

**CMS Measures Under Consideration (MUC) Entry/Review  
Information Tool (MERIT) Data Template Crosswalk  
CY 2024 Final Versus CY 2025 Final**

**Burden Impact:** The changes to this form do not reflect policies in the CY 2026 Physician Fee Scheduled (PFS) Final Rule for the Quality Payment Program. There are no impacts to burden as a result of any changes reflected here.

### **Change #1**

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**Location:** Title (Page 1)

**Reason for Change:** Updated date in title of the document.

**CY 2024 Final Rule text:** Measures Under Consideration Entry/Review and Information Tool 2024 Data Template for Candidate Measures

**CY 2025 Final Rule text:** Measures Under Consideration Entry/Review and Information Tool 2025 Data Template for Candidate Measures

### **Change #2**

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**Location:** Instructions (Page 1)

**Reason for Change:** Updated instructions for clarity.

**CY 2024 Final Rule text:**

1. Before accessing the CMS MERIT (Measures Under Consideration Entry/Review and Information Tool) online system, you are invited to 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, unless otherwise indicated in the template.
3. For each row, the “Guidance” column provides details on how to complete the template and what kinds of data to include. Unless otherwise specified, the character limit for text fields in CMS MERIT is 8000 characters.
4. 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.”
5. For all fields, especially Numerator and Denominator, use plain text whenever possible. Please convert any special symbols, math expressions, or equations to plain text (keyboard alphanumeric, such as + - \* /).
6. For all free-text fields: Be sure to spell out all abbreviations and define special terms at their first occurrence.
7. Numeric fields are noted, where applicable, in the “Add Your Content Here” column.
8. Row numbers are for convenience only and do not appear on the CMS MERIT user interface.
9. Send any questions to [MMSsupport@battelle.org](mailto:MMSsupport@battelle.org) with the subject line “Pre-Rulemaking”.

**CY 2025 Final Rule text:**

1. Before accessing the CMS MERIT (Measures Under Consideration Entry/Review and Information Tool) online system, you are invited to 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, unless otherwise indicated in the template.
3. For each row, the “Guidance” column provides details on how to complete the template and what kinds of data to include. Unless otherwise specified, the character limit for text fields in CMS MERIT is 8000 characters.
4. 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.”
5. For all fields, especially Numerator and Denominator, use plain text whenever possible. Please convert any special symbols, math expressions, or equations to plain text (keyboard alphanumeric, such as + - \* /).
6. Please ensure that if your measure includes Numerator Exclusions, Denominator Exclusions, or Denominator Exceptions, they are listed in their designated locations and not solely identified in the Numerator or Denominator fields. This practice is crucial for maintaining the standardization of the measure submission process.
7. For all free-text fields: Be sure to spell out all abbreviations and define special terms at their first occurrence.
8. Numeric fields are noted, where applicable, in the “Add Your Content Here” column.
9. Row numbers are for convenience only and do not appear on the CMS MERIT user interface.
10. Send any questions to [MMSSupport@battelle.org](mailto:MMSSupport@battelle.org) with the subject line “Pre-Rulemaking”.

**Change #3**

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**Location:** Whole document, Footer

**Reason for Change:** Updated the year and date.

**CY 2024 Final Rule text:** 2024 CMS MERIT DATA TEMPLATE; 1/31/2024

**CY 2025 Final Rule text:** 2025 CMS MERIT DATA TEMPLATE; 1/30/2025

**Change #4**

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**Location:** Steward or Owner section (Pages 2-3)

**Reason for Change:** Relocation of section to before “Properties” and re-naming of section from “Steward” to “Steward or Owner”. This affects the row numbering for all sections of the document.

**CY 2024 Final Rule text:** N/A

**CY 2025 Final Rule text:** N/A

**Change #5**

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**Location:** Page 2, Row 001

**Reason for Change:** Updated Subsection, Row, Field Label, Guidance and Appendix.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label       | Guidance   | ADD YOUR CONTENT HERE  |
|---------------------|-----|-------------------|--|--|
| Steward Information | 089 | * Measure Steward | Enter the current Measure Steward. Typically, this is an organization or other agency/institution/entity name. | See Appendix A.085 for list choices.<br>Copy/paste or enter your choices here: |

#### CY 2025 Final Rule text:

| Subsection                   | Row | Field Label                | Guidance  | ADD YOUR CONTENT HERE  |
|------------------------------|-----|----------------------------|---|--|
| Steward or Owner Information | 001 | * Measure Steward or Owner | Enter the current Measure Steward or Owner. Typically, this is an organization or other agency/institution/entity name. | See Appendix A.001 for list choices.<br>Copy/paste or enter your choices here: |

#### Change #6

**Location:** Page 2, Row 002

**Reason for Change:** Updated Subsection, Row, Field Label, and Guidance.

#### CY 2024 Final Rule text:

| Subsection          | Row | Field Label                           | Guidance   | ADD YOUR CONTENT HERE |
|---------------------|-----|---------------------------------------|--|-----------------------|
| Steward Information | 090 | * Measure Steward Contact Information | Please provide the contact information of the measure steward. | ADD YOUR CONTENT HERE |

#### CY 2025 Final Rule text:

| Subsection                   | Row | Field Label                                    | Guidance  | ADD YOUR CONTENT HERE |
|------------------------------|-----|--|---|-----------------------|
| Steward or Owner Information | 002 | * Measure Steward or Owner Contact Information | Please provide the contact information of the measure steward or owner. | ADD YOUR CONTENT HERE |

#### Change #7

**Location:** Pages 2-3, Rows 003 through 009, and Skip Logic

**Reason for Change:** Removed long-term steward questions, added partner collaboration and developer questions, updated Subsections, Rows, Field labels, Guidance, Skip Logic, and Appendix.

#### CY 2024 Final Rule text:

| Subsection                    | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                                       |
|-------------------------------|-----|---|---|---|
| Long-Term Steward Information | 091 | * Is the long-term steward different than the steward?  | Entity or entities that will be the permanent measure steward(s), responsible for maintaining the measure and conducting CBE endorsement maintenance review. Select all that apply. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                           | n/a | If you select "Yes" in Row 091, then Row 092 becomes a required field. If you select "No" in Row 091, then skip to Row 093. | n/a   | This is not a data entry field.                             |
| Long-Term Steward Information | 092 | * Long-Term Measure Steward Contact Information   | If different from Steward above, enter the required contact information for the Long-Term Measure Steward listed above  | ADD YOUR CONTENT HERE                                       |
| Submitter Information         | 093 | Is primary submitter the same as steward?   | Select "Yes" or "No."   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

| Subsection            | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE                  |
|-----------------------|-----|--|---|--|
| n/a                   | n/a | <i>If you select "No" in Row 093, then Row 094 becomes a required field. If you select "Yes" in Row 093, then skip to Row 095.</i> | n/a   | <i>This is not a data entry field.</i> |
| Submitter Information | 094 | * Primary Submitter Contact Information  | If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address. NOTE: The primary and secondary submitters entered here do not automatically have read/write/change access to modify this measure in CMS MERIT. To request such access for others, when logged into the CMS MERIT interface, navigate to "About" and "Contact Us," and indicate the name and e-mail address of the person(s) to be added. | ADD YOUR CONTENT HERE                  |
| Submitter Information | 095 | Secondary Submitter Contact Information  | If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address.   | ADD YOUR CONTENT HERE                  |
| n/a                   | n/a | <i>If applicable, select from drop-down menu "Other MERIT users who will contribute to this measure"</i>                           | n/a   | <i>This is not a data entry field.</i> |

### CY 2025 Final Rule text:

| Subsection                    | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE                                       |
|-------------------------------|-----|--|--|---|
| Steward or Owner Information  | 003 | * Did another federal agency or any other organizations, subcontractors, or partners participate in developing the measure?        | To answer the question, please confirm if any external entities such as federal agencies, organizations, subcontractors, or partners were involved in the development of the measure. Simply respond with "Yes" if there was any collaboration, or "No" if the development was carried out independently by your team. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                           | n/a | <i>If you select "Yes" in Row 003, then Row 004 becomes a required field. If you select "No" in Row 003, then skip to Row 005.</i> | n/a  | <i>This is not a data entry field.</i>                      |
| Steward or Owner Information  | 004 | * List Collaborators in Measure Development  | If yes, please list all federal agencies, organizations, subcontractors, or partners that participated in the development of the measure.  | <i>Free text field</i>                                      |
| Measure Developer Information | 005 | * Is the Measure Developer different than the steward or owner?  | Please verify whether the measure developer is the same entity as the measure steward or owner mentioned above.  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                           | n/a | <i>If you select "Yes" in Row 005, then Row 006 becomes a required field. If you select "No" in Row 005, then skip to Row 007.</i> | n/a  | <i>This is not a data entry field.</i>                      |
| Measure Developer Information | 006 | * Measure Developer Contact Information  | If different from Steward or Owner above, enter the required contact information for the Measure Developer listed above  | ADD YOUR CONTENT HERE                                       |
| Submitter Information         | 007 | Is primary submitter the same as steward or owner?   | Select "Yes" or "No."  | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                           | n/a | <i>If you select "No" in Row 007, then Row 008 becomes a required field. If you select "Yes" in Row 007, then skip to Row 009.</i> | n/a  | <i>This is not a data entry field.</i>                      |

| Subsection            | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE           |
|-----------------------|-----|---|--|---------------------------------|
| Submitter Information | 008 | * Primary Submitter Contact Information   | If different from Steward or Owner above: Last name, First name; Affiliation; Telephone number; Email address. NOTE: The primary and secondary submitters entered here do not automatically have read/write/change access to modify this measure in CMS MERIT. To request such access for others, when logged into the CMS MERIT interface, navigate to "About" and "Contact Us," and indicate the name and e-mail address of the person(s) to be added. | ADD YOUR CONTENT HERE           |
| Submitter Information | 009 | Secondary Submitter Contact Information   | If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address.  | ADD YOUR CONTENT HERE           |
| n/a                   | n/a | If applicable, select from drop-down menu "Other MERIT users who will contribute to this measure" | n/a  | This is not a data entry field. |

## Change #8

**Location:** Page 3, Row 010

**Reason for Change:** Updated Row and Guidance.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label     | Guidance   | ADD YOUR CONTENT HERE |
|---------------------|-----|-----------------|--|-----------------------|
| Measure Information | 001 | * Measure Title | Provide the measure title only (255 characters or less). Put any program-specific identification (ID) number under Characteristics, not in the title.<br>Note: Do not enter the CMIT ID, consensus-based entity (endorsement) 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 name in the title (to prevent there being any otherwise duplicate titles) is helpful. For additional information on measure title, see: <a href="https://mmshub.cms.gov/measure-lifecycle/measure-specification/document-measure">https://mmshub.cms.gov/measure-lifecycle/measure-specification/document-measure</a> . | Free text field       |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label     | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|-----------------|---|-----------------------|
| Measure Information | 010 | * Measure Title | Provide the measure title only (255 characters or less). Put any program-specific identification (ID) number under Characteristics, not in the title.<br>Note: Do not enter the CMIT ID, consensus-based entity (endorsement) ID, former Jira MUC ID number, or any other ID numbers here (see other fields below). The Medicare program name should not ordinarily be part of the measure title, because each measure record already has a required field that specifies the Medicare 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 name in the title (to prevent there being any otherwise duplicate titles) is helpful. For additional | Free text field       |

| Subsection | Row | Field Label | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|-------------|---|-----------------------|
|            |     |             | information on measure title, see the <a href="#">Measure Specification</a> tab on the CMS MMS Hub. |                       |

## Change #9

**Location:** Page 4, Rows 011 through 013 and Skip Logic

**Reason for Change:** Addition of questions and Skip Logic related to proprietary or licensing aspects of measure.

**CY 2024 Final Rule text:** N/A

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                                       |
|---------------------|-----|---|---|---|
| Measure Information | 011 | * Is any part of the measure or use of the measure proprietary and/or licensed?   | Select 'Yes' or 'No'<br><br>Indicate whether there are any proprietary components of the measure such as specifications, algorithms, and/or software.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                 | n/a | <i>If you select "Yes" in Row 011, then Rows 012 and 013 become required fields. If you select "No" in Row 011, then skip to Row 014.</i> | n/a   | <i>This is not a data entry field.</i>                      |
| Measure Information | 012 | * Are there any licensing fees associated with the use of or reporting of this measure for either CMS or Measured Entities?               | Select 'Yes' or 'No'<br><br>Indicate whether there are any licensing fees associated with the use or reporting of this measure for either CMS or the measured entities.   | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Measure Information | 013 | * Proprietary and/or Licensing Details  | If you answered "Yes" to either of the following questions: "Is any part of the measure or use of the measure proprietary and/or licensed?" or "Are there any licensing fees associated with the use of or reporting of this measure for either CMS or Measured Entities?" please provide detailed information about the proprietary components and/or licensing fees required. | <i>Free text field</i>                                      |

