLC
Covisint Corporation Registry (formerly Docsite)
Crimson Care Registry
CUHSM.ORG
DC2 Healthcare (NOC2 Spine Registry and C3 Total Joint Registry)
Digital Medical Solutions Registry
DrexelMed Registry
E*HealthLine.com Inc
eClinicalWeb (eClinicalWorks) Registry
EVMS Academic Physicians and Surgeons Health Services Foundation
Faculty Practice Foundation, Inc. supported by BMC Clinical Data Warehouse Registry
Falcon Registry
FORCE-TJR Registry QITM
FOTO PQRS Registry
Fresenium Medical Care CKD Data Registry
Geriatric Practice Management LTC Qualified Clinical Data Registry
Geriatric Practice Management LTC Registry
GI Quality Improvement Consortium's GIQuIC Registry
Greenway Health PrimeDATACLOUD PQRS Registry
HCA Physician Services PQRS Registry
HCFS Health Care Financial Services LLC (HCFS)
Health Focus Registry
ICLOPS
Ingenious Med, Inc.
Intellicure, Inc
Intelligent Healthcare
iPatientCare Registry
IPC The Hospitalist Company Registry
IRISTM Registry
Johns Hopkins Disease Registry
Louisiana State University Health Care Quality Improvement Collaborative [Louisiana State University, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity]
Lumeris Registry

M2S Registry
Mankato Clinic Registry
Massachusetts eHealth Collaborative Quality Data Center QCDR
Massachusetts General Physicians Organization Registry
McKesson Population Manager
MDinteractive
MDSync LLC
MedAmerica/CEP America Registry
Meditab Software, Inc
MedXpress Registry
MEGAS, LLC Alpha II Registry
Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) QCDR
Michigan Bariatric Surgery Collaborative QCDR
Michigan Spine Surgery Improvement Collaborative
Michigan Urological Surgery Improvement Collaborative QCDR
myCatalyst
National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement Registry in collaboration with CECity
Net Health Specialty Care Registry
Net.Orange cOS Registry
NeuroPoint Alliance (NPA)'s National Neurosurgery Quality & Outcomes Database (N2QOD)
NextGen Healthcare Solutions
NJ-HITEC Clinical Reporting Registry
OBERD QCDR
OmniMD
Oncology Nursing Quality Improvement Registry in collaboration with CECity
Oncology Quality Improvement Collaborative (The US Oncology Network, McKesson Specialty Health, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity)
Patient360
Physician Health Partners QCDR
PMI Registry
PQRS Solutions
PQRSPRO NetHealth LLC
Premier Healthcare Alliance Physician RegistryTM
Pulse PQRS Registry
Quintiles PQRS Registry
Renal Physicians Association Quality Improvement Registry in collaboration with CECity
ReportingMD Registry
RexRegistry by Prometheus Research

Society of Thoracic Surgeons National Database
Solutions for Quality Improvement (SQI) Registry
Specialty Benchmarks Registry
SunCoast RHIO
SupportMed Data Analytics & Registry
Surgical Care and Outcomes Assessment Program (SCOAP)
SwedishAmerican Medical Group
TeamPraxis-Allscripts CQS
The Guideline AdvantageTM (American Cancer Society, American Diabetes Association, American Heart Association) supported by Forward Health Group's PopulationManagerR
The Pain Center USA PLLC
Unlimited Systems Specialty Healthcare Registry
Vancouver Clinic
Venous Patient Outcome Registry
Vericle, Inc.
Webconsort LLC
WebOutcomes LLC
WebPT, Inc
Wellcentive, Inc
Wisconsin Collaborative for Health Care Quality Registry
Wisconsin Collaborative for Healthcare Quality
Wound Care Quality Improvement Collaborative (Paradigm Medical Management, Patient Safety Education Network (PSEN), Net Health Systems, Inc., CECity)

A.62-64 Choices for **Measure steward (62)** and **Long-Term Measure Steward (if different) (64)**

None

Agency for Healthcare Research & Quality

Alliance of Dedicated Cancer Centers

Ambulatory Surgical Center (ASC) Quality Collaboration

American Academy of Allergy, Asthma & Immunology (AAAAI)

American Academy of Dermatology

American Academy of Neurology

American Academy of Ophthalmology

American Academy of Otolaryngology – Head and Neck Surgery (AAOHN)

