

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	Some issue types are unavailable due to incompatible field configuration and/or workflow associations. Select Measure Submission to nominate a measure for MUC list. Select Modify Measure to change a measure already submitted for 2016. Select Question to ask a question on the MUC process. Select Feedback to leave feedback about the 2016 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	CMS Program	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. These should not be current use programs. Please note if a user selects programs MIPS or HIQR and if approved for the MUC List and rulemaking the measure has the potential to be "borrowed" for use in Hospital and Physician Compare.	Multi-select	<ul style="list-style-type: none"> 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 Medicaid and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals Medicare Shared Savings Program Merit-based Incentive Payment System Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program Skilled Nursing Facility Quality Reporting Program Skilled Nursing Facility Value-Based Purchasing Program 	

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4	What is the history or background for including this measure on the new MUC list?	Yes	Select only one reason	Select one	None New measure never used in a program Measure currently used in a CMS program being proposed 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 (2012-2016)	Free text		

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7	What other programs are currently using this measure?	No	Select as many as apply. These should be current use programs only, not proposed programs.	Multi-select	<ul style="list-style-type: none"> 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 Medicaid and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals Medicare Shared Savings Program Merit-based Incentive Payment System Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program Skilled Nursing Facility Quality Reporting Program Skilled Nursing Facility Value-Based Purchasing Program 	

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8	Measure title	Yes	Provide the measure title only (255 characters or less). Put program-specific ID number in the next field, not in the title. Note: Enter the NQF ID number and former MUC ID number (if applicable) in later fields.	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		
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)		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
11	Numerator	Yes	[show Preview button; Markup button] 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	[show Preview button; Markup button] 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		
13	Exclusions	Yes	[show Preview button; Markup button] Can apply to the Numerator or the Denominator.	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
14	Measure Type*	Yes	Select only one type of measure.	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 the measure is based on and how the measure will enhance compliance with the clinical guidelines.	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	
17	If Yes:					
18	Which existing measure(s) 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	Rationale for how this measure will add to the CMS program	No	Describe benefits of this measure, in comparison to existing measure(s).	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		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
21	What is the target population of the measure?	Yes	[show Preview button; Markup button] What populations are included in this measure? e.g., Medicare Fee for Service, Medicare Advantage, Medicaid, All Payer, etc.	Free text		
22	What area of specialty best fits the 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.	
23	What NQS priority applies to this measure?	Yes	National Quality Strategy priorities (also known as domains); select as many as apply.	Multi-select	<p>Making care safer by reducing harm caused in the delivery of care</p> <p>Ensuring that each person and family is engaged as partners in their care</p> <p>Promoting effective communication and coordination of care</p> <p>Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease</p> <p>Working with communities to promote wide use of best practices to enable healthy living</p> <p>Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models</p> <p>Measure not able to be categorized</p>	
24	Briefly describe the peer reviewed evidence justifying this measure	Yes	[show Preview button; Markup button] Add description of evidence.	Free text		

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25	What is the NQF status of the measure?	Yes	Select only one	Select one	None Endorsed De-endorsed Submitted Failed endorsement Never submitted	
26	NQF ID number	Yes	Four digit number with leading zeros if needed. If no NQF ID number is known, enter numerals 0000.	Four-digit ID value		
27	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.	Free text		
28	If endorsed:					
29	Is the measure being proposed exactly as endorsed by NQF?	No	Select only one	Radio button	Yes No	

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30	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 Area of specialty Setting (for testing) Level of analysis Data source eCQM status Other (see next field)	
31	If not exactly as endorsed, describe the nature of the differences	No	Briefly describe the differences	Free text		
32	Year of 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	
33	Year of next scheduled NQF CDP endorsement review	No	Select one	Select one	None 2016 2017 2018 2019	

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34	In what state of development is the measure?	Yes	Select as many as apply.	Multi-select	Early Development Field Testing Fully Developed	
35	In which setting was this measure tested?	Yes	Select as many as apply.	Multi-select	None Ambulatory surgery center Ambulatory/office-based care Community hospitals Dialysis facility Emergency department 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)	
36	At what level of analysis was the measure tested?	Yes	Select as many as apply.	Multi-select	None Clinician Group Facility Health plan Not yet tested Other (enter in Comments at far bottom of this screen)	