## Change #10

**Location:** Pages 5-6, Rows 014 to 017 and Skip Logic

**Reason for Change:** Updated Row, Guidance, and Skip Logic. Addition of questions and logic about composite, survey or paired measure to align with updated MERIT format for those measures.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE  |
|---------------------|-----|---|---|--|
| Measure Information | 013 | * Is the measure a composite and/or a paired measure? | Select all that apply.<br><br>A composite measure contains two or more individual measures, resulting in a single measure and a single score. This includes index measures. If this measure is a composite measure, please enter data pertaining to the overall composite measure into this form. Please attach any additional information pertaining to individual components. | <input type="checkbox"/> Yes, this is a composite measure<br><input type="checkbox"/> Yes, this is a paired measure<br><input type="checkbox"/> No, this is neither a composite nor a paired measure |

| Subsection          | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE                  |
|---------------------|-----|--|---|--|
|                     |     |  | Paired measures have different measure scores, but results require them to be reported together to be interpreted appropriately. Note: Individual measures comprising a paired measure must be submitted individually.  |  |
| n/a                 | n/a | <i>If you select “Yes, this is a paired measure” in Row 013, then Rows 014-015 become required fields. If you do not select “Yes, this is a paired measure” in this field, then skip to Row 016.</i> | n/a   | <i>This is not a data entry field.</i> |
| Measure Information | 014 | *How many measures are intended to be paired with this measure?  | How many other measures are intended to be paired with this measure? Do not include this measure in the count.  | Numeric field                          |
| Measure Information | 015 | *What are the titles of all measures that should be paired with this measure?  | Please enter the measure titles for all other measures that should be paired with this measure. Do not include this measure in the list. Please enter the measure titles separated by a semicolon, and do not enter any additional information in this field. | Free text field                        |

### CY 2025 Final Rule text:

| Subsection          | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE  |
|---------------------|-----|---|---|--|
| Measure Information | 014 | *Is the measure a composite, survey, and/or a paired measure?   | <p>Select all that apply.</p> <p>A composite measure contains two or more individual measures, resulting in a single measure and a single score. This includes index measures.</p> <p>A survey measure refers to a type of performance measure that is derived from data collected through surveys.</p> <p>Paired measures have different measure scores, but results require them to be reported together to be interpreted appropriately. Note: Individual measures comprising a paired measure must be submitted individually.</p> <p><b>If you choose composite or survey, click save and a "Component or Survey-Based Measure" tab will appear at the top of the screen. Navigate to this screen to answer the component and survey-based questions.</b></p> | <input type="checkbox"/> Yes, this is a composite measure<br><input type="checkbox"/> Yes, this is a survey measure<br><input type="checkbox"/> Yes, this is a paired measure<br><input type="checkbox"/> No, this is not a composite, survey, or a paired measure |
| n/a                 | n/a | <i>If you select “Yes, this is a composite or survey measure” in Row 014, then Row 015 becomes a required field. If you select “Yes, this is a paired measure” in Row 014, then Rows 016-017 become required fields. If you select “No, this is not a composite, survey, or a paired measure” in Row 014, then skip to Row 018.</i> | n/a   | <i>This is not a data entry field.</i>   |

| Subsection          | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE                  |
|---------------------|-----|--|---|--|
| Measure Information | 015 | * Enter titles of each component or survey-based measure   | Please list each title for each specific component or survey-based measure.   | Free text field                        |
| Measure Information | 016 | * How many measures are intended to be paired with this measure?   | How many other measures are intended to be paired with this measure? Do not include this measure in the count.  | Numeric field                          |
| Measure Information | 017 | * What are the titles of all measures that should be paired with this measure?   | Please enter the measure titles for all other measures that should be paired with this measure. Do not include this measure in the list. Please enter the measure titles separated by a semicolon, and do not enter any additional information in this field. | Free text field                        |
| n/a                 | n/a | If you are submitting a composite or survey measure, Row 018 in MERIT will enable you to input information for each component or survey-based measure included in your submission. | n/a   | <i>This is not a data entry field.</i> |

## Change #11

**Location:** Page 6, Row 018

**Reason for Change:** Updated Row and Guidance

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label           | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|-----------------------|---|-----------------------|
| Measure Information | 002 | * Measure Description | Provide a brief description of the measure. For additional information on measure description, see: <a href="https://mmshub.cms.gov/measure-lifecycle/measure-specification/document-measure">https://mmshub.cms.gov/measure-lifecycle/measure-specification/document-measure</a> . | Free text field       |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label           | Guidance   | ADD YOUR CONTENT HERE |
|---------------------|-----|-----------------------|--|-----------------------|
| Measure Information | 018 | * Measure Description | Provide a brief description of the measure. For additional information on measure description, see the <a href="#">Measure Specification</a> tab on the CMS MMS Hub. | Free text field       |

## Change #12

**Location:** Page 7, Row 019 and Skip Logic

**Reason for Change:** Updated Row, Field Label, Guidance, and Skip Logic.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE  |
|---------------------|-----|---|--|--|
| Measure Information | 003 | * Select the CMS program(s) for which the measure is being submitted. | <p>Select all that apply. Please note, measures specified and intended for use at more than one level of analysis must be submitted separately for each level of analysis (e.g., individual clinician, facility).</p> <p>If you choose multiple programs for this submission, please ensure the programs fall under the same level of analysis. If you choose multiple programs and need</p> | <input type="checkbox"/> Ambulatory Surgical Center Quality Reporting Program<br><input type="checkbox"/> End-Stage Renal Disease (ESRD) Quality Incentive Program<br><input type="checkbox"/> Home Health Quality Reporting Program<br><input type="checkbox"/> Hospice Quality Reporting Program |



| Subsection | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE   |
|------------|-----|---|--|---|
|            |     |   | <p>guidance as to whether your selection represents multiple levels of analysis, please contact <a href="mailto:MMSSupport@battelle.org">MMSSupport@battelle.org</a>. There is functionality within CMS MERIT to decrease the data entry process for multiple submissions of the same measure. Please reach out to <a href="mailto:MMSSupport@battelle.org">MMSSupport@battelle.org</a> for guidance and support.</p> <p>If you are submitting for MIPS, there are two choices of program. Do NOT enter both MIPS-Quality and MIPS-Cost for the same measure. Choose MIPS-Quality for measures that pertain to quality and/or efficiency. Choose MIPS-Cost only for measures that pertain to cost.</p> | <input type="checkbox"/> Hospital Inpatient Quality Reporting Program<br><input type="checkbox"/> Hospital Outpatient Quality Reporting Program<br><input type="checkbox"/> Hospital Readmissions Reduction Program<br><input type="checkbox"/> Hospital Value-Based Purchasing Program<br><input type="checkbox"/> Hospital-Acquired Condition Reduction Program<br><input type="checkbox"/> Inpatient Psychiatric Facility Quality Reporting Program<br><input type="checkbox"/> Inpatient Rehabilitation Facility Quality Reporting Program<br><input type="checkbox"/> Long-Term Care (LTC) Hospital Quality Reporting Program<br><input type="checkbox"/> Medicare Promoting Interoperability Program<br><input type="checkbox"/> Medicare Shared Savings Program<br><input type="checkbox"/> Merit-based Incentive Payment System-Cost<br><input type="checkbox"/> Merit-based Incentive Payment System-Quality<br><input type="checkbox"/> Part C Star Ratings<br><input type="checkbox"/> Part D Star Ratings<br><input type="checkbox"/> Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program<br><input type="checkbox"/> Rural Emergency Hospital Quality Reporting Program<br><input type="checkbox"/> Skilled Nursing Facility Quality Reporting Program<br><input type="checkbox"/> Skilled Nursing Facility Value-Based Purchasing Program |
| n/a        | n/a | <i>If you select "Merit-based Incentive Payment System - Quality" in Row 003, then Row 004 becomes an optional field. If you do not select "Merit-based Incentive Payment System - Quality" in Row 003, then skip to Row 005.</i> | n/a  | <i>This is not a data entry field.</i>  |

### CY 2025 Final Rule text:

| Subsection          | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE   |
|---------------------|-----|---|--|---|
| Measure Information | 019 | *Select the Medicare program(s) for which the measure is being submitted. | <p>Select all that apply. Please note, measures specified and intended for use at more than one level of analysis must be submitted separately for each level of analysis (e.g., individual clinician, facility).</p> <p>If you choose multiple programs for this submission, please ensure the programs fall under the same level of analysis. If you choose multiple programs and need guidance as to whether your selection represents multiple levels of analysis, please contact <a href="mailto:MMSSupport@battelle.org">MMSSupport@battelle.org</a>. There is functionality</p> | <input type="checkbox"/> Ambulatory Surgical Center Quality Reporting Program<br><input type="checkbox"/> End-Stage Renal Disease (ESRD) Quality Incentive Program<br><input type="checkbox"/> Home Health Quality Reporting Program<br><input type="checkbox"/> Hospice Quality Reporting Program<br><input type="checkbox"/> Hospital Inpatient Quality Reporting Program |

| Subsection | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE   |
|------------|-----|---|--|---|
|            |     |   | <p>within CMS MERIT to decrease the data entry process for multiple submissions of the same measure. Please reach out to <a href="mailto:MMSSupport@battelle.org">MMSSupport@battelle.org</a> for guidance and support.</p> <p>If you are submitting for MIPS, there are two choices of program. Do NOT enter both MIPS-Quality and MIPS-Cost for the same measure. Choose MIPS-Quality for measures that pertain to quality and/or efficiency. Choose MIPS-Cost only for measures that pertain to cost.</p> <p>If you are submitting a measure to the Hospital Inpatient Quality Reporting Program and your measure is an electronic Clinical Quality Measure (eCQM), it is also required to be submitted to the Medicare Promoting Interoperability Program.</p> | <input type="checkbox"/> Hospital Outpatient Quality Reporting Program<br><input type="checkbox"/> Hospital Readmissions Reduction Program <input type="checkbox"/><br><input type="checkbox"/> Hospital Value-Based Purchasing Program<br><input type="checkbox"/> Hospital-Acquired Condition Reduction Program<br><input type="checkbox"/> Inpatient Psychiatric Facility Quality Reporting Program<br><input type="checkbox"/> Inpatient Rehabilitation Facility Quality Reporting Program<br><input type="checkbox"/> Long-Term Care (LTC) Hospital Quality Reporting Program<br><input type="checkbox"/> Medicare Promoting Interoperability Program<br><input type="checkbox"/> Medicare Shared Savings Program<br><input type="checkbox"/> Merit-based Incentive Payment System-Cost<br><input type="checkbox"/> Merit-based Incentive Payment System-Quality<br><input type="checkbox"/> Part C Star Ratings<br><input type="checkbox"/> Part D Star Ratings<br><input type="checkbox"/> Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program<br><input type="checkbox"/> Rural Emergency Hospital Quality Reporting Program<br><input type="checkbox"/> Skilled Nursing Facility Quality Reporting Program<br><input type="checkbox"/> Skilled Nursing Facility Value-Based Purchasing Program |
| n/a        | n/a | <i>If you select "Merit-based Incentive Payment System - Quality" in Row 019, then Row 020 becomes an optional field. If you do not select "Merit-based Incentive Payment System - Quality" in Row 019, then skip to Row 021.</i> | n/a  | <i>This is not a data entry field.</i>  |

### Change #13

**Location:** Page 8, Row 020

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|--|---|-----------------------|
| Measure Information | 004 | MIPS Quality: Identify any links with related Cost measures and Improvement Activities | Where available, provide description of linkages and a rationale that correlates this MIPS quality measure to other performance category measures and activities. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|--|---|-----------------------|
| Measure Information | 020 | MIPS Quality: Identify any links with related Cost measures and Improvement Activities | Where available, provide description of linkages and a rationale that correlates this MIPS quality measure to other performance category measures and activities. | Free text field       |

## Change #14

**Location:** Page 8, Row 021 and Skip Logic

**Reason for Change:** Updated Row, Guidance, and Skip Logic.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE   |
|---------------------|-----|--|--|---|
| Measure Information | 005 | * Completed Stage(s) of Development  | <p>Select all stages of development that have been completed. There are five stages in the Measure Lifecycle: conceptualization; specification; testing; implementation; and use, continuing evaluation, and maintenance. Measure conceptualization is the first stage; however, the stages are not necessarily sequential. Instead, the stages are iterative and can occur concurrently.</p> <p>The measure conceptualization stage initiates information gathering and business case development. The measure specification stage involves establishing the basic elements of the measure, including the numerator, calculation algorithm, and data source identification.</p> <p>The measure testing stage examines the specifications, usually with a limited number of real settings, to make sure the measure is scientifically acceptable and feasible.</p> <p>Measure specification and measure testing are iterative.</p> <p>For additional information regarding stage of development, see: <a href="https://mmshub.cms.gov/blueprint-measure-lifecycle-overview">https://mmshub.cms.gov/blueprint-measure-lifecycle-overview</a>.</p> | <input type="checkbox"/> Measure Conceptualization<br><input type="checkbox"/> Measure Specification<br><input type="checkbox"/> Measure Testing<br><input type="checkbox"/> Measure Use, Continuing Evaluation & Maintenance |
| n/a                 | n/a | <i>If you select only "Measure Conceptualization" and/or "Measure Specification" in Row 005, then Row 006 becomes a required field. If your selections include "Measure Testing" or "Measure Use, Continuing Evaluation &amp; Maintenance" in Row 005, then skip to Row 007.</i> | n/a  | <i>This is not a data entry field.</i>  |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label                         | Guidance   | ADD YOUR CONTENT HERE   |
|---------------------|-----|-------------------------------------|--|---|
| Measure Information | 021 | * Completed Stage(s) of Development | Select all stages of development that have been completed. There are five stages in the Measure Lifecycle: conceptualization; specification; testing; implementation; and use, continuing evaluation, and maintenance. Measure conceptualization is the first stage; however, the stages are not necessarily | <input type="checkbox"/> Measure Conceptualization<br><input type="checkbox"/> Measure Specification<br><input type="checkbox"/> Measure Testing<br><input type="checkbox"/> Measure Use, Continuing Evaluation & Maintenance |

| Subsection | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE                  |
|------------|-----|--|---|--|
|            |     |  | <p>sequential. Instead, the stages are iterative and can occur concurrently.</p> <p>The measure conceptualization stage initiates information gathering and business case development. The measure specification stage involves establishing the basic elements of the measure, including the numerator, calculation algorithm, and data source identification.</p> <p>The measure testing stage examines the specifications, usually with a limited number of real settings, to make sure the measure is scientifically acceptable and feasible.</p> <p>Measure specification and measure testing are iterative.</p> <p>For additional information regarding stage of development, see the <a href="#">Blueprint Measure Lifecycle</a> on the CMS MMS Hub.</p> |  |
| n/a        | n/a | <i>If you select only "Measure Conceptualization" and/or "Measure Specification" in Row 021, then Row 022 becomes a required field. If your selections include "Measure Testing" or "Measure Use, Continuing Evaluation &amp; Maintenance" in Row 021, then skip to Row 023.</i> | n/a   | <i>This is not a data entry field.</i> |