American College of Cardiology

American College of Emergency Physicians

American College of Emergency Physicians (previous steward Partners-Brigham & Women's)

American College of Obstetricians and Gynecologists (ACOG)

American College of Radiology

American College of Rheumatology

American College of Surgeons

American Gastroenterological Association

American Health Care Association

American Medical Association

American Medical Association - Physician Consortium for Performance Improvement

American Medical Association - Physician Consortium for Performance Improvement/American College of Cardiology/American Heart Association

American Nurses Association

American Psychological Association

American Society for Gastrointestinal Endoscopy

American Society for Radiation Oncology

American Society of Addiction Medicine

American Society of Anesthesiologists

American Society of Clinical Oncology

American Society of Clinical Oncology

American Urogynecologic Society

American Urological Association (AUA)

AQC/ASHA

ASC Quality Collaboration

Audiology Quality Consortium/American Speech Language Hearing Association

Bridges to Excellence

Centers for Disease Control and Prevention

Centers for Medicare & Medicaid Services

Eugene Gastroenterology Consultants, PC Oregon Endoscopy Center, LLC

Health Resources and Services Administration (HRSA) - HIV/AIDS Bureau

Heart Rhythm Society (HRS)

IAC

Indian Health Service

Infectious Diseases Society of America (IDSA)

KCQA- Kidney Care Quality Alliance

MN Community Measurement

National Committee for Quality Assurance

National Minority Quality Forum

Office of the National Coordinator for Health Information Technology

Office of the National Coordinator for Health Information Technology/Centers for Medicare & Medicaid Services

Oregon Urology Institute

Oregon Urology Institute in collaboration with Large Urology Group Practice Association

Other (enter in Comments at far bottom of this screen)

Pharmacy Quality Alliance

Philip R. Lee Institute for Health Policy Studies

PPRNet

RAND Corporation

Renal Physicians Association; joint copyright with American Medical Association - Physician Consortium for Performance Improvement

Seattle Cancer Care Alliance

Society of Gynecologic Oncology

Society of Interventional Radiology

The Academy of Nutrition and Dietetics

The Joint Commission

The Society for Vascular Surgery

The University of Texas MD Anderson Cancer Center

University of Minnesota Rural Health Research Center

University of North Carolina- Chapel Hill

Wisconsin Collaborative for Healthcare Quality (WCHQ

APPENDIX H: EXAMPLE MEASURES UNDER CONSIDERATION DATA TEMPLATE (COMPLETED)

Note: This is a mock measure submission. The responses given are not the actual responses submitted with any previously submitted measure.

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
1	Auto Date (no user input required)					
2	Issue Type	Yes	Select Measure Submission to nominate a measure for the 2019 MUC list. Select Question to ask a question on the MUC process. Select Modify Candidate Measure to change a measure already submitted for 2019. Select Feedback to leave feedback about the 2019 MUC process.	Select one	Measure Submission Question Modify Candidate Measure Feedback	Measure Submission

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
3	Component/s	Yes	Start typing to get a list of possible matches or press down to select. Enter CMS program(s) for which the measure is being submitted. If you are submitting for MIPS, there are two choices of program. Choose MIPS-Quality for measures that pertain to quality and/or efficiency. Choose MIPS-Cost only for measures that pertain to cost. Do not select both MIPS-Quality and MIPS-Cost for the same measure. If you select MIPS (either Quality or Cost), please navigate to the Additional Resources list at this web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html, download the "MIPS Peer Review Template and a Completed Sample," and attach the completed form to your Jira submission using the "Attachments" field at the bottom of this web page.	Multi-select	Ambulatory Surgical Center Quality Reporting Program End-Stage Renal Disease Quality Incentive Program Home Health Quality Reporting Program Hospice Quality Reporting Program Hospital-Acquired Condition Reduction Program Hospital Inpatient Quality Reporting Program Hospital Outpatient Quality Reporting Program Hospital Readmissions Reduction Program Hospital Value-Based Purchasing Program Inpatient Psychiatric Facility Quality Reporting Program Inpatient Rehabilitation Facility Quality Reporting Program Long-Term Care Hospital Quality Reporting Program Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs) Medicare Shared Savings Program Merit-based Incentive Payment System-Cost Merit-based Incentive Payment System-Quality	Hospital Inpatient Quality Reporting Program Hospital Value-Based Purchasing Program

