**Centers for Medicare & Medicaid Services Measures under Consideration 2020 Data Template for Candidate Measures**

**Instructions:**

1. Complete the measure template below by entering your candidate measure information in the column titled “Add Your Content Here.”
2. All rows that have an asterisk symbol \* in the Field Label require a response. These rows also appear unshaded.
3. All rows shaded in gray are optional. You are encouraged to complete all rows that are applicable to your measure.
4. For each row, the “Guidance” column provides details about how to complete the form and what kind of data to include in your response.
5. For check boxes, note whether the field is “select one” or “select all that apply.” You can click on the box to place or remove the “X.”
6. If you have lengthy text to insert, place the text at the bottom of the form, clearly indicating your intended row number or field label.
7. Send completed templates and any accompanying files (e.g., MIPS Peer Review Journal Article attachment, testing data, MAT information) **by June 30, 2020** to [prerulemaking@battelle.org](mailto:prerulemaking@battelle.org)
8. If you need to submit a measure change, please use the “Review” tab in Word and select “Track Changes” or highlight any updates you made to the measure, then by September 4, 2020, send the revised template to [prerulemaking@battelle.org](mailto:prerulemaking@battelle.org)

| **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- |
| 1 | \*Date MM/DD/YYYY | Enter the current date of submission or revision |  |
| 2 | \*Issue Type | Select Measure Submission to nominate a measure for the 2020 MUC list. Select Modify Candidate Measure to change a measure already submitted for 2020. Select only one. | Measure Submission  Modify Candidate Measure |
| 3 | \*CMS Program(s) | Select the CMS program(s) for which the measure is being submitted. Select all that apply.  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 enter both MIPS-Quality and MIPS-Cost for the same measure.  If you enter 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 send the completed form with your template by email to Prerulemaking@Battelle.org. | 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  Part C and D Star Ratings  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 2020 MUC list? | Select only one description | 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). | For example: Hospice Quality Reporting (2012-2018) |  |
| 7 | What other federal programs are currently using this measure? | Select all that apply. These should be current use programs only, not programs for the 2020 submittal. | 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  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 | \*Measure Title | 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 other fields 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. |  |
| 10 | \*Measure description | Provide a brief description of the measure (700 characters or less). |  |
| 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.  **For all free-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. |  |
| 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. |  |
| 13 | \*Exclusions/ Exceptions | If applicable, specify Numerator Exclusion, Denominator Exclusion, or Denominator Exception. |  |
| 14 | \*Measure Type | 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> . | Composite  Cost/Resource Use  Efficiency  Intermediate Outcome  Outcome  Patient Reported Outcome  Process  Structure  Other (enter here): |
| 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. |  |
| 16 | \*Is this measure similar to and/or competing with measure(s) already in a program? | Select either Yes or No. Consider other measures with similar purposes. | Yes  No |
| 17 | If Yes: |  |  |
| 18 | Which measure(s) already in a program is your measure similar to and/or competing with? | Identify the other measure(s) including title and any other unique identifier |  |
| 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. |  |
| 20 | How will this measure be distinguished from other similar and/or competing measures? | Describe key differences that set this measure apart from others. |  |
| 21 | MIPS Quality: Identify any links with related Cost measures and Improvement Activities | For MIPS Quality measures only: Where available, provide description of linkages and a rationale that correlates this MIPS quality measure to other performance category measures and activities. |  |
| 22 | \*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. |  |
| 23 | \*What one area of specialty is the measure aimed to, or which specialty is most likely to report this measure? | Select the one most applicable area of specialty. | **See Appendix A.23 for list choices. Copy/paste or enter your choice here:** |
| 24 | \*What one primary healthcare priority applies to this measure? | Healthcare priorities (also known as domains). Select the best 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 |
| 25 | \*What one primary meaningful measure area applies to this measure? | Select the best one. The meaningful measure area choices depend on your selection of primary healthcare priority above. | 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  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 |