## Change #15

**Location:** Page 9, Row 022

**Reason for Change:** Updated Row and Guidance.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label                    | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|--------------------------------|---|-----------------------|
| Measure Information | 006 | * Stage of Development Details | <p>If testing is not yet completed, describe when testing is planned (i.e., specific dates), what type of testing is planned (e.g., alpha, beta) as well as the types of facilities in which the measure will be tested.</p> <p>For additional information, see: <a href="https://mmshub.cms.gov/blueprint-measure-lifecycle-overview">https://mmshub.cms.gov/blueprint-measure-lifecycle-overview</a>.</p> | Free text field       |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label                    | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|--------------------------------|---|-----------------------|
| Measure Information | 022 | * Stage of Development Details | <p>If testing is not yet completed, describe when testing is planned (i.e., specific dates), what type of testing is planned (e.g., alpha, beta) as well as the types of facilities in which the measure will be tested.</p> <p>For additional information, see the <a href="#">Blueprint Measure Lifecycle</a> on the CMS MMS Hub.</p> | Free text field       |

## Change #16

**Location:** Page 9, Row 023

**Reason for Change:** Updated Row numbers and Guidance.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label         | Guidance  | ADD YOUR CONTENT HERE   |
|---------------------|-----|---------------------|---|---|
| Measure Information | 007 | * Level of Analysis | <p>Select one. Select the level of analysis at which the measure is specified and intended for use. If the measure is specified and intended for use at more than one level, submit the other levels separately. Any testing results provided in subsequent sections of this submission must be conducted at the level of analysis selected here.</p> <p>For submission to the MIPS-Quality program, you must report, at minimum, the results of individual clinician-level testing. If testing is performed at both clinician-individual and clinician-group levels of analysis, you may select "Clinician: Individual and Group." Please submit results of individual clinician-level testing in this form and group-level testing results in an attachment.</p> <p>For submission to the MIPS-Cost program, clinician group-level testing is sufficient.</p> | <input type="checkbox"/> Accountable Care Organization<br><input type="checkbox"/> Clinician: Group<br><input type="checkbox"/> Clinician: Individual<br><input type="checkbox"/> Clinician: Individual and Group<br><input type="checkbox"/> Facility<br><input type="checkbox"/> Health plan<br><input type="checkbox"/> Integrated Delivery System<br><input type="checkbox"/> Medicaid program (e.g., Health Home or 1115)<br><input type="checkbox"/> Population: Community, County or City<br><input type="checkbox"/> Population: Regional and State |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label         | Guidance   | ADD YOUR CONTENT HERE   |
|---------------------|-----|---------------------|--|---|
| Measure Information | 023 | * Level of Analysis | <p>Select one. Select the level of analysis at which the measure is specified and intended for use. If the measure is specified and intended for use at more than one level, submit the other levels separately. Any testing results provided in subsequent sections of this submission must be conducted at the level of analysis selected here.</p> <p>For submission to the MIPS-Quality program, you must report, at minimum, the results of individual clinician-level testing.</p> <p>If testing is performed at both clinician-individual and clinician-group levels of analysis, you may select "Clinician: Individual and Group." Please submit results of individual clinician-level testing in this form and group-level testing results in an attachment.</p> <p>For submission to the MIPS-Cost program, clinician group-level testing is sufficient.</p> | <input type="checkbox"/> Accountable Care Organization<br><input type="checkbox"/> Clinician: Group<br><input type="checkbox"/> Clinician: Individual<br><input type="checkbox"/> Clinician: Individual and Group<br><input type="checkbox"/> Facility<br><input type="checkbox"/> Health plan<br><input type="checkbox"/> Integrated Delivery System<br><input type="checkbox"/> Medicaid program (e.g., Health Home or 1115)<br><input type="checkbox"/> Population: Community, County or City<br><input type="checkbox"/> Population: Regional and State |

## Change #17

**Location:** Page 10, Row 024

**Reason for Change:** Updated Row and text under “Add Your Content Here”.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label                                    | Guidance               | ADD YOUR CONTENT HERE  |
|---------------------|-----|--|------------------------|--|
| Measure Information | 008 | * In which setting(s) was this measure tested? | Select all that apply. | <input type="checkbox"/> Ambulatory surgery center<br><input type="checkbox"/> Ambulatory/office-based care<br><input type="checkbox"/> Behavioral health clinic<br><input type="checkbox"/> Community hospital<br><input type="checkbox"/> Dialysis facility<br><input type="checkbox"/> Emergency department<br><input type="checkbox"/> Federally qualified health center (FQHC)<br><input type="checkbox"/> Health and Drug Plans<br><input type="checkbox"/> Hospital outpatient department (HOD)<br><input type="checkbox"/> Home health<br><input type="checkbox"/> Hospice<br><input type="checkbox"/> Hospital inpatient acute care facility<br><input type="checkbox"/> Inpatient psychiatric facility<br><input type="checkbox"/> Inpatient rehabilitation facility<br><input type="checkbox"/> Long-term care hospital<br><input type="checkbox"/> Nursing home<br><input type="checkbox"/> PPS-exempt cancer hospital<br><input type="checkbox"/> Skilled nursing facility<br><input type="checkbox"/> Veterans Health Administration facility<br><input type="checkbox"/> Not yet tested<br><input type="checkbox"/> Other (enter here): |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label                                    | Guidance               | ADD YOUR CONTENT HERE  |
|---------------------|-----|--|------------------------|--|
| Measure Information | 024 | * In which setting(s) was this measure tested? | Select all that apply. | <input type="checkbox"/> Ambulatory surgery center<br><input type="checkbox"/> Ambulatory/office-based care<br><input type="checkbox"/> Behavioral health clinic<br><input type="checkbox"/> Birthing Centers<br><input type="checkbox"/> Community hospital<br><input type="checkbox"/> Dialysis facility<br><input type="checkbox"/> Emergency department<br><input type="checkbox"/> Emergency Medical Services/Ambulance<br><input type="checkbox"/> Federally qualified health center (FQHC)<br><input type="checkbox"/> Health and Drug Plans<br><input type="checkbox"/> Hospital: critical access<br><input type="checkbox"/> Hospital outpatient department (HOD)<br><input type="checkbox"/> Home health<br><input type="checkbox"/> Hospice<br><input type="checkbox"/> Hospital inpatient acute care facility<br><input type="checkbox"/> Inpatient psychiatric facility |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE  |
|------------|-----|-------------|----------|--|
|            |     |             |          | <input type="checkbox"/> Inpatient rehabilitation facility<br><input type="checkbox"/> Long-term care hospital<br><input type="checkbox"/> Nursing home<br><input type="checkbox"/> PPS-exempt cancer hospital<br><input type="checkbox"/> Skilled nursing facility<br><input type="checkbox"/> Veterans Health Administration facility<br><input type="checkbox"/> Not yet tested<br><input type="checkbox"/> Other (enter here): |

## Change #18

**Location:** Page 10, Row 025 and Skip Logic

**Reason for Change:** Updated Row and Skip Logic.

### CY 2024 Final Rule text:

| Subsection          | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                                       |
|---------------------|-----|---|---|---|
| Measure Information | 009 | * Multiple Scores   | Does the submitter recommend that more than one measure score be separately reported for this measure (e.g., 7- and 30-day rate, rates for different procedure types, etc.)? This does not include index measures, where component measure scores result in one overall index score. Note: If "Yes", please describe one score only in this form. Submit separate attachments for each of the other scores. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                 | n/a | <i>If you select "Yes" in Row 009, then Rows 010-012 become required fields. If you select, "No", then skip to Row 013.</i> | n/a   | <i>This is not a data entry field.</i>                      |

### CY 2025 Final Rule text:

| Subsection          | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                                       |
|---------------------|-----|---|---|---|
| Measure Information | 025 | * Multiple Scores   | Does the submitter recommend that more than one measure score be separately reported for this measure (e.g., 7- and 30-day rate, rates for different procedure types, etc.)? This does not include index measures, where component measure scores result in one overall index score. Note: If "Yes", please describe one score only in this form. Submit separate attachments for each of the other scores. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                 | n/a | <i>If you select "Yes" in Row 025, then Rows 026-028 become required fields. If you select, "No", then skip to Row 029.</i> | n/a   | <i>This is not a data entry field.</i>                      |

## Change #19

**Location:** Page 11, Row 026

**Reason for Change:** Updated Row and Guidance.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label                                       | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|---|---|-----------------------|
| Measure Information | 010 | * Measures with Multiple Scores: Number of Scores | How many measure scores are recommended for this measure? | Numeric field         |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label                                       | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|---|---|-----------------------|
| Measure Information | 026 | * Measures with Multiple Scores: Number of Scores | How many measure scores are included in this measure? | Numeric field         |

## Change #20

**Location:** Page 11, Row 27

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE |
|---------------------|-----|--|--|-----------------------|
| Measure Information | 011 | * Measures with Multiple Scores: Names of Score Reported in MERIT Form | Please enter the name of the score described in this MERIT form. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE |
|---------------------|-----|--|--|-----------------------|
| Measure Information | 027 | * Measures with Multiple Scores: Names of Score Reported in MERIT Form | Please enter the name of the score described in this MERIT form. | Free text field       |

## Change #21

**Location:** Page 11, Row 28

**Reason for Change:** Updated Row, addition of Composite/Survey Logic.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label                                      | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|--|---|-----------------------|
| Measure Information | 012 | * Measures with Multiple Scores: Names of Scores | Please enter the names of all additional scores included in this measure but not described in this MERIT form. Please enter the names separated by a semicolon and do not enter any additional information in this field. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label                                      | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|--|---|-----------------------|
| Measure Information | 028 | * Measures with Multiple Scores: Names of Scores | Please enter the names of all additional scores included in this measure but not described in this MERIT form. Please enter the names separated by a semicolon and do not enter any additional information in this field. | Free text field       |



| Subsection | Row | Field Label   | Guidance | ADD YOUR CONTENT HERE                  |
|------------|-----|---|----------|--|
| n/a        | n/a | If you are submitting a composite or survey measure, Rows 029-034 in MERIT will enable you to input information for each component or survey-based measure included in your submission. | n/a      | <i>This is not a data entry field.</i> |

## Change #22

**Location:** Page 11, Row 029

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label | Guidance   | ADD YOUR CONTENT HERE |
|---------------------|-----|-------------|--|-----------------------|
| Measure Information | 016 | * Numerator | The upper portion of a fraction used to calculate a rate, proportion, or ratio. An action to be counted as meeting a measure's requirements. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label | Guidance   | ADD YOUR CONTENT HERE |
|---------------------|-----|-------------|--|-----------------------|
| Measure Information | 029 | * Numerator | The upper portion of a fraction used to calculate a rate, proportion, or ratio. An action to be counted as meeting a measure's requirements. | Free text field       |

## Change #23

**Location:** Page 11, Row 030

**Reason for Change:** Updated Row and Guidance.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label            | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|------------------------|---|-----------------------|
| Measure Information | 017 | * Numerator Exclusions | For additional information on exclusions/exceptions, see: <a href="https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions">https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions</a> . If not applicable, enter 'N/A.' | Free text field       |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label            | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|------------------------|---|-----------------------|
| Measure Information | 030 | * Numerator Exclusions | For additional information on exclusions/exceptions, see the <a href="#">Measure Testing</a> page on the CMS MMS Hub. If not applicable, enter 'N/A.' | Free text field       |

## Change #24

**Location:** Page 11, Row 031

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|---------------------|-----|---------------|--|-----------------------|
| Measure Information | 018 | * Denominator | The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given population that may be counted as eligible to meet a measure's inclusion requirements. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|---------------------|-----|---------------|--|-----------------------|
| Measure Information | 031 | * Denominator | The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given population that may be counted as eligible to meet a measure's inclusion requirements. | Free text field       |