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37	What data sources are used for the measure?	Yes	Select as many as apply.	Multi-select	Administrative claims (non-Medicare; enter relevant parts in the field below) Administrative clinical data Facility discharge data Chronic condition data warehouse (CCW) Claims CROWNWeb EHR (enter relevant parts in the field below) 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 (enter which Registry in the field below) Survey Other (enter in Comments at far bottom of this screen) None	
38	If Registry:					
39	Specify the registry(ies)	No	Identify the registry using the proposed measure. Select as many as apply. Use the scroll bar to view all available registries.	Multi-select	See Appendix A.39 for list choices.	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
40	If EHR or Administrative 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, administrative claims-based, or chart-abstracted (i.e., paper medical records) data sources.	Free text		
41	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	
42	If eCQM, enter Measure Authoring Tool (MAT) number	Yes	If not an eCQM, or if MAT number is not available, enter 0.	Free text		
43	If eCQM, does the measure have a Health Quality Measures Format (HQMF) specification?	Yes	If not eCQM, enter No	Select one	Yes No	
44	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.	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
45	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		
46	Was this measure published on a previous year's Measures under Consideration list?	Yes	If yes , you are proposing the 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 (i.e., 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 decision 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
47	In what prior year(s) was this measure published?	No	Select as many as apply.	Multi-select	None 2011 2012 2013 2014 2015 Other (enter in Comments at far bottom of this screen)	
48	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		
49	Why was the measure not recommended by the MAP workgroups in those year(s)?	No	Briefly describe the reason(s) if known.	Free text		
50	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		
51	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		
52	What was the NQF MAP decision in each year?	No	List the year(s), the program(s), and the associated decision(s) in each year. Decision options: Support; Do Not Support; Conditionally Support	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
53	NQF MAP report link for each year		<p>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 2016).</p> <p>2016: Link currently unavailable</p> <p>2015: http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=78711</p> <p>2014: http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report_2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx</p> <p>2013: http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx</p> <p>2012: http://www.qualityforum.org/Publications/2012/02/MAP_Pre-Rulemaking_Report_Input_on_Measures_Under_Consideration_by_HHS_for_2012_Rulemaking.aspx</p> <p>All major NQF reports going back to 2008 should be locatable here: http://www.qualityforum.org/Publications.aspx</p>			
54	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		
55	If this measure is being proposed to meet a statutory requirement, please list the corresponding statute	No	List title and other identifying citation information.	Free text		
56	Measure steward	Yes	Select the current Measure Steward. Select as many as apply. Use the scroll bar to view all available stewards.	Multi-select	See Appendix A.56-58 for list choices.	
57	Measure Steward Contact Information	Yes	Last name, First name; Affiliation (if different); Telephone number; Email address	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
58	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.	Multi-select	See Appendix A.56-58 for list choices.	
59	Long-Term Measure Steward Contact Information	No	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address	Free text		
60	Primary Submitter Contact Information	Yes	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address	Free text		
61	Secondary Submitter Contact Information	No	If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address	Free text		
62	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		
63	Attachment(s)	No	The maximum file upload size is 10.00 MB. 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, a detailed Measure Methodology form is acceptable.	Browse for files		

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.39 Choices for **Specify the registry(ies)**

None

CDC, NHSN (National Healthcare Safety Network)

American Nursing Association's National Database for Nursing Quality Indicators® (NDNQI®)

American College of Surgeons National Surgical Quality Improvement Program ASC NSQIP)

American College of Surgeons National Cancer Data Base (ASC NCDB)

American Heart Association's Get With the Guidelines Database

Alere Analytics Registry

American Board of Family Medicine Registry

American College of Surgeons (ACS) Surgeon Specific Registry (SSR)

American Health IT

American Osteopathic Association Clinical Assessment Program

American Society of Clinical Oncology's Quality Oncology Practice Initiative (QOPI)

Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry (NACOR)

Bayview Physician Services Registry

BMC Clinical Data Warehouse Registry

Care Coordination Institute Registry

CECity Registry ("PQRSwizard")

Cedaron Medical

Central Utah Informatics

CINA

Clinical Support Services

Clinicient

Clinigence

Conifer Value-Based Care

Corrora, LLC

Covisint Corporation Registry (formerly Docsite)

Crimson Care Registry

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

Falcon Registry

FORCE-TJR Registry QITM

FOTO PQRS Registry

Fresenius Medical Care CKD Data Registry

Geriatric Practice Management LTC Registry

Greenway Health PrimeDATA CLOUD PQRS Registry

HCA Physician Services PQRS Registry

HCFS Health Care Financial Services LLC (HCFS)

Health Focus Registry

ICLOPS

Ingenious Med, Inc.