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
3	Component/s (continued)				Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program Skilled Nursing Facility Quality Reporting Program Skilled Nursing Facility Value-Based Purchasing Program	
4	What is the history or background for including this measure on the 2019 MUC list?	Yes	Select only one reason	Select one	None New measure never reviewed by MAP Workgroup or used in a CMS program Measure previously submitted to MAP, refined and resubmitted per MAP recommendation Measure currently used in a CMS program being submitted as-is for a new or different program Measure currently used in a CMS program, but the measure is undergoing substantial change	Measure currently used in a CMS program being proposed as-is for a new or different program
5	If currently used:					
6	Range of year(s) this measure has been used by CMS Program(s).	No	For example: Hospice Quality Reporting (2012-2018)	Free text		Hospital Outpatient Quality Reporting Program (2012-2016)

7	What other federal programs are currently using this measure?	No	Select as many as apply. These should be current use programs only, not programs for the 2019 submittal.	Multi-select	Ambulatory Surgical Center Quality Reporting Program	Hospital Outpatient Quality Reporting Program
					End-Stage Renal Disease Quality Incentive Program	
					Comprehensive Primary Care Plus (CPC+)	
					Health Homes Core Set	
					Home Health Quality Reporting Program	
					Hospice Quality Reporting Program	
					Hospital-Acquired Condition Reduction Program	
					Hospital Inpatient Quality Reporting Program	
					Hospital Outpatient Quality Reporting Program	
					Hospital Readmissions Reduction Program	
					Hospital Value-Based Purchasing Program	
					Inpatient Psychiatric Facility Quality Reporting Program	
					Inpatient Rehabilitation Facility Quality Reporting Program	
					Long-Term Care Hospital Quality Reporting Program	
					Medicaid Adult Core Set	
					Medicaid and CHIP Child Core Set	
					Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals	
					Medicare and Medicaid Promoting Interoperability Program for Eligible Professionals	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
7	What other federal programs are currently using this measure? (continued)				Medicare Part C Medicare Part D Medicare Shared Savings Program Merit-based Incentive Payment System Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program Quality Health Plan Quality Rating System Skilled Nursing Facility Quality Reporting Program Skilled Nursing Facility Value-Based Purchasing Program	
8	Summary	Yes	Provide the measure title only (255 characters or less). Put program-specific ID number in the next field, not in the title. Note: Do not enter the NQF ID, former Jira MUC ID number, or any other ID numbers here (see below).	Free text 255 characters max		Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Vascular Procedures
9	Measure ID	No	Alphanumeric identifier (if applicable), such as a recognized program ID number for this measure (20 characters or less). Examples: 199 GPRO HF-5; ACO 28; CTM-3; PQI #08. Fields for the NQF ID number and previous year(s) Jira MUC ID number are provided in other data fields within this form.	Free text 20 characters max		NMZAB5222

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
10	Measure description	Yes	Provide a brief description of the measure (700 characters or less). When you paste text, any content over the limit will be truncated.	Free text 700 characters or less)		Hospital risk-standardized 30-day unplanned readmission rates following hospital stays with one or more qualifying vascular procedure.
11	Numerator	Yes	The upper portion of a fraction used to calculate a rate, proportion, or ratio. A clinical action to be counted as meeting a measure's requirements. For all fields, especially Numerator and Denominator, use plain text whenever possible. If needed, convert any special symbols, math expressions, or equations to plain text (keyboard alphanumeric, such as + - * /). This will help reduce errors and speed up data conversion, team evaluation, and MUC report formatting.	Free text		The outcome for this measure is 30-day all-cause unplanned readmission following a qualifying index hospital stay. We define a readmission as a subsequent hospital inpatient admission within 30 days of either the discharge date (for inpatients) or claim end date (for outpatients – hereafter referred to as "discharge date") following a qualifying hospital stay.
12	Denominator	Yes	The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given patient population that may be counted as eligible to meet a measure's inclusion requirements.	Free text		The target population for this measure includes inpatient and outpatient hospital stays for patients at least 65 years of age who receive one or more qualifying vascular procedure.