## Change #25

**Location:** Page 11, Row 032

**Reason for Change:** Updated Row and Guidance.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label              | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|--------------------------|---|-----------------------|
| Measure Information | 019 | * Denominator Exclusions | For additional information on exclusions/exceptions, see: <a href="https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions">https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions</a> . If not applicable, enter 'N/A.' | Free text field       |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label              | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|--------------------------|---|-----------------------|
| Measure Information | 032 | * Denominator Exclusions | For additional information on exclusions/exceptions, see the <a href="#">Measure Testing</a> page on the CMS MMS Hub. If not applicable, enter 'N/A.' | Free text field       |

## Change #26

**Location:** Page 11, Row 033

**Reason for Change:** Updated Row and Guidance.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label              | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|--------------------------|---|-----------------------|
| Measure Information | 020 | * Denominator Exceptions | For additional information on exclusions/exceptions, see: <a href="https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions">https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions</a> . If not applicable, enter 'N/A.' | Free text field       |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label             | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|-------------------------|---|-----------------------|
| Measure Information | 033 | *Denominator Exceptions | For additional information on exclusions/exceptions, see the <a href="#">Measure Testing</a> page on the CMS MMS Hub. If not applicable, enter 'N/A.' | Free text field       |

**Change #27****Location:** Page 11, Row 034**Reason for Change:** Updated Row.**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label                                     | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|---|---|-----------------------|
| Measure Information | 021 | *Briefly describe the rationale for the measure | Briefly describe the rationale for the measure and/or the impact the measure is anticipated to achieve. Details about the evidence to support the measure will be captured in the Evidence section. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label                                     | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|---|---|-----------------------|
| Measure Information | 034 | *Briefly describe the rationale for the measure | Briefly describe the rationale for the measure and/or the impact the measure is anticipated to achieve. Details about the evidence to support the measure will be captured in the Evidence section. | Free text field       |

**Change #28****Location:** Page 12, Row 035 and Skip Logic**Reason for Change:** Updated Row and Skip Logic.**CY 2024 Final Rule text:**

| Subsection             | Row | Field Label                   | Guidance   | ADD YOUR CONTENT HERE   |
|------------------------|-----|-------------------------------|--|---|
| Measure Implementation | 022 | *Feasibility of Data Elements | <p>Select one. Select the extent to which the specified data elements are available in electronic fields. Electronic fields should include a designated location and format for the data in claims, EHRs, registries, etc.</p> <ul style="list-style-type: none"> <li>• Select “ALL data elements are in defined fields in electronic sources” if the data elements needed to calculate the measure are all available in discrete and electronically defined fields.</li> <li>• Select “Some data elements are in defined fields in electronic sources” if the data elements needed to calculate the measure are not all available in discrete and electronically defined fields.</li> <li>• Select “No data elements are in defined fields in electronic sources” if none of the data elements needed to calculate the measure are available in discrete and electronically defined fields.</li> <li>• Select “Not applicable” ONLY for CAHPS measures.</li> <li>• Select “Unable to Determine” ONLY if a feasibility assessment has not yet been completed.</li> </ul> <p>For a PRO-PM, select the most appropriate option based on the data collection format(s).</p> | <input type="checkbox"/> ALL data elements are in defined fields in electronic sources<br><input type="checkbox"/> Some data elements are in defined fields in electronic sources<br><input type="checkbox"/> No data elements are in defined fields in electronic sources<br><input type="checkbox"/> Not applicable (applies only for CAHPS measures)<br><input type="checkbox"/> Unable to determine (applies only if a feasibility assessment has not yet been completed) |

| Subsection | Row | Field Label   | Guidance | ADD YOUR CONTENT HERE                  |
|------------|-----|---|----------|--|
| n/a        | n/a | <i>If you select "ALL data elements are in defined fields in electronic sources" or "Some data elements are in defined fields in electronic sources" in Row 022, then Row 023 becomes a required field, otherwise, skip to row 024.</i> | n/a      | <i>This is not a data entry field.</i> |

### CY 2025 Final Rule text:

| Subsection             | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE   |
|------------------------|-----|---|--|---|
| Measure Implementation | 035 | * Feasibility of Data Elements  | <p>Select one. Select the extent to which the specified data elements are available in electronic fields. Electronic fields should include a designated location and format for the data in claims, EHRs, registries, etc.</p> <ul style="list-style-type: none"> <li>• Select "ALL data elements are in defined fields in electronic sources" if the data elements needed to calculate the measure are all available in discrete and electronically defined fields.</li> <li>• Select "Some data elements are in defined fields in electronic sources" if the data elements needed to calculate the measure are not all available in discrete and electronically defined fields.</li> <li>• Select "No data elements are in defined fields in electronic sources" if none of the data elements needed to calculate the measure are available in discrete and electronically defined fields.</li> <li>• Select "Not applicable" ONLY for CAHPS measures.</li> <li>• Select "Unable to Determine" ONLY if a feasibility assessment has not yet been completed.</li> </ul> <p>For a PRO-PM, select the most appropriate option based on the data collection format(s).</p> | <input type="checkbox"/> ALL data elements are in defined fields in electronic sources<br><input type="checkbox"/> Some data elements are in defined fields in electronic sources<br><input type="checkbox"/> No data elements are in defined fields in electronic sources<br><input type="checkbox"/> Not applicable (applies only for CAHPS measures)<br><input type="checkbox"/> Unable to determine (applies only if a feasibility assessment has not yet been completed) |
| n/a                    | n/a | <i>If you select "ALL data elements are in defined fields in electronic sources" or "Some data elements are in defined fields in electronic sources" in Row 035, then Row 036 becomes a required field, otherwise, skip to row 037.</i> | n/a  | <i>This is not a data entry field.</i>  |

### Change #29

**Location:** Page 13, Row 036

**Reason for Change:** Updated Row and Guidance.

### CY 2024 Final Rule text:

| Subsection             | Row | Field Label           | Guidance   | ADD YOUR CONTENT HERE   |
|------------------------|-----|-----------------------|--|---|
| Measure Implementation | 023 | * USCDI Data Elements | Select one. Indicate the extent to which the data elements that are in defined fields in electronic sources align with United States Core Data for Interoperability (USCDI) v4 or USCDI+ Quality draft standard definitions. | <input type="checkbox"/> ALL data elements align with USCDI/USCDI+ Quality standard definitions |

| Subsection | Row | Field Label | Guidance   | ADD YOUR CONTENT HERE   |
|------------|-----|-------------|--|---|
|            |     |             | <p>For more information about USCDI, please refer to the HealthIT.gov website available at:<br/> <a href="https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi">https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi</a></p> <p>For more information about USCDI+ Quality, please refer to the HealthIT.gov website available at:<br/> <a href="https://www.healthit.gov/topic/interoperability/uscdi-plus">https://www.healthit.gov/topic/interoperability/uscdi-plus</a></p> | <input type="checkbox"/> Some data elements align with USCDI/USCDI+ Quality standard definitions<br><input type="checkbox"/> None of the data elements align with USCDI/USCDI+ Quality standard definitions<br><input type="checkbox"/> USCDI/USCDI+ Quality alignment not assessed |

### CY 2025 Final Rule text:

| Subsection             | Row | Field Label           | Guidance   | ADD YOUR CONTENT HERE  |
|------------------------|-----|-----------------------|--|--|
| Measure Implementation | 036 | * USCDI Data Elements | <p>Select one. Indicate the extent to which the data elements that are in defined fields in electronic sources align with the current version of the United States Core Data for Interoperability (USCDI) or USCDI+ Quality draft standard definitions.</p> <p>For more information about USCDI, please refer to the <a href="https://www.healthit.gov">HealthIT.gov</a> website.</p> <p>For more information about USCDI+ Quality, please refer to the <a href="https://www.healthit.gov">HealthIT.gov</a> website.</p> | <input type="checkbox"/> ALL data elements align with USCDI/USCDI+ Quality standard definitions<br><input type="checkbox"/> Some data elements align with USCDI/USCDI+ Quality standard definitions<br><input type="checkbox"/> None of the data elements align with USCDI/USCDI+ Quality standard definitions<br><input type="checkbox"/> USCDI/USCDI+ Quality alignment not assessed |

### Change #30

**Location:** Page 14, Row 37 and Skip Logic

**Reason for Change:** Updated Row and Skip Logic.

### CY 2024 Final Rule text:

| Subsection             | Row | Field Label                     | Guidance   | ADD YOUR CONTENT HERE   |
|------------------------|-----|---------------------------------|--|---|
| Measure Implementation | 024 | * Method of Measure Calculation | <p>Select one. Select the method used to calculate measure scores for the version of the measure proposed in this submission form. Please review guidance before making selections:</p> <ul style="list-style-type: none"> <li>• Select “Electronically Derived Administrative Data (Claims and/or Non-Claims)” if the measure can be calculated exclusively from administrative data submitted electronically for billing or other purposes.</li> <li>• Select “eCQM” if the measure is exclusively specified and formatted to use data from electronic health record (EHRs) and/or health information technology systems, using the Quality Data Model (QDM) to define the data elements and Clinical Quality Language (CQL) to express measure logic.</li> <li>• Select “Other digital method” if the measure does not meet the definition of an eCQM as described above, but can be calculated electronically (e.g., registry, MDS, OASIS).</li> <li>• Select “Manual abstraction” if all data elements in the measure requires manual review of records, paper-based billing, or manual calculation (e.g., CAHPS).</li> <li>• Select “Combination” if two or more types of data sources are required to calculate the measure score.</li> </ul> <p>For all other measures that rely on patient surveys (e.g., PRO-PMs), select the option that best describes</p> | <input type="checkbox"/> Electronically Derived Administrative Data (Claims and/or Non-Claims)<br><input type="checkbox"/> eCQM<br><input type="checkbox"/> Other digital method<br><input type="checkbox"/> Manual abstraction<br><input type="checkbox"/> Combination |

| Subsection             | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                  |
|------------------------|-----|---|---|--|
|                        |     |   | the way the measure is calculated. For example, if a patient survey is collected electronically and does not require manual abstraction, select "Other digital method" or "eCQM" depending on where the data are collected. |  |
| Measure Implementation | n/a | <i>If you select "Combination" in Row 024, then Row 025 becomes a required field; otherwise, skip to Row 026.</i> | n/a   | <i>This is not a data entry field.</i> |

### CY 2025 Final Rule text:

| Subsection             | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE   |
|------------------------|-----|---|---|---|
| Measure Implementation | 037 | * Method of Measure Calculation   | <p>Select one. Select the method used to calculate measure scores for the version of the measure proposed in this submission form. Please review guidance before making selections:</p> <ul style="list-style-type: none"> <li>• Select "Electronically Derived Administrative Data (Claims and/or Non-Claims)" if the measure can be calculated exclusively from administrative data submitted electronically for billing or other purposes.</li> <li>• Select "eCQM" if the measure is exclusively specified and formatted to use data from electronic health record (EHRs) and/or health information technology systems, using the Quality Data Model (QDM) to define the data elements and Clinical Quality Language (CQL) to express measure logic.</li> <li>• Select "Other digital method" if the measure does not meet the definition of an eCQM as described above, but can be calculated electronically (e.g., registry, MDS, OASIS).</li> <li>• Select "Manual abstraction" if all data elements in the measure requires manual review of records, paper-based billing, or manual calculation (e.g., CAHPS).</li> <li>• Select "Combination" if two or more types of data sources are required to calculate the measure score. For all other measures that rely on patient surveys (e.g., PRO-PMs), select the option that best describes the way the measure is calculated. For example, if a patient survey is collected electronically and does not require manual abstraction, select "Other digital method" or "eCQM" depending on where the data are collected.</li> </ul> | <input type="checkbox"/> Electronically Derived Administrative Data (Claims and/or Non-Claims)<br><input type="checkbox"/> eCQM<br><input type="checkbox"/> Other digital method<br><input type="checkbox"/> Manual abstraction<br><input type="checkbox"/> Combination |
| Measure Implementation | n/a | <i>If you select "Combination" in Row 037, then Row 038 becomes a required field; otherwise, skip to Row 039.</i> | n/a   | <i>This is not a data entry field.</i>  |

## Change #31

**Location:** Page 14, Row 038

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection             | Row | Field Label                                  | Guidance  | ADD YOUR CONTENT HERE   |
|------------------------|-----|--|---|---|
| Measure Implementation | 025 | *Combination measure: Methods of calculation | Select all that apply. A minimum of two options must be selected. | <input type="checkbox"/> Electronically Derived Administrative Data (Claims and/or Non-Claims)<br><input type="checkbox"/> eCQM<br><input type="checkbox"/> Other digital method<br><input type="checkbox"/> Manual abstraction |

**CY 2025 Final Rule text:**

| Subsection             | Row | Field Label                                  | Guidance  | ADD YOUR CONTENT HERE   |
|------------------------|-----|--|---|---|
| Measure Implementation | 038 | *Combination measure: Methods of calculation | Select all that apply. A minimum of two options must be selected. | <input type="checkbox"/> Electronically Derived Administrative Data (Claims and/or Non-Claims)<br><input type="checkbox"/> eCQM<br><input type="checkbox"/> Other digital method<br><input type="checkbox"/> Manual abstraction |

## Change #32

**Location:** Page 15, Row 039

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection             | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE   |
|------------------------|-----|---|--|---|
| Measure Implementation | 026 | *How is the measure expected to be reported to the program? | This is the anticipated data submission method. Select all that apply. Use the "Submitter Comments" field to specify or elaborate on the type of reporting data, if needed to define your measure. | <input type="checkbox"/> eCQM<br><input type="checkbox"/> Clinical Quality Measure (CQM)<br><input type="checkbox"/> Claims<br><input type="checkbox"/> Web interface<br><input type="checkbox"/> Other (enter here): |