Intelliscure, Inc

Intelligent Healthcare

iPatientCare Registry

IPC The Hospitalist Company Registry

IRISTM Registry

Johns Hopkins Disease Registry

Lumeris Registry

M2S Registry

Mankato Clinic Registry

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

Michigan Spine Surgery Improvement Collaborative

myCatalyst
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
OmniMD
Patient360
PMI Registry
PQRS Solutions
PQRS PRO NetHealth LLC
Pulse PQRS Registry
Quintiles PQRS Registry
ReportingMD Registry
RexRegistry by Prometheus Research
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 Pain Center USA PLLC
Unlimited Systems Specialty Healthcare Registry
Venous Patient Outcome Registry
Vericle, Inc.
Webconsort LLC
WebOutcomes LLC
WebPT, Inc
Wellcentive, Inc
Wisconsin Collaborative for Health Care Quality Registry
AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity

American College of Cardiology Foundation FOCUS Registry
American College of Cardiology Foundation PINNACLE Registry
American College of Physicians Genesis Registry™ in collaboration with CECity
American College of Radiology National Radiology Data Registry
American College of Rheumatology Rheumatology Informatics System for Effectiveness
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 Joint Replacement Registry
American Society of Breast Surgeons Mastery of Breast Surgery Program
American Society of Clinical Oncology Quality Oncology Practice Initiative (QOPI)R
Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry
Chronic Disease Registry, Inc
CUHSM.ORG
Faculty Practice Foundation, Inc. supported by BMC Clinical Data Warehouse Registry
Geriatric Practice Management LTC Qualified Clinical Data Registry
GI Quality Improvement Consortium's GIQuIC Registry
Louisiana State University Health Care Quality Improvement Collaborative [Louisiana State University, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity]
Massachusetts eHealth Collaborative Quality Data Center QCDR
Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) QCDR
Michigan Bariatric Surgery Collaborative QCDR
Michigan Urological Surgery Improvement Collaborative QCDR
National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement Registry in collaboration with CECity
OBERD QCDR
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)
Physician Health Partners QCDR
Premier Healthcare Alliance Physician Registry™

Renal Physicians Association Quality Improvement Registry in collaboration with CECity
Society of Thoracic Surgeons National Database

The Guideline Advantage™ (American Cancer Society, American Diabetes Association,
American Heart Association) supported by Forward Health Group's PopulationManager®
Vancouver Clinic

Wisconsin Collaborative for Healthcare Quality

Wound Care Quality Improvement Collaborative (Paradigm Medical Management,
Patient Safety Education Network (PSEN), Net Health Systems, Inc., CECity)

A.56-58 Choices for **Measure steward (56)** and **Long-Term Measure Steward (if different) (58)**

None

Agency for Healthcare Research & Quality

Alliance of Dedicated Cancer Centers

American Academy of Allergy, Asthma & Immunology (AAAAI)

American Academy of Dermatology

American Academy of Neurology

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 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 Society for Gastrointestinal Endoscopy

American Society for Radiation Oncology

American Society of Addiction Medicine

American Society of Anesthesiologists

American Urogynecologic Society

American Urological Association (AUA)

ASC Quality Collaboration

Bridges to Excellence

Centers for Disease Control and Prevention

Centers for Medicare & Medicaid Services

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

Heart Rhythm Society (HRS)

Indian Health Service

Infectious Diseases Society of America (IDSA)

MN Community Measurement

National Committee for Quality Assurance

Office of the National Coordinator for Health Information Technology

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

Pharmacy Quality Alliance

Philip R. Lee Institute for Health Policy Studies

RAND Corporation

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

Society of Interventional Radiology

The Joint Commission

The Society for Vascular Surgery

University of Minnesota Rural Health Research Center

University of North Carolina- Chapel Hill

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