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
13	Exclusions/Exceptions	Yes	If applicable, specify Numerator Exclusion, Denominator Exclusion, or Denominator Exception.	Free text		Hospital stays for patients without at least 30 days of post-discharge information Hospital stays for patients who leave the hospital against medical advice Hospital stays with a qualifying vascular procedure that occur within 30 days of a previous hospital stay with a qualifying vascular procedure.
14	Measure Type	Yes	Select only one type of measure. For definitions, visit this web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html and link to the user guide under The Jira System.	Select one	None Composite Cost/Resource Use Efficiency Intermediate Outcome Outcome Patient Reported Outcome Process Structure Other (enter in Comments at far bottom of this form)	Outcome
15	Which clinical guideline(s)?	No	The measure should improve compliance with standard clinical guidelines. Provide a detailed description of which guideline supports the measure and how the measure will enhance compliance with the clinical guidelines. Indicate whether the guideline is evidence-based or consensus-based.	Free text		National Clinical Guideline Centre. Lower limb peripheral vascular disease: diagnosis and management. London (UK): National Institute for Health and Clinical Excellence (NICE); 2015 Aug. 28 p. 888 (Clinical guideline; no. 999).

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
16	Is this measure similar to and/or competing with measure(s) already in a program?	Yes	Consider other measures with similar purposes.	Select one	Yes No	Yes
17	If Yes:					
18	Which measure(s) already in a program is your measure similar to and/or competing with?	No	Identify the other measure(s) including title and any other unique identifier	Free text		Hospital-Wide All-Cause Unplanned Readmission Measure (HWR)
19	How will this measure add value to the CMS program?	No	Describe benefits of this measure, in comparison to measure(s) already in a program.	Free text		The Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Vascular Procedures measure (hereafter referred to as the vascular readmission measure) was developed to help hospitals understand the outcomes of patients undergoing vascular procedures
20	How will this measure be distinguished from other similar and/or competing measures?	No	Describe key differences that set this measure apart from others.	Free text		There is currently no other measure measuring readmission rates associated with vascular procedures.
21	What is the target population of the measure?	Yes	What populations are included in this measure? e.g., Medicare Fee for Service, Medicare Advantage, Medicaid, CHIP, All Payer, etc.	Free text		Patients who are 65 years of age or older with a vascular procedure as either an inpatient or outpatient
22	What one area of specialty is the measure aimed to, or which specialty is most likely to report this measure?	Yes	Select the most applicable area of specialty. Use the scroll bar to view all available specialties.	Select one	**See Appendix A.22 for list choices.**	Vascular surgery

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
23	What one primary healthcare priority applies to this measure?	Yes	Healthcare priorities (also known as domains); select the best one.	Select one	Make care safer by reducing harm caused in the delivery of care Strengthen person and family engagement as partners in their care Promote effective communication and coordination of care Promote effective prevention and treatment of chronic disease Work with communities to promote best practices of healthy living Make care affordable	Promote effective communication and coordination of care

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
24	What one primary meaningful measure area applies to this measure?	Yes	Select the best one. The meaningful measure area choices depend on your selection of primary healthcare priority above.	Select one	If #23 is Make care safer…, then choices are: Healthcare-associated infections Preventable healthcare harm If #23 is Strengthen person…, then choices are: Care is personalized and aligned with patient's goals End of life care according to preferences Patient's experience of care Functional outcomes If #23 is Promote effective communication…, then choices are: Medication management Admissions and readmissions to hospitals Transfer of health information and interoperability	Admissions and readmissions to hospitals

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
24	What one primary meaning measure area applies to this measure? (continued)				If #23 is Promote effective prevention…, then choices are: Preventive care Management of chronic conditions Prevention, treatment, and management of mental health Prevention and treatment of opioid and substance use disorders Risk adjusted mortality If #23 is Work with communities…, then choices are: Equity of care Community engagement If #23 is Make care affordable, then choices are: Appropriate use of healthcare Patient-focused episode of care Risk adjusted total cost of care	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
25	What secondary healthcare priority applies to this measure?	No	Healthcare priorities (also known as domains); select one alternate or secondary priority only if applicable.	Select one	Make care safer by reducing harm caused in the delivery of care Strengthen person and family engagement as partners in their care Promote effective communication and coordination of care Promote effective prevention and treatment of chronic disease Work with communities to promote best practices of healthy living Make care affordable	Make care affordable

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
26	What secondary meaningful measure area applies to this measure?	No	Select an alternate or secondary area only if applicable. The meaningful measure area choices depend on your selection of secondary healthcare priority above.	Select one	If #24 is Make care safer…, then choices are: Healthcare-associated infections Preventable healthcare harm If #24 is Strengthen person…, then choices are: Care is personalized and aligned with patient's goals End of life care according to preferences Patient's experience of care Functional outcomes If #24 is Promote effective communication…, then choices are: Medication management Admissions and readmissions to hospitals Transfer of health information and interoperability	Appropriate use of healthcare