**CY 2025 Final Rule text:**

| Subsection             | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE   |
|------------------------|-----|---|--|---|
| Measure Implementation | 039 | *How is the measure expected to be reported to the program? | This is the anticipated data submission method. Select all that apply. Use the "Submitter Comments" field to specify or elaborate on the type of reporting data, if needed to define your measure. | <input type="checkbox"/> eCQM<br><input type="checkbox"/> Clinical Quality Measure (CQM)<br><input type="checkbox"/> Claims<br><input type="checkbox"/> Web interface<br><input type="checkbox"/> Other (enter here): |

## Change #33

**Location:** Page 16, Row 040

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE   |
|------------|-----|--|--|---|
| Burden     | 027 | * Did the provider workflow have to be modified to collect additional data needed to report the measure? | <p>Select one.</p> <p>Select "Yes" if workflow modifications impose moderate to significant additional data entry burden on a clinician or other provider to collect the data elements to report the measure because data are not routinely collected during clinical care, OR EHR interface changes were necessary.</p> <p>Select "No" if workflow modifications impose no or limited additional data entry burden on a clinician or other provider to collect the data elements to report the measure because data are routinely collected during the clinical care, AND no EHR interface changes were necessary.</p> <p>Select "Not applicable" if the measure imposes no data entry burden on the clinician or provider because:</p> <p>A) the measure is calculated by someone other than the clinician or provider AND uses data that are routinely generated (i.e., administrative data and claims), OR</p> <p>B) the data are collected by someone other than the clinician or provider (e.g., CAHPS), OR</p> <p>C) the measure repurposes existing data sets to calculate a measure score (e.g., HEDIS).</p> <p>Select "Unable to determine" if a workflow analysis was not completed and/or it cannot be determined whether the workflow modifications impose additional data entry burden to collect data needed to report the measure.</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Unable to determine</p> |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE   |
|------------|-----|--|--|---|
| Burden     | 040 | * Did the provider workflow have to be modified to collect additional data needed to report the measure? | <p>Select one.</p> <p>Select "Yes" if workflow modifications impose moderate to significant additional data entry burden on a clinician or other provider to collect the data elements to report the measure because data are not routinely collected during clinical care, OR EHR interface changes were necessary.</p> <p>Select "No" if workflow modifications impose no or limited additional data entry burden on a clinician or other provider to collect the data elements to report the measure because data are routinely collected during the clinical care, AND no EHR interface changes were necessary.</p> <p>Select "Not applicable" if the measure imposes no data entry burden on the clinician or provider because:</p> | <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Not applicable</p> <p><input type="checkbox"/> Unable to determine</p> |



| Subsection | Row | Field Label | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|-------------|---|-----------------------|
|            |     |             | <p>A) the measure is calculated by someone other than the clinician or provider AND uses data that are routinely generated (i.e., administrative data and claims), OR</p> <p>B) the data are collected by someone other than the clinician or provider (e.g., CAHPS), OR</p> <p>C) the measure repurposes existing data sets to calculate a measure score (e.g., HEDIS).</p> <p>Select "Unable to determine" if a workflow analysis was not completed and/or it cannot be determined whether the workflow modifications impose additional data entry burden to collect data needed to report the measure.</p> |                       |

### Change #34

**Location:** Page 17, Row 041 and Skip Logic

**Reason for Change:** Updated Row, Guidance, and Skip Logic.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE                                       |
|------------|-----|--|--|---|
| Groups     | 028 | *Is this measure 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. For more information on eQMs, see: <a href="https://www.emeasuretool.cms.gov/">https://www.emeasuretool.cms.gov/</a> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Groups     | n/a | If you select "Yes" in Row 028, then Rows 029-031 become required fields. If you select "No" in Row 028, then skip to Row 032. | n/a  | This is not a data entry field.                             |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE                                       |
|------------|-----|--|---|---|
| Groups     | 041 | *Is this measure an electronic clinical quality measure (eCQM)?  | <p>Select 'Yes' or 'No'. If your answer is yes, CMS ID must be provided below. For more information on eQMs, visit the <a href="#">Measure Authoring Development Integrated Environment (MADiE)</a> website.</p> <p>If you select "yes" to this question and are submitting to the Hospital Inpatient Quality Reporting Program, you are also required to submit this measure to the Medicare Promoting Interoperability Program.</p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Groups     | n/a | If you select "Yes" in Row 041, then Rows 042-044 become required fields. If you select "No" in Row 041, then skip to Row 045. | n/a   | This is not a data entry field.                             |

## Change #35

**Location:** Page 17, Row 042

**Reason for Change:** Updated Row, Field Label, and Guidance.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label                           | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|---------------------------------------|--|-----------------------|
| Groups     | 029 | * 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 (VSAC), and feasibility scorecard. If not an eCQM, or if MAT number is not available, enter 0. | ADD YOUR CONTENT HERE |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label             | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|-------------------------|--|-----------------------|
| Groups     | 042 | * CMS ID found in MADiE | <p>CMS encourages all submitters to submit both Quality Data Model (QDM) and Fast Health Interoperability Resources (FHIR) specifications, where available.</p> <p>For QDM specifications, you must attach the eCQM specification exported from MADiE, test cases exported from MADiE, with 100% coverage/100% passing both QRDA and Excel format), attestation that value sets are published in Value Set Authority Center (VSAC), and feasibility scorecard.</p> <p>For FHIR specifications, you must attach the MADiE output of the FHIR specifications using QI-Core 4.1.1 or QI-Core STU 6, MADiE output of the QI-Core 4.1.1 or QI-Core STU 6 compliant test cases (QI-Core version should align between specification and test cases), and attestation to value sets published in VSAC. Additional Feasibility scorecard is not required at this time.</p> <p>If not an eCQM, or if MAT number is not available, enter 0.</p> | ADD YOUR CONTENT HERE |

## Change #36

**Location:** Page 18, Row 043

**Reason for Change:** Updated Row, Field Label, and Guidance.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE                                       |
|------------|-----|--|--|---|
| Groups     | 030 | * If eCQM, does the measure have a Health Quality Measures Format (HQMF) specification in alignment with the latest HQMF and eCQM standards, and does the measure align with Clinical Quality Language (CQL) and Quality Data Model (QDM)? | Select 'Yes' or 'No'. For additional information on HQMF standards, see: <a href="https://ecqi.healthit.gov/tool/hqmf">https://ecqi.healthit.gov/tool/hqmf</a> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE                                       |
|------------|-----|---|--|---|
| Groups     | 043 | * If eCQM, does the measure have a Health Quality Measures Format (HQMF) specification in alignment with the latest HQMF and eCQM standards, and does the measure align with Clinical Quality Language (CQL), Quality Data Model (QDM), Fast Health Interoperability Resources (FHIR) and Quality Improvement Core (QI-Core)? | Select 'Yes' or 'No'. For additional information on HQMF standards, visit the <a href="#">eCQI Resource Centers HQMF</a> page. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**Change #37**

**Location:** Page 18, Row 044 and Composite/Survey Logic

**Reason for Change:** Updated Row and added Composite/Survey Logic.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|---|--|-----------------------|
| Groups     | 031 | * Number of unique EHR vendors represented in testing dataset | Enter the number of unique EHR vendors represented in the dataset to demonstrate that measure data elements are valid and that the measure score can be accurately calculated across different systems (e.g., Epic, Cerner, etc.). | Numeric field         |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE                  |
|------------|-----|---|--|--|
| Groups     | 044 | * Number of unique EHR vendors represented in testing dataset   | Enter the number of unique EHR vendors represented in the dataset to demonstrate that measure data elements are valid and that the measure score can be accurately calculated across different systems (e.g., Epic, Cerner, etc.). | Numeric field                          |
| n/a        | n/a | If you are submitting a composite or survey measure, Rows 045-063 in MERIT will enable you to input information for each component or survey-based measure included in your submission. | n/a  | <i>This is not a data entry field.</i> |

## Change #38

**Location:** Page 19, Row 045 and Skip Logic

**Reason for Change:** Updated Row, Guidance, and Skip Logic.

**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE                                       |
|--|-----|---|--|---|
| Measure Score Level (Accountable Entity Level) Testing | 032 | *Reliability  | <p>Indicate whether reliability testing was conducted for the accountable entity-level measure scores.</p> <p>Acceptable reliability tests include signal-to-noise (or inter-unit reliability) or random split-half correlation. For more information on accountable entity-level reliability testing, refer to the Blueprint content on the CMS Measures Management System (MMS) Hub (<a href="https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/reliability">https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/reliability</a>).</p> <p>Select “Yes” if acceptable accountable entity-level reliability testing has been completed as of submission of this form.</p> <p>Select “No” if you are not able to provide the results of acceptable accountable entity-level reliability testing in this submission. If testing results are incomplete, or if you are submitting a different type of reliability testing, provide as an attachment.</p> <p>Note: This section refers to the reliability of the accountable entity-level measure scores in the final performance measure. For testing of surveys or patient reported tools, refer to the Patient-Reported Data section. Note: for MIPS-Quality submissions, please provide individual clinician-level results. If the measure was also tested at the clinician group level, you may include those results in an attachment.</p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a  | n/a | <i>If you select “Yes” in Row 032, then Row 33 becomes a required field. If you select “No” in Row 032, then skip to Row 042.</i> | n/a  | <i>This is not a data entry field.</i>                      |

## CY 2025 Final Rule text:

| Subsection   | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE                                       |
|--|-----|--|---|---|
| Measure Score Level (Accountable Entity Level) Testing | 045 | *Reliability   | <p>Indicate whether reliability testing was conducted for the accountable entity-level measure scores. Acceptable reliability tests include signal-to-noise (or inter-unit reliability) or random split-half correlation. For more information on accountable entity-level reliability testing, refer to the <a href="#">Blueprint content</a> on the CMS Measures Management System (MMS) Hub.</p> <p>Select “Yes” if acceptable accountable entity-level reliability testing has been completed as of submission of this form.</p> <p>Select “No” if you are not able to provide the results of acceptable accountable entity-level reliability testing in this submission. If testing results are incomplete, or if you are submitting a different type of reliability testing, provide as an attachment.</p> <p>Note: This section refers to the reliability of the accountable entity-level measure scores in the final performance measure. For testing of surveys or patient reported tools, refer to the Patient-Reported Data section. Note: for MIPS-Quality submissions, please provide individual clinician-level results. If the measure was also tested at the clinician group level, you may include those results in an attachment.</p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a  | n/a | <i>If you select “Yes” in Row 045, then Rows 046-054 becomes required fields. If you select “No” in Row 045, then skip to Row 055.</i> | n/a   | <i>This is not a data entry field.</i>                      |

## Change #39

**Location:** Page 20, Row 046 and Skip Logic

**Reason for Change:** Updated Row, Guidance, text under “Add Your Content Here”, and Skip Logic.

## CY 2024 Final Rule text:

| Subsection   | Row | Field Label                    | Guidance  | ADD YOUR CONTENT HERE  |
|--|-----|--------------------------------|---|--|
| Measure Score Level (Accountable Entity Level) Testing | 033 | *Reliability: Type of analysis | <p>Select all that apply.</p> <p>Signal-to-noise (or inter-unit reliability) is the precision attributed to an actual construct versus random variation (e.g., ratio of between unit variance to total variance) (Adams J. The reliability of provider profiling: a tutorial. Santa Monica, CA: RAND; 2009. <a href="http://www.rand.org/pubs/technical_reports/TR653.html">http://www.rand.org/pubs/technical_reports/TR653.html</a>).</p> <p>Random split-half correlation is the agreement between two measures of the same concept, using data derived from split samples drawn from the same entity at a single point in time.</p> | <input type="checkbox"/> Signal-to-Noise<br><input type="checkbox"/> Random Split-Half Correlation |

| Subsection | Row | Field Label   | Guidance | ADD YOUR CONTENT HERE                  |
|------------|-----|---|----------|--|
| n/a        | n/a | <i>If you select "Signal-to-Noise" in Row 033, then Rows 034-037 become required fields. If you select, "Random Split-Half Correlation" in Row 033, then Rows 038-041 become required fields.</i> | n/a      | <i>This is not a data entry field.</i> |

#### CY 2025 Final Rule text:

| Subsection   | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE   |
|--|-----|---|---|---|
| Measure Score Level (Accountable Entity Level) Testing | 046 | *Reliability: Type of analysis  | <p>Select all that apply.</p> <p>Signal-to-noise (or inter-unit reliability) is the precision attributed to an actual construct versus random variation (e.g., ratio of between unit variance to total variance) (Adams J. <a href="#">The reliability of provider profiling: a tutorial</a>. Santa Monica, CA: RAND; 2009.).</p> <p>Random split-half correlation is the agreement between two measures of the same concept, using data derived from split samples drawn from the same entity at a single point in time.</p> | <input type="checkbox"/> Signal-to-Noise (e.g., Beta-Binomial, Mixed Logistic Regression)<br><input type="checkbox"/> Random Split-Half Correlation |
| n/a  | n/a | <i>If you select "Signal-to-Noise" in Row 046, then Rows 047-050 become required fields. If you select, "Random Split-Half Correlation" in Row 046, then Rows 051-054 become required fields.</i> | n/a   | <i>This is not a data entry field.</i>  |