| 26 | What secondary healthcare priority applies to this measure? | Healthcare priorities (also known as domains). Select one alternate or secondary priority only if applicable. | 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 |
| 27 | What secondary meaningful measure area applies to this measure? | Select one alternate or secondary area only if applicable. The meaningful measure area choices depend on your selection of secondary healthcare priority above. | If #26 is Make care safer…, then choices are:  Healthcare-associated infections  Preventable healthcare harm  If #26 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 #26 is Promote effective communication…, then choices are:  Medication management  Admissions and readmissions to hospitals  Transfer of health information and interoperability  If #26 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 #26 is Work with communities…, then choices are:  Equity of care  Community engagement  If #26 is Make care affordable, then choices are:  Appropriate use of healthcare  Patient-focused episode of care  Risk adjusted total cost of care |
| 28 | \*Briefly describe the peer reviewed evidence justifying this measure | Add description of evidence. If you have lengthy text to insert, place the text at the bottom of this form, clearly indicating row number 28. |  |
| 29 | \*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. | Endorsed  Endorsement Removed  Submitted  Failed endorsement  Never submitted |
| 30 | \*NQF ID | Four- or five-digit identifier with leading zeros and following letter if needed. If no NQF ID number is known, enter numerals 0000. Place zeros ahead of ID if necessary (e.g., 0064). Add a letter after the ID if necessary (e.g., 0064e). |  |
| 31 | Evidence that 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. If you have lengthy text to insert, place the text at the bottom of this form, clearly indicating row number 31. |  |
| 32 | If endorsed: |  |  |
| 33 | Is the measure being submitted **exactly** as endorsed by NQF? | Select Yes or No | Yes  No |
| 34 | If not exactly as endorsed, specify the locations of the differences | Which specification fields are different? Select all that apply. | Measure title  Description  Numerator  Denominator  Exclusions  Target Population  Setting (for testing)  Level of analysis  Data source  eCQM status  Other (enter here and see next field): |
| 35 | If not exactly as endorsed, describe the nature of the differences | Briefly describe the differences |  |
| 36 | Year of most recent NQF Consensus Development Process (CDP) endorsement | Select one | None  1999  2000  2001  2002  2003  2004  2005  2006  2007  2008  2009  2010  2011  2012  2013  2014  2015  2016  2017  2018  2019  2020 |
| 37 | Year of next anticipated NQF CDP endorsement review | Select one | None  2020  2021  2022  2023  2024 |
| 38 | \*In what state of development is the measure? | Select all that apply. | Early Development  Field Testing  Fully Developed |
| 39 | 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 entered 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 entered 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. |  |
| 40 | \*In which setting was this measure tested? | Select all that apply. | Ambulatory surgery center  Ambulatory/office-based care  Behavioral health clinic or inpatient psychiatric facility  Community hospitals  Dialysis facility  Emergency department  Federally qualified health center (FQHC)  Hospital outpatient department (HOD)  Home health  Hospice  Hospital inpatient acute care facility  Inpatient rehabilitation facility  Long-term care hospital  Nursing home  PPS-exempt cancer hospital  Skilled nursing facility  Veterans Health Administration facilities  Other (enter here): |
| 41 | \*At what level of analysis was the measure tested? | Select all that apply | Clinician  Group  Facility  Health plan  Medicaid program (e.g., Health Home or 1115)  State  Not yet tested  Other (enter here): |
| 42 | \*What data sources are used for the measure? | Select all that apply.  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 at Row 69 to specify or elaborate on the type of data source, if needed to define your measure. | 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 here): |
| 43 | If Registry: |  |  |
| 44 | Specify the registry(ies) | Identify the registry using the submitted measure. Select all that apply. | **See Appendix A.44 for list choices. Copy/paste or enter your choices here:** |
| 45 | 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. |  |
| 46 | \*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 all that apply. Use the “Comments” field at Row 69 to specify or elaborate on the type of reporting data, if needed to define your measure. | eCQM  CQM (Registry)  Claims  Web interface  Other (enter here): |
| 47 | \*Is this measure an eCQM? | Is this an electronic clinical quality measure (eCQM)? Select Yes or No. If your answer is yes, the Measure Authoring Tool (MAT) ID number must be provided below. | Yes  No |
| 48 | If eCQM = Yes |  |  |
| 49 | \*If eCQM, enter Measure Authoring Tool (MAT) number | 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. |  |