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
26	What secondary meaningful measure area applies to this measure? (continued)				If #24 is Promote effective prevention…, then choices are: Preventive care Management of chronic conditions Prevention, treatment, and management of mental health Prevention and treatment of opioid and substance use disorders Risk adjusted mortality If #24 is Work with communities…, then choices are: Equity of care Community engagement If #24 is Make care affordable, then choices are: Appropriate use of healthcare Patient-focused episode of care Risk adjusted total cost of care	
27	Briefly describe the peer reviewed evidence justifying this measure	Yes	Add description of evidence.	Free text		Report to the Congress: Promoting Greater Efficiency in Medicare. 2007, Medicare Payment Advisory Commission (MEDPAC). Boutwell, A.S., Effective Interventions to Reduce Rehospitalizations: A Survey of the Published Evidence. 2009, Institute for Healthcare Improvement: Cambridge, MA. p. 1-18.

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
28	What is the NQF status of the measure?	Yes	Select only one. Refer to http://www.qualityforum.org/QPS/ for information on NQF endorsement, measure ID, and other information.	Select one	None Endorsed Endorsement Removed Submitted Failed endorsement Never submitted	Endorsed
29	NQF ID	Yes	Four- or five-digit identifier with leading zeros and following letter if needed. If no NQF ID number is known, enter numerals 0000.	Can be four- or five-character alphanumeric ID value		7777

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
30	Evidence that the measure can be operationalized	No	Provide evidence that the data source used by the measure is readily available to CMS. Summarize how CMS would operationalize the measure. For example, if the measure is based on registry data, the submitter must provide evidence that the majority of the hospitals in the program in which the measure will be used participate in the registry; if the measure is registry-based, the submitter must provide a plan for CMS to gain access to the registry data. For eCQMs, attach feasibility scorecard or other quantitative evidence indicating measure can be reported by the intended reporting entities.	Free text		Data source is claims.
31	If endorsed:					
32	Is the measure being submitted **exactly** as endorsed by NQF?	No	Select only one	Radio button	Yes No	No

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
33	If not exactly as endorsed, specify the locations of the differences	No	Which specification fields are different? Select as many as apply.	Multi-select	Measure title Description Numerator Denominator Exclusions Target Population Setting (for testing) Level of analysis Data source eCQM status Other (see next field)	Numerator Exclusions
34	If not exactly as endorsed, describe the nature of the differences	No	Briefly describe the differences	Free text		N/A

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
35	Year of most recent NQF Consensus Development Process (CDP) endorsement	No	Select one	Select one	None 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019	2016

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
36	Year of next anticipated NQF CDP endorsement review	No	Select one	Select one	None 2019 2020 2021 2022 2023	2020
37	In what state of development is the measure?	Yes	Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	Early Development Field Testing Fully Developed	Fully Developed

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
38	State of Development Details	No	Details are helpful to CMS in understanding where the measure is in the developmental cycle and will weigh heavily in determining whether or not the measure will be published on the MUC List. If you selected early development above, meaning testing is not currently underway, please describe when testing is planned (i.e., specific dates), what type of testing is planned (e.g., alpha, beta, etc.) as well as the types of facilities in which the measure will be tested. If you selected field testing or fully developed above, please describe what testing (e.g., alpha, beta, etc.) has taken place in addition to the results of that testing. Related to testing, summarize results from validity testing including number of reporting entities and patients measured, and how validity was assessed. Summarize results from reliability testing including number of reporting entities and patients measured, and how reliability was assessed.	Free text		Beta testing has been completed as of 2018, and results from settings XX, YY, and ZZ were uniformly positive. The measure was rated as "valuable" or "extremely valuable" by more than 90 percent of respondents in a survey of 2,200 hospital administrators and clinical staff.