#### Change #40

**Location:** Page 20, Row 047

**Reason for Change:** Updated Row and Guidance.

#### CY 2024 Final Rule text:

| Subsection   | Row | Field Label                         | Guidance   | ADD YOUR CONTENT HERE   |
|--|-----|-------------------------------------|--|---|
| Measure Score Level (Accountable Entity Level) Testing | 034 | *Signal-to-Noise: Level of Analysis | <p>Select the level of analysis at which the signal-to-noise analysis was conducted. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form.</p> <p>For MIPS-Quality submissions, you must report the results of individual clinician-level testing. If group-level testing is available, you may submit those results as an attachment.</p> | <input type="checkbox"/> Accountable Care Organization<br><input type="checkbox"/> Clinician – Group<br><input type="checkbox"/> Clinician – Individual<br><input type="checkbox"/> Facility<br><input type="checkbox"/> Health plan<br><input type="checkbox"/> Integrated Delivery System<br><input type="checkbox"/> Medicaid program (e.g., Health Home or 1115)<br><input type="checkbox"/> Population: Community, County or City<br><input type="checkbox"/> Population: Regional and State |

**CY 2025 Final Rule text:**

| Subsection   | Row | Field Label                          | Guidance  | ADD YOUR CONTENT HERE   |
|--|-----|--------------------------------------|---|---|
| Measure Score Level (Accountable Entity Level) Testing | 047 | * Signal-to-Noise: Level of Analysis | <p>Select the level of analysis at which the signal-to-noise analysis was conducted. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form.</p> <p>For MIPS-Quality submissions, you must report the results of individual clinician-level testing. If group-level testing is available, you may submit those results as an attachment.</p> <p>For submission to the MIPS-Cost program, clinician group-level testing is sufficient.</p> | <input type="checkbox"/> Accountable Care Organization<br><input type="checkbox"/> Clinician – Group<br><input type="checkbox"/> Clinician – Individual<br><input type="checkbox"/> Facility<br><input type="checkbox"/> Health plan<br><input type="checkbox"/> Integrated Delivery System<br><input type="checkbox"/> Medicaid program (e.g., Health Home or 1115)<br><input type="checkbox"/> Population: Community, County or City<br><input type="checkbox"/> Population: Regional and State |

**Change #41****Location:** Page 20, Row 048**Reason for Change:** Updated Row.**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label                    | Guidance  | ADD YOUR CONTENT HERE |
|--|-----|--------------------------------|---|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 035 | * Signal-to-Noise: Sample size | Indicate the number of accountable entities sampled to test the final performance measure. Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample. | Numeric field         |

**CY 2025 Final Rule text:**

| Subsection   | Row | Field Label                    | Guidance  | ADD YOUR CONTENT HERE |
|--|-----|--------------------------------|---|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 048 | * Signal-to-Noise: Sample size | Indicate the number of accountable entities sampled to test the final performance measure. Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample. | Numeric field         |

**Change #42****Location:** Page 21, Row 049**Reason for Change:** Updated Row.**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label                                  | Guidance  | ADD YOUR CONTENT HERE |
|--|-----|--|---|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 036 | * Signal-to-Noise: Median Statistical result | Indicate the median result for the signal-to-noise analysis used to assess accountable entity level reliability. Results should range from 0.00 to 1.00. Calculate reliability as the measure is intended to be implemented (e.g., after applying minimum denominator requirements, appropriate type of setting, provider, etc.). | Numeric field         |

**CY 2025 Final Rule text:**

| Subsection   | Row | Field Label                                  | Guidance  | ADD YOUR CONTENT HERE |
|--|-----|--|---|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 049 | * Signal-to-Noise: Median Statistical result | Indicate the median result for the signal-to-noise analysis used to assess accountable entity level reliability. Results should range from 0.00 to 1.00. Calculate reliability as the measure is intended to be implemented (e.g., after applying minimum denominator requirements, appropriate type of setting, provider, etc.). | Numeric field         |

**Change #43****Location:** Page 21, Row 050**Reason for Change:** Updated Row.**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label                                  | Guidance   | ADD YOUR CONTENT HERE |
|--|-----|--|--|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 037 | * Signal-to-Noise: Interpretation of results | Describe the type of statistic and interpretation of the results (e.g., low, moderate, high). Provide the distribution of signal-to-noise results across measured entities (e.g., min, max, percentiles). List accepted thresholds referenced and provide a citation. If applicable, include the precision of the statistical result (e.g., 95% confidence interval) and/or an assessment of statistical significance (e.g., p-value). | Free text field       |

**CY 2025 Final Rule text:**

| Subsection   | Row | Field Label                                  | Guidance   | ADD YOUR CONTENT HERE |
|--|-----|--|--|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 050 | * Signal-to-Noise: Interpretation of results | Describe the type of statistic and interpretation of the results (e.g., low, moderate, high). Provide the distribution of signal-to-noise results across measured entities (e.g., min, max, percentiles). List accepted thresholds referenced and provide a citation. If applicable, include the precision of the statistical result (e.g., 95% confidence interval) and/or an assessment of statistical significance (e.g., p-value). | Free text field       |

**Change #44****Location:** Page 21, Row 051**Reason for Change:** Updated Row and Guidance.**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE  |
|--|-----|--|--|--|
| Measure Score Level (Accountable Entity Level) Testing | 038 | * Random Split-Half Correlation: Level of Analysis | <p>Select the level of analysis at which the random split-half analysis was conducted. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form.</p> <p>For MIPS-Quality submissions, you must report the results of individual clinician-level testing. If group-</p> | <input type="checkbox"/> Accountable Care Organization<br><input type="checkbox"/> Clinician – Group<br><input type="checkbox"/> Clinician – Individual<br><input type="checkbox"/> Facility<br><input type="checkbox"/> Health plan<br><input type="checkbox"/> Integrated Delivery System<br><input type="checkbox"/> Medicaid program (e.g., Health Home or 1115) |



| Subsection | Row | Field Label | Guidance   | ADD YOUR CONTENT HERE   |
|------------|-----|-------------|--|---|
|            |     |             | level testing is available, you may submit those results as an attachment. | <input type="checkbox"/> Population: Community, County or City<br><input type="checkbox"/> Population: Regional and State |

#### CY 2025 Final Rule text:

| Subsection   | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE   |
|--|-----|--|---|---|
| Measure Score Level (Accountable Entity Level) Testing | 051 | * Random Split-Half Correlation: Level of Analysis | <p>Select the level of analysis at which the random split-half analysis was conducted. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form.</p> <p>For MIPS-Quality submissions, you must report the results of individual clinician-level testing. If group-level testing is available, you may submit those results as an attachment.</p> <p>For submission to the MIPS-Cost program, clinician group-level testing is sufficient.</p> | <input type="checkbox"/> Accountable Care Organization<br><input type="checkbox"/> Clinician – Group<br><input type="checkbox"/> Clinician – Individual<br><input type="checkbox"/> Facility<br><input type="checkbox"/> Health plan<br><input type="checkbox"/> Integrated Delivery System<br><input type="checkbox"/> Medicaid program (e.g., Health Home or 1115)<br><input type="checkbox"/> Population: Community, County or City<br><input type="checkbox"/> Population: Regional and State |

#### Change #45

**Location:** Page 21, Row 052

**Reason for Change:** Updated Row.

#### CY 2024 Final Rule text:

| Subsection  | Row | Field Label                                  | Guidance   | ADD YOUR CONTENT HERE |
|---|-----|--|--|-----------------------|
| Measure Score Level (Accountability Entity Level) Testing | 039 | * Random Split-Half Correlation: Sample size | Indicate the number of accountable entities sampled to test the final performance measure. If number varied by sample, use the largest number of measured entities. Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample. | Numeric field         |

#### CY 2025 Final Rule text:

| Subsection  | Row | Field Label                                  | Guidance   | ADD YOUR CONTENT HERE |
|---|-----|--|--|-----------------------|
| Measure Score Level (Accountability Entity Level) Testing | 052 | * Random Split-Half Correlation: Sample size | Indicate the number of accountable entities sampled to test the final performance measure. If number varied by sample, use the largest number of measured entities. Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample. | Numeric field         |

## Change #46

**Location:** Page 22, Row 053

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection  | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|---|-----|---|--|-----------------------|
| Measure Score Level<br>(Accountability Entity Level)<br>Testing | 040 | * Random Split-Half<br>Correlation: Statistical<br>result | Indicate the statistical result for the random split-half correlation analysis used to assess accountable entity level reliability. Results should range from - 1.00 to 1.00. Calculate reliability as the measure is intended to be implemented (e.g., after applying minimum denominator requirements, appropriate type of setting, provider, etc.). | Numeric field         |

**CY 2025 Final Rule text:**

| Subsection  | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|---|-----|---|--|-----------------------|
| Measure Score Level<br>(Accountability Entity Level)<br>Testing | 053 | * Random Split-Half<br>Correlation: Statistical<br>result | Indicate the statistical result for the random split-half correlation analysis used to assess accountable entity level reliability. Results should range from - 1.00 to 1.00. Calculate reliability as the measure is intended to be implemented (e.g., after applying minimum denominator requirements, appropriate type of setting, provider, etc.). | Numeric field         |

## Change #47

**Location:** Page 22, Row 054

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection  | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE |
|---|-----|--|--|-----------------------|
| Measure Score Level<br>(Accountability Entity Level)<br>Testing | 041 | * Random Split-Half<br>Correlation: Interpretation<br>of results | Describe the type of statistic and interpretation of the results (e.g., low, moderate, high). List accepted thresholds referenced and provide a citation. If applicable, include the precision of the statistical result (e.g., 95% confidence interval) and/or an assessment of statistical significance (e.g., p-value). | Free text field       |

**CY 2025 Final Rule text:**

| Subsection  | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE |
|---|-----|--|--|-----------------------|
| Measure Score Level<br>(Accountability Entity Level)<br>Testing | 054 | * Random Split-Half<br>Correlation: Interpretation<br>of results | Describe the type of statistic and interpretation of the results (e.g., low, moderate, high). List accepted thresholds referenced and provide a citation. If applicable, include the precision of the statistical result (e.g., 95% confidence interval) and/or an assessment of statistical significance (e.g., p-value). | Free text field       |

## Change #48

**Location:** Page 22, Row 055 and Skip Logic

**Reason for Change:** Updated Row, Guidance, and Skip Logic.

**CY 2024 Final Rule text:**

| Subsection  | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE                                       |
|---|-----|--|--|---|
| Measure Score Level (Accountability Entity Level) Testing | 042 | *Empiric Validity  | <p>Indicate whether empiric validity testing was conducted for the accountable entity-level measure scores. For more information on accountable entity level empiric validity testing, refer to the Blueprint content on the CMS MMS Hub (<a href="https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/validity">https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/validity</a>)</p> <p>Note: This section refers to the empiric validity of the accountable entity level measure scores in the final performance measure. Refer to the Patient-Reported Data section for testing of surveys or patient reported tools.</p> <p>Note: for MIPS-Quality submissions, please provide individual clinician-level results. If the measure was also tested at the clinician group level, you may include those results in an attachment.</p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a   | n/a | If you select "Yes" in Row 042, then Rows 043-046 become required fields. If you select "No" in Row 042, then skip to Row 047. | n/a  | This is not a data entry field.                             |

**CY 2025 Final Rule text:**

| Subsection  | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE                                       |
|---|-----|--|---|---|
| Measure Score Level (Accountability Entity Level) Testing | 055 | *Empiric Validity  | <p>Indicate whether empiric validity testing was conducted for the accountable entity-level measure scores. For more information on accountable entity level empiric validity testing, refer to the <a href="#">Blueprint content</a> on the CMS MMS Hub.</p> <p>Note: This section refers to the empiric validity of the accountable entity level measure scores in the final performance measure. Refer to the Patient-Reported Data section for testing of surveys or patient reported tools.</p> <p>Note: for MIPS-Quality submissions, please provide individual clinician-level results. If the measure was also tested at the clinician group level, you may include those results in an attachment.</p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a   | n/a | If you select "Yes" in Row 055, then Rows 056-059 become required fields. If you select "No" in Row 055, then skip to Row 060. | n/a   | This is not a data entry field.                             |

## Change #49

**Location:** Page 23, Row 056

**Reason for Change:** Updated Row and Guidance.

**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label                          | Guidance   | ADD YOUR CONTENT HERE   |
|--|-----|--------------------------------------|--|---|
| Measure Score Level (Accountable Entity Level) Testing | 043 | *Empiric Validity: Level of Analysis | Select the level of analysis at which the empiric validity analysis was conducted. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form.<br><br>For MIPS-Quality submissions, you must report the results of individual clinician-level testing. If group-level testing is available, you may submit those results as an attachment. | <input type="checkbox"/> Accountable Care Organization<br><input type="checkbox"/> Clinician – Group<br><input type="checkbox"/> Clinician – Individual<br><input type="checkbox"/> Facility<br><input type="checkbox"/> Health plan<br><input type="checkbox"/> Integrated Delivery System<br><input type="checkbox"/> Medicaid program (e.g., Health Home or 1115)<br><input type="checkbox"/> Population: Community, County or City<br><input type="checkbox"/> Population: Regional and State |