| 50 | \*If eCQM, does the measure have a Health Quality Measures Format (HQMF) specification in alignment with the latest HQMF standards? | Select Yes or No. If not eCQM, enter No | Yes  No |
| 51 | \*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 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. If you have lengthy text to insert, place the text at the bottom of this form, clearly indicating row number 51. |  |
| 52 | 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 or a link to the document, and the page being referenced. |  |
| 53 | \*Was this measure published on a previous year's Measures under Consideration list? | Select Yes or No. If **yes,** you are submitting an existing measure for expansion into additional CMS programs or the measure has substantially changed since originally published, then answer the following questions: 54 through 59 and 61. If **no,** then skip these subset questions. | Yes  No |
| 54 | In what prior year(s) was this measure published? | Select all that apply. | None  2011  2012  2013  2014  2015  2016  2017  2018  2019  Other (enter here): |
| 55 | 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. |  |
| 56 | List the NQF MAP workgroup(s) in each year | 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" |  |
| 57 | 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. |  |
| 58 | 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 |  |
| 59 | Why was the measure not recommended by the MAP workgroups in those year(s)? | Briefly describe the reason(s) if known. |  |
| 60 | NQF MAP report link for each year | See reference link information at right. | For your reference in completing this section, follow the links below or copy/paste the links into your browser to view each year's MAP pre-rulemaking report (2012 to 2019). **This is not a data entry field.**  2016-19: <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> |
| 61 | NQF MAP report page number being referenced for each year | List both the year and the associated MAP report page number for each year. |  |
| 62 | If this measure is being submitted to meet a statutory requirement, please list the corresponding statute | List title and other identifying citation information. |  |
| 63 | \*Measure steward | Enter the current Measure Steward. Select all that apply. | **See Appendix A.63-65 for list choices. Copy/paste or enter your choices here:** |
| 64 | \*Measure Steward Contact Information | Last name, First name; Affiliation (if different); Telephone number; Email address |  |
| 65 | 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. Select all that apply. | **See Appendix A.63-65 for list choices. Copy/paste or enter your choices here:** |
| 66 | Long-Term Measure Steward Contact Information | If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address |  |
| 67 | \*Primary Submitter Contact Information | If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address |  |
| 68 | Secondary Submitter Contact Information | If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address |  |
| 69 | 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. |  |
| 70 | Attachment(s) | You are encouraged to attach the 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 enter 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 send the completed form with your measure submission by email to Prerulemaking@Battelle.org  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. | **Please enter all attachment filename(s) here for completeness and cross-check purposes:** |
| 71 | MIPS Journal Article Requirement | Select Yes or No. For those submitting measures to MIPS program, enter “Yes.” Send your completed Peer Reviewed Journal Article Requirement form with your measure submission by email to Prerulemaking@Battelle.org. | Yes  No |

**Send any questions or your completed form and any accompanying files to** [**prerulemaking@battelle.org**](mailto:prerulemaking@battelle.org)

Appendix: Lengthy Drop-Down List Choices

A.23 Choices for **What area of specialty best fits the measure?**

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

Nursing  
Obstetrics/gynecology

Occupational therapy  
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

Physical therapy  
Plastic and reconstructive surgery   
Podiatry   
Preventive medicine   
Primary care  
Psychiatry   
Pulmonary disease   
Pulmonology  
Radiation oncology   
Rheumatology   
Sleep medicine

Speech therapy  
Sports medicine  
Surgical oncology   
Thoracic surgery   
Urology   
Vascular surgery   
Other (enter in Row 23)

A.44 Choices for **Specify the registry(ies)**

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

None

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.63-65 Choices for **Measure Steward (63)** and **Long-Term Measure Steward (if different) (65)**

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 Row 63 or Row 65)

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

**Space for Placing Lengthy Text (If Applicable)**

If you have lengthy text to insert, place it below here, clearly indicating for each answer the intended row number and/or field label from the template above.

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