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
39	In which setting was this measure tested?	Yes	Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	None Ambulatory surgery center Ambulatory/office-based care Behavioral health clinic and treatment facility Community hospitals Dialysis facility Emergency department Federally qualified health center (FQHC) Hospital outpatient department (HOD) Home health Hospital inpatient Hospital/acute care facility Inpatient psychiatric facility Inpatient rehabilitation facility IP units within acute care hospitals Long-term care hospital Nursing home Post-acute care facility(s) PPS-exempt cancer hospital Psychiatric outpatient Veterans Health Administration facilities Other (enter in Comments at far bottom of this screen)	Hospital inpatient Hospital outpatient department (HOD)

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
40	At what level of analysis was the measure tested?	Yes	Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	None Clinician Group Facility Health plan Medicaid program (e.g., Health Home or 1115) State Not yet tested Other (enter in Comments at far bottom of this screen)	Facility

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
41	What data sources are used for the measure?	Yes	Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections. If Claims, then enter relevant parts in the field below. If EHR, then enter relevant parts in the field below. If Registry, then enter which registry in the field below. Use the "Comments" field to specify or elaborate on the type of data source, if needed to define your measure.	Multi-select	Administrative clinical data Facility discharge data Chronic condition data warehouse (CCW) Claims CROWNWeb EHR Hybrid IRF-PAI LTCH CARE data set National Healthcare Safety Network OASIS-C1 Paper medical record Prescription Drug Event Data Elements PROMIS Record review Registry Survey State Vital Records Other (enter in Comments at far bottom of this screen) None	Claims
42	If Registry:					

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
43	Specify the registry(ies)	No	Identify the registry using the submitted measure. Select as many as apply. Use the scroll bar to view all available registries.	Multi-select	**See Appendix A.43 for list choices.**	N/A
44	If EHR or Claims or Chart-Abstracted Data, description of parts related to these sources	No	Provide a brief, specific description of which parts of the measure are taken from EHR, claims-based, or chart-abstracted (i.e., paper medical records) data sources.	Free text		All data elements for the measure are taken from the EHR (i.e., initial population, denominator, denominator exceptions and exclusions, numerator)
45	How is the measure expected to be reported to the program?	Yes	This differs from the data sources above. This is the anticipated data submission method. Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections. Use the "Comments" field to specify or elaborate on the type of reporting data, if needed to define your measure.	Multi-select	eCQM CQM (Registry) Claims Web interface Other (enter in Comments at far bottom of this screen)	eCQM
46	Is this measure an eCQM?	Yes	Is this an electronic clinical quality measure (eCQM)? Select only one. If your answer is yes, the Measure Authoring Tool (MAT) ID number must be provided below.	Select one	Yes No	Yes
47	If eCQM = Yes					

134

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
48	If eCQM, enter Measure Authoring Tool (MAT) number	Yes	In the Attachments field below, you must attach Bonnie test cases for this measure, with 100% logic coverage (test cases should be appended), attestation that value sets are published in Value Set Authority Center, and NQF feasibility scorecard. If not an eCQM, or if MAT number is not available, enter 0.	Free text		888
49	If eCQM, does the measure have a Health Quality Measures Format (HQMF) specification in alignment with the latest HQMF standards?	Yes	If not eCQM, select No	Select one	Yes No	Yes

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
50	Evidence of performance gap	Yes	Evidence of a performance gap among the units of analysis in which the measure will be implemented. Provide analytic evidence that the units of analysis have room for improvement and, therefore, that the implementation of the measure would be meaningful. The distribution of performance should be wide. Measures must not address "topped-out" opportunities. Please provide current rate of performance and standard deviation from that rate to demonstrate variability. If available, please provide information on the testing data set. If available, include percent average performance rate, minimum, and maximum. Include validity and reliability values in a standard format, and the population size used in determining these values.	Free text		This measure is important to decrease cost, address gaps in care, and enhance coordination of communication. Cost. This measure is important to decrease cost, address gaps in care, and enhance coordination of communication.

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
51	Unintended consequences	No	Summary of potential unintended consequences if the measure is implemented. Information can be taken from NQF CDP manuscripts or documents. If referencing NQF documents, you must submit the document or a link to the document, and the page being referenced.	Free text		None are known
52	Was this measure published on a previous year's Measures under Consideration list?	Yes	If **yes,** you are submitting an existing measure for expansion into additional CMS programs or the measure has substantially changed since originally published, then proceed to the following subset of data fields including: In what prior year(s) was this measure published?, What were the MUC IDs for the measure in each year?, Why was the measure not recommended by the MAP workgroups in those year(s)?, What were the programs that NQF MAP reviewed the measure for in each year?, List the NQF MAP workgroup(s) in each year, What was the NQF MAP recommendation each year?, and NQF MAP report page number being referenced for each year. If **no,** then skip these subset questions.	Select one	Yes No	No