**CY 2025 Final Rule text:**

| Subsection   | Row | Field Label                          | Guidance  | ADD YOUR CONTENT HERE   |
|--|-----|--------------------------------------|---|---|
| Measure Score Level (Accountable Entity Level) Testing | 056 | *Empiric Validity: Level of Analysis | Select the level of analysis at which the empiric validity analysis was conducted. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form.<br><br>For MIPS-Quality submissions, you must report the results of individual clinician-level testing. If group-level testing is available, you may submit those results as an attachment.<br><br>For submission to the MIPS-Cost program, clinician group-level testing is sufficient. | <input type="checkbox"/> Accountable Care Organization<br><input type="checkbox"/> Clinician – Group<br><input type="checkbox"/> Clinician – Individual<br><input type="checkbox"/> Facility<br><input type="checkbox"/> Health plan<br><input type="checkbox"/> Integrated Delivery System<br><input type="checkbox"/> Medicaid program (e.g., Health Home or 1115)<br><input type="checkbox"/> Population: Community, County or City<br><input type="checkbox"/> Population: Regional and State |

## Change #50

**Location:** Page 23, Row 057

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection  | Row | Field Label                    | Guidance  | ADD YOUR CONTENT HERE |
|---|-----|--------------------------------|---|-----------------------|
| Measure Score Level (Accountability Entity Level) Testing | 044 | *Empiric Validity: Sample size | Indicate the number of accountable entities sampled to test the final performance measure. Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample. | Numeric field         |

**CY 2025 Final Rule text:**

| Subsection                           | Row | Field Label                    | Guidance  | ADD YOUR CONTENT HERE |
|--------------------------------------|-----|--------------------------------|---|-----------------------|
| Measure Score Level (Accountability) | 057 | *Empiric Validity: Sample size | Indicate the number of accountable entities sampled to test the final performance measure. Note that this field is intended to capture the number of measured | Numeric field         |

| Subsection               | Row | Field Label | Guidance  | ADD YOUR CONTENT HERE |
|--------------------------|-----|-------------|---|-----------------------|
| Entity Level)<br>Testing |     |             | entities and not the number of individual patients or cases included in the sample. |                       |

## Change #51

**Location:** Page 23, Row 058

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection  | Row | Field Label                             | Guidance  | ADD YOUR CONTENT HERE |
|---|-----|---|---|-----------------------|
| Measure Score Level<br>(Accountability Entity Level)<br>Testing | 045 | *Empiric Validity: Methods and findings | Describe the methods used to assess accountable entity level validity. Describe the comparison groups or constructs used to verify the validity of the measure scores, including hypothesized relationships (e.g., expected to be positively or negatively correlated). Describe your findings for each analysis conducted, including the statistical results and the strongest and weakest results across analyses. If applicable, include the precision of the statistical result(s) (e.g., 95% confidence interval) and/or an assessment of statistical significance (e.g., p-value). If methods and results require more space, include as an attachment. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection  | Row | Field Label                             | Guidance  | ADD YOUR CONTENT HERE |
|---|-----|---|---|-----------------------|
| Measure Score Level<br>(Accountability Entity Level)<br>Testing | 058 | *Empiric Validity: Methods and findings | Describe the methods used to assess accountable entity level validity. Describe the comparison groups or constructs used to verify the validity of the measure scores, including hypothesized relationships (e.g., expected to be positively or negatively correlated). Describe your findings for each analysis conducted, including the statistical results and the strongest and weakest results across analyses. If applicable, include the precision of the statistical result(s) (e.g., 95% confidence interval) and/or an assessment of statistical significance (e.g., p-value). If methods and results require more space, include as an attachment. | Free text field       |

## Change #52

**Location:** Page 23, Row 059

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label                                  | Guidance   | ADD YOUR CONTENT HERE                                       |
|--|-----|--|--|---|
| Measure Score Level<br>(Accountable Entity Level)<br>Testing | 046 | *Empiric Validity: Interpretation of results | Indicate whether the statistical result affirmed the hypothesized relationship for the analysis conducted. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

### CY 2025 Final Rule text:

| Subsection   | Row | Field Label                                  | Guidance   | ADD YOUR CONTENT HERE                                       |
|--|-----|--|--|---|
| Measure Score Level (Accountable Entity Level) Testing | 059 | *Empiric Validity: Interpretation of results | Indicate whether the statistical result affirmed the hypothesized relationship for the analysis conducted. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

### Change #53

**Location:** Page 24, Row 060 and Skip Logic

**Reason for Change:** Updated Row and Skip Logic.

### CY 2024 Final Rule text:

| Subsection   | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                                       |
|--|-----|---|---|---|
| Measure Score Level (Accountable Entity Level) Testing | 047 | *Face validity  | <p>Indicate if a vote was conducted among experts and patients/caregivers on whether the final performance measure scores can be used to differentiate good from poor quality of care.</p> <p>Select “No” if experts and patients/caregivers did not provide feedback on the final performance measure at the specified level of analysis or if the feedback was related to a property of the measure unrelated to its ability to differentiate performance among measured entities.</p> <p>This item is intended to assess whether face validity testing was conducted on the final performance measure and is not intended to assess whether patient-reported surveys or tools have face validity. Survey item testing results can be provided in an attachment and described in the Patient-Reported Data Section.</p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a  | n/a | <i>If you select “Yes” in Row 047, then Rows 048-050 become required fields. If you select “No” in Row 047, then skip to Row 051.</i> | n/a   | <i>This is not a data entry field.</i>                      |

### CY 2025 Final Rule text:

| Subsection   | Row | Field Label    | Guidance   | ADD YOUR CONTENT HERE                                       |
|--|-----|----------------|--|---|
| Measure Score Level (Accountable Entity Level) Testing | 060 | *Face validity | <p>Indicate if a vote was conducted among experts and patients/caregivers on whether the final performance measure scores can be used to differentiate good from poor quality of care.</p> <p>Select “No” if experts and patients/caregivers did not provide feedback on the final performance measure at the specified level of analysis or if the feedback was related to a property of the measure unrelated to its ability to differentiate performance among measured entities.</p> <p>This item is intended to assess whether face validity testing was conducted on the final performance measure and is not intended to assess whether</p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

|     |     |   |  |  |
|-----|-----|---|--|--|
|     |     |   | patient-reported surveys or tools have face validity. Survey item testing results can be provided in an attachment and described in the Patient-Reported Data Section. |  |
| n/a | n/a | <i>If you select "Yes" in Row 060, then Rows 061-063 become required fields. If you select "No" in Row 060, then skip to Row 064.</i> | n/a  | <i>This is not a data entry field.</i> |

#### Change #54

**Location:** Page 24, Row 061

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE |
|--|-----|--|---|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 048 | *Face validity: Total number of voting experts and patients/caregivers | Indicate the number of experts and patients/caregivers who voted on face validity (specifically, whether the measure could differentiate good from poor quality care among accountable entities). | Numeric field         |

**CY 2025 Final Rule text:**

| Subsection   | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE |
|--|-----|--|---|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 061 | *Face validity: Total number of voting experts and patients/caregivers | Indicate the number of experts and patients/caregivers who voted on face validity (specifically, whether the measure could differentiate good from poor quality care among accountable entities). | Numeric field         |

#### Change #55

**Location:** Page 24, Row 062

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE |
|--|-----|--|--|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 049 | *Face validity: Number of experts and patients/caregivers who voted in agreement | Indicate the number of experts and patients/caregivers who voted in agreement that the measure could differentiate good from poor quality care among accountable entities. If votes were conducted using a scale, sum all responses in agreement with the statement. Do not include neutral votes. If more than one question was asked of the experts and patients/caregivers, only provide results from the question relating to the ability of the final performance measure to differentiate good from poor quality care. | Numeric field         |

**CY 2025 Final Rule text:**

| Subsection   | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|--|-----|---|--|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 062 | * Face validity: Number of experts and patients/caregivers who voted in agreement | Indicate the number of experts and patients/caregivers who voted in agreement that the measure could differentiate good from poor quality care among accountable entities. If votes were conducted using a scale, sum all responses in agreement with the statement. Do not include neutral votes. If more than one question was asked of the experts and patients/caregivers, only provide results from the question relating to the ability of the final performance measure to differentiate good from poor quality care. | Numeric field         |

**Change #56****Location:** Page 25, Row 063**Reason for Change:** Updated Row.**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label                   | Guidance  | ADD YOUR CONTENT HERE |
|--|-----|-------------------------------|---|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 050 | Face validity: Interpretation | Briefly explain the interpretation of the result, including any disagreement with the face validity of the performance measure. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection   | Row | Field Label                   | Guidance  | ADD YOUR CONTENT HERE |
|--|-----|-------------------------------|---|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 063 | Face validity: Interpretation | Briefly explain the interpretation of the result, including any disagreement with the face validity of the performance measure. | Free text field       |

**Change #57****Location:** Page 25, Row 064 and Skip Logic**Reason for Change:** Updated Row, Guidance, and Skip Logic.**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label                       | Guidance  | ADD YOUR CONTENT HERE  |
|--|-----|-----------------------------------|---|--|
| Patient/Encounter Level (Data Element Level) Testing | 051 | * Patient/Encounter Level Testing | <p>Indicate whether patient/encounter level testing of the individual data elements in the final performance measure was conducted (i.e., measure of agreement such as kappa or correlation coefficient). Prior studies of the same data elements may be submitted.</p> <ul style="list-style-type: none"> <li>• Select "Yes" if data element agreement was assessed at the individual data element level as of submission of this form.</li> <li>• Select "No" if you are not able to provide the results of data element agreement in this submission. If you are submitting preliminary</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not applicable |



| Subsection | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                  |
|------------|-----|---|---|--|
|            |     |   | <p>testing results or a different type of data element testing, provide as an attachment.</p> <ul style="list-style-type: none"> <li>• Select “No” and skip to the Patient-Reported Data section if data element testing was only conducted for a survey or patient reported tool (e.g., internal consistency) rather than data element agreement for the final performance measure.</li> <li>• Select “Not applicable” if the measure relies entirely on administrative data.</li> </ul> <p>Note: This section includes tests of both data element reliability and validity.</p> |  |
| n/a        | n/a | <i>If you select “Yes” in Row 051, then Rows 052-056 become required fields. If you select “No” or “Not applicable” in Row 051, then skip to Row 057.</i> | n/a   | <i>This is not a data entry field.</i> |

### CY 2025 Final Rule text:

| Subsection   | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE  |
|--|-----|---|--|--|
| Patient/Encounter Level (Data Element Level) Testing | 064 | *Patient/Encounter Level Testing  | <p>Indicate whether patient/encounter level testing of the individual data elements in the final performance measure was conducted (i.e., measure of agreement such as kappa or correlation coefficient). Prior studies of the same data elements may be submitted.</p> <ul style="list-style-type: none"> <li>• Select “Yes” if data element agreement was assessed at the individual data element level as of submission of this form.</li> <li>• Select “No” if you are not able to provide the results of data element agreement in this submission. If you are submitting preliminary testing results or a different type of data element testing, provide as an attachment.</li> <li>• Select “No” and skip to the Patient-Reported Data section if data element testing was only conducted for a survey or patient reported tool (e.g., internal consistency) rather than data element agreement for the final performance measure.</li> <li>• Select “Not applicable” if the measure relies entirely on administrative claims data.</li> </ul> <p>Note: This section includes tests of both data element reliability and validity.</p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not applicable |
| n/a  | n/a | <i>If you select “Yes” in Row 064, then Rows 065-069 become required fields. If you select “No” or “Not applicable” in Row 064, then skip to Row 070.</i> | n/a  | <i>This is not a data entry field.</i>   |

## Change #58

**Location:** Page 26, Row 065

**Reason for Change:** Updated Row and Guidance.

**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label       | Guidance  | ADD YOUR CONTENT HERE  |
|--|-----|-------------------|---|--|
| Patient/Encounter Level (Data Element Level) Testing | 052 | *Type of Analysis | Select all that apply. For more information on patient/encounter level testing, refer to the Blueprint content on the CMS MMS Hub ( <a href="https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/reliability">https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/reliability</a> )<br><br>Note: This section refers to the patient/encounter level data elements in the final performance measure. Refer to the Patient-Reported Data section for testing of patient/encounter level data elements in surveys or patient reported tools. | <input type="checkbox"/> Agreement between two manual reviewers<br><input type="checkbox"/> Agreement between eCQM and manual reviewer<br><input type="checkbox"/> Agreement between other gold standard and manual reviewer |

**CY 2025 Final Rule text:**

| Subsection   | Row | Field Label       | Guidance   | ADD YOUR CONTENT HERE  |
|--|-----|-------------------|--|--|
| Patient/Encounter Level (Data Element Level) Testing | 065 | *Type of Analysis | Select all that apply. For more information on patient/encounter level testing, refer to the <a href="#">Blueprint content</a> on the CMS MMS Hub.<br><br>Note: This section refers to the patient/encounter level data elements in the final performance measure. Refer to the Patient-Reported Data section for testing of patient/encounter level data elements in surveys or patient reported tools. | <input type="checkbox"/> Agreement between two manual reviewers<br><input type="checkbox"/> Agreement between eCQM and manual reviewer<br><input type="checkbox"/> Agreement between other gold standard and manual reviewer |

## Change #59

**Location:** Page 26, Row 066

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE |
|--|-----|--------------|---|-----------------------|
| Patient/Encounter Level (Data Element Level) Testing | 053 | *Sample Size | Indicate the number of patients/encounters sampled. | Numeric field         |