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
53	In what prior year(s) was this measure published?	No	Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	None 2011 2012 2013 2014 2015 2016 2017 2018 Other (enter in Comments at far bottom of this screen)	N/A
54	What were the MUC IDs for the measure in each year?	No	List both the year and the associated MUC ID number in each year. If unknown, enter N/A.	Free text		N/A
55	List the NQF MAP workgroup(s) in each year	No	List both the year and the associated workgroup name in each year. Workgroup options: Clinician; Hospital; Post-Acute Care/Long-Term Care; Coordinating Committee. Example: "Clinician, 2014"	Free text		N/A
56	What were the programs that NQF MAP reviewed the measure for in each year?	No	List both the year and the associated program name in each year.	Free text		N/A

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
57	What was the NQF MAP recommendation in each year?	No	List the year(s), the program(s), and the associated recommendation(s) in each year. Options: Support; Do Not Support; Conditionally Support; Refine and Resubmit	Free text		N/A
58	Why was the measure not recommended by the MAP workgroups in those year(s)?	No	Briefly describe the reason(s) if known.	Free text		N/A

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
59	NQF MAP report link for each year		For your reference in completing this section, click on the links below or copy/paste the links into your browser to view each year's MAP pre-rulemaking report (2012 to 2019). 2019: Link currently unavailable 2016-18: http://www.qualityforum.org/map/ 2015: http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=78711 2014: http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report__2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx 2013: http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx 2012: http://www.qualityforum.org/Publications/2012/02/MAP_Pre-Rulemaking_Report__Input_on_Measures_Under_Consideration_by_HHS_for_2012_Rulemaking.aspx All major NQF reports going back to 2008 should be locatable here: http://www.qualityforum.org/Publications.aspx			
60	NQF MAP report page number being referenced for each year	No	List both the year and the associated MAP report page number for each year.	Free text		N/A
61	If this measure is being submitted to meet a statutory requirement, please list the corresponding statute	No	List title and other identifying citation information.	Free text		N/A

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
62	Measure steward	Yes	Select the current Measure Steward. Select as many as apply. Use the scroll bar to view all available stewards. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	**See Appendix A.62-64 for list choices.**	Centers for Medicare & Medicaid Services
63	Measure Steward Contact Information	Yes	Last name, First name; Affiliation (if different); Telephone number; Email address	Free text		Bre, Marie; Betatest Company; 555-359-4240; bre@betatest.org
64	Long-Term Measure Steward (if different)	No	Entity or entities that will be the permanent measure steward(s), responsible for maintaining the measure and conducting NQF maintenance review. Use the scroll bar to view all available stewards. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	**See Appendix A.62-64 for list choices.**	N/A
65	Long-Term Measure Steward Contact Information	No	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address	Free text		N/A
66	Primary Submitter Contact Information	Yes	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address	Free text		Sabine, Roman; Betatest Company; 777-777-7777; sabine@betatest.org
67	Secondary Submitter Contact Information	No	If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address	Free text		Line, John; Betatest Company; 777-777-1234; line@betatest.org

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
68	Comments	No	Any notes, qualifiers, external references, or other information not specified above. For OTHER entries: please indicate the type of additional data you are providing, such as Measure Type, Setting, Level of Analysis, or Measure Steward.	Free text		Location of differences from NQF endorsed version: Clinical Guidelines

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
69	Attachment(s)	No	The maximum file upload size is 10.00 MB. You are encouraged to attach measure information form (MIF) if available. This is a detailed description of the measure used by NQF during endorsement proceedings. If a MIF is not available, comprehensive measure methodology documents are encouraged. If you select MIPS, please navigate to the Additional Resources list at this web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html, download the "MIPS Peer Review Template and a Completed Sample," and attach the completed form to your Jira submission using the "Attachments" field at the bottom of this web page. If eCQM, you must attach Bonnie test cases for this measure, with 100% logic coverage (test cases should be appended), attestation that value sets are published in Value Set Authority Center, and NQF feasibility scorecard.	Browse for files		N/A

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
70	MIPS Journal Article Requirement	No	For those submitting measures to MIPS program, click "Yes" after you have attached your completed Peer Reviewed Journal Article Requirement form.	Radio button	Yes No	N/A