**CY 2025 Final Rule text:**

| Subsection   | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE |
|--|-----|--------------|---|-----------------------|
| Patient/Encounter Level (Data Element Level) Testing | 066 | *Sample Size | Indicate the number of patients/encounters sampled. | Numeric field         |

## Change #60

**Location:** Page 26, Row 067

**Reason for Change:** Updated Row and checklist under “Add Your Content Here”.

**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label     | Guidance  | ADD YOUR CONTENT HERE  |
|--|-----|-----------------|---|--|
| Patient/Encounter Level (Data Element Level) Testing | 054 | *Statistic Name | Select one. Indicate the statistic used to assess agreement (e.g., percent agreement, kappa, positive predictive value, etc.). If more than one type of statistic was calculated, list the one that best depicts the reliability and/or validity of the data elements in your measure. Other statistics and results should be provided in the “Interpretation of results” field or provided as an attachment. | <input type="checkbox"/> Percent agreement<br><input type="checkbox"/> Kappa<br><input type="checkbox"/> Correlation coefficient<br><input type="checkbox"/> Sensitivity<br><input type="checkbox"/> Positive Predictive Value |

**CY 2025 Final Rule text:**

| Subsection   | Row | Field Label     | Guidance  | ADD YOUR CONTENT HERE  |
|--|-----|-----------------|---|--|
| Patient/Encounter Level (Data Element Level) Testing | 067 | *Statistic Name | Select one. Indicate the statistic used to assess agreement (e.g., percent agreement, kappa, positive predictive value, etc.). If more than one type of statistic was calculated, list the one that best depicts the reliability and/or validity of the data elements in your measure. Other statistics and results should be provided in the “Interpretation of results” field or provided as an attachment. | <input type="checkbox"/> Correlation coefficient<br><input type="checkbox"/> Kappa<br><input type="checkbox"/> Percent agreement<br><input type="checkbox"/> Positive Predictive Value<br><input type="checkbox"/> Sensitivity |

## Change #61

**Location:** Page 26, Row 068

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label                                   | Guidance  | ADD YOUR CONTENT HERE |
|--|-----|---|---|-----------------------|
| Patient/Encounter Level (Data Element Level) Testing | 055 | *Statistical Results: Individual Data Element | <p>Indicate the single lowest critical data element result of the statistic selected above. This field is intended to capture the least reliable or least valid data element included in the measure. Information about all critical data elements should be provided in the “Interpretation of results” field.</p> <p>If providing kappa or a correlation coefficient, results should be between -1 and 1.</p> <p>If providing percent agreement, sensitivity, or positive predictive value, results should be between 0% and 100%. The percent value should be entered as a whole number; for example, 70% would be entered as 70 and NOT 0.7.</p> <p>If not tested at the individual data element level, enter 9999.</p> | Numeric field         |

**CY 2025 Final Rule text:**

| Subsection   | Row | Field Label                                      | Guidance  | ADD YOUR CONTENT HERE |
|--|-----|--|---|-----------------------|
| Patient/Encounter Level (Data Element Level) Testing | 068 | *Statistical Results:<br>Individual Data Element | <p>Indicate the single lowest critical data element result of the statistic selected above. This field is intended to capture the least reliable or least valid data element included in the measure. Information about all critical data elements should be provided in the “Interpretation of results” field.</p> <p>If providing kappa or a correlation coefficient, results should be between -1 and 1.</p> <p>If providing percent agreement, sensitivity, or positive predictive value, results should be between 0% and 100%. The percent value should be entered as a whole number; for example, 70% would be entered as 70 and NOT 0.7.</p> <p>If not tested at the individual data element level, enter 9999.</p> | Numeric field         |

**Change #62****Location:** Page 27, Row 069**Reason for Change:** Updated Row.**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label                | Guidance   | ADD YOUR CONTENT HERE |
|--|-----|----------------------------|--|-----------------------|
| Patient/Encounter Level (Data Element Level) Testing | 056 | *Interpretation of results | <p>Briefly describe the interpretation of results. Include a list of all data elements tested including their frequency, statistical results, and 95% confidence intervals, as applicable. Include 95% confidence intervals for the overall denominator and numerator results, as applicable. Provide results broken down by test site to demonstrate whether reliability/validity varied between sites, if available. If more room is needed and testing results are included in an attachment, provide the name of the attachment and location in the attachment.</p> <p>If any data element has low reliability or validity, describe the anticipated impact and whether it could introduce bias to measure scores. If there is variation in reliability or validity scores across test sites/measured entities, describe how this variation impacts overall interpretation of the results.</p> | Free text field       |

**CY 2025 Final Rule text:**

| Subsection   | Row | Field Label                | Guidance  | ADD YOUR CONTENT HERE |
|--|-----|----------------------------|---|-----------------------|
| Patient/Encounter Level (Data Element Level) Testing | 069 | *Interpretation of results | <p>Briefly describe the interpretation of results. Include a list of all data elements tested including their frequency, statistical results, and 95% confidence intervals, as applicable. Include 95% confidence intervals for the overall denominator and numerator results, as applicable. Provide</p> | Free text field       |

| Subsection | Row | Field Label | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|-------------|---|-----------------------|
|            |     |             | <p>results broken down by test site to demonstrate whether reliability/validity varied between sites, if available. If more room is needed and testing results are included in an attachment, provide the name of the attachment and location in the attachment.</p> <p>If any data element has low reliability or validity, describe the anticipated impact and whether it could introduce bias to measure scores. If there is variation in reliability or validity scores across test sites/measured entities, describe how this variation impacts overall interpretation of the results.</p> |                       |

### Change #63

**Location:** Page 28, Row 070 and Skip Logic

**Reason for Change:** Updated Row and Skip Logic.

**CY 2024 Final Rule text:**

| Subsection            | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE                                       |
|-----------------------|-----|--|---|---|
| Patient-Reported Data | 057 | * Does the performance measure use survey or patient-reported data?  | Indicate whether the performance measure utilizes data from structured surveys or patient-reported tools. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                   | n/a | If you select "Yes" in Row 057, then Rows 058 and 059 become required fields. If you select "No" in Row 057, then skip to Row 060. | n/a   | This is not a data entry field.                             |

**CY 2025 Final Rule text:**

| Subsection            | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE                                       |
|-----------------------|-----|--|---|---|
| Patient-Reported Data | 070 | * Does the performance measure use survey or patient-reported data?  | Indicate whether the performance measure utilizes data from structured surveys or patient-reported tools. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                   | n/a | If you select "Yes" in Row 070, then Rows 071 and 072 become required fields. If you select "No" in Row 070, then skip to Row 073. | n/a   | This is not a data entry field.                             |

### Change #64

**Location:** Page 28, Row 071

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection            | Row | Field Label                                    | Guidance   | ADD YOUR CONTENT HERE |
|-----------------------|-----|--|--|-----------------------|
| Patient-Reported Data | 058 | * Survey level testing methodology and results | List each survey or patient-reported outcome tool accepted by the performance measure. Indicate whether the tool(s) are being used as originally specified and tested or if modifications are required. If | Free text field       |

| Subsection | Row | Field Label | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|-------------|--|-----------------------|
|            |     |             | <p>available, provide each survey or tool as a link or attachment.</p> <p>Describe the mode(s) of administration available (e.g., electronic, phone, mail) and the number of languages the survey(s) or tool(s) are available in.</p> <p>Indicate whether any of the surveys or tools is proprietary requiring licenses or fees for use.</p> <p>Briefly describe the method used to psychometrically test or validate the patient survey or patient-reported outcome tool. (e.g., Cronbach's alpha, ICC, Pearson correlation coefficient, Kuder-Richardson test). If the survey or tool was developed prior to the development of the performance measure, describe how the intended use of the survey or tools for the performance measure aligns with the survey or tool as originally designed and tested. Indicate whether the measure uses all components within a tool, or only parts of the tool. Summarize the statistical results and briefly describe the interpretation of results.</p> |                       |

#### CY 2025 Final Rule text:

| Subsection            | Row | Field Label                                   | Guidance  | ADD YOUR CONTENT HERE |
|-----------------------|-----|---|---|-----------------------|
| Patient-Reported Data | 071 | *Survey level testing methodology and results | <p>List each survey or patient-reported outcome tool accepted by the performance measure. Indicate whether the tool(s) are being used as originally specified and tested or if modifications are required. If available, provide each survey or tool as a link or attachment.</p> <p>Describe the mode(s) of administration available (e.g., electronic, phone, mail) and the number of languages the survey(s) or tool(s) are available in.</p> <p>Indicate whether any of the surveys or tools is proprietary requiring licenses or fees for use.</p> <p>Briefly describe the method used to psychometrically test or validate the patient survey or patient-reported outcome tool. (e.g., Cronbach's alpha, ICC, Pearson correlation coefficient, Kuder-Richardson test). If the survey or tool was developed prior to the development of the performance measure, describe how the intended use of the survey or tools for the performance measure aligns with the survey or tool as originally designed and tested. Indicate whether the measure uses all components within a tool, or only parts of the tool. Summarize the statistical results and briefly describe the interpretation of results.</p> | Free text field       |

## Change #65

**Location:** Page 29, Row 072 and Composite/Survey Logic

**Reason for Change:** Updated Row numbers, added Composite/Survey Logic.

**CY 2024 Final Rule text:**

| Subsection            | Row | Field Label                                    | Guidance   | ADD YOUR CONTENT HERE   |
|-----------------------|-----|--|--|---|
| Patient-Reported Data | 059 | *Spanish development of the survey instrument. | Select all that apply. Survey instruments are expected to be developed in Spanish, in addition to English. | <input type="checkbox"/> Survey instrument was developed in Spanish and validated<br><input type="checkbox"/> Survey instrument was developed in Spanish but not yet validated<br><input type="checkbox"/> Working on Spanish version of survey instrument<br><input type="checkbox"/> There are no plans to develop a Spanish version of survey instrument |

**CY 2025 Final Rule text:**

| Subsection            | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE   |
|-----------------------|-----|---|--|---|
| Patient-Reported Data | 072 | *Spanish development of the survey instrument.  | Select all that apply. Survey instruments are expected to be developed in Spanish, in addition to English. | <input type="checkbox"/> Survey instrument was developed in Spanish and validated<br><input type="checkbox"/> Survey instrument was developed in Spanish but not yet validated<br><input type="checkbox"/> Working on Spanish version of survey instrument<br><input type="checkbox"/> There are no plans to develop a Spanish version of survey instrument |
| n/a                   | n/a | If you are submitting a composite or survey measure, Rows 073-082 in MERIT will enable you to input information for each component or survey-based measure included in your submission. | n/a  | <i>This is not a data entry field.</i>  |

## Change #66

**Location:** Page 29, Row 073

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label                          | Guidance   | ADD YOUR CONTENT HERE   |
|---------------------|-----|--------------------------------------|--|---|
| Measure Performance | 060 | *Measure performance - type of score | Select one. Measure performance score type should be at the level of accountable entity. | <input type="checkbox"/> Categorical (e.g., measured entity scores yes/no, pass/fail, or rating scale/score)<br><input type="checkbox"/> Composite scale/non-weighted score |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE  |
|------------|-----|-------------|----------|--|
|            |     |             |          | <input type="checkbox"/> Composite scale/weighted score<br><input type="checkbox"/> Continuous variable (e.g., average)<br><input type="checkbox"/> Count<br><input type="checkbox"/> Frequency Distribution<br><input type="checkbox"/> Proportion<br><input type="checkbox"/> Rate<br><input type="checkbox"/> Ratio |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label                           | Guidance   | ADD YOUR CONTENT HERE   |
|---------------------|-----|---------------------------------------|--|---|
| Measure Performance | 073 | * Measure performance - type of score | Select one. Measure performance score type should be at the level of accountable entity. | <input type="checkbox"/> Categorical (e.g., measured entity scores yes/no, pass/fail, or rating scale/score)<br><input type="checkbox"/> Composite scale/non-weighted score<br><input type="checkbox"/> Composite scale/weighted score<br><input type="checkbox"/> Continuous variable (e.g., average)<br><input type="checkbox"/> Count<br><input type="checkbox"/> Frequency Distribution<br><input type="checkbox"/> Proportion<br><input type="checkbox"/> Rate<br><input type="checkbox"/> Ratio |

**Change #67**

**Location:** Page 29, Row 074

**Reason for Change:** Updated Row and text in “Add Your Content Here”.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label                                | Guidance   | ADD YOUR CONTENT HERE  |
|---------------------|-----|--|------------|--|
| Measure Performance | 061 | * Measure performance score interpretation | Select one | <input type="checkbox"/> Better quality = Higher score<br><input type="checkbox"/> Better quality = Lower score<br><input type="checkbox"/> Better quality = Score within a defined interval<br><input type="checkbox"/> Passing score above a specified threshold defines better quality<br><input type="checkbox"/> Passing score below a specified threshold defines better quality |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label                                | Guidance   | ADD YOUR CONTENT HERE  |
|---------------------|-----|--|------------|--|
| Measure Performance | 074 | * Measure performance score interpretation | Select one | <input type="checkbox"/> Better performance = Higher score<br><input type="checkbox"/> Better performance = Lower score<br><input type="checkbox"/> Better performance = Score within a defined interval |



| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE  |
|------------|-----|-------------|----------|--|
|            |     |             |          | <input type="checkbox"/> Passing score above a specified threshold defines better performance<br><input type="checkbox"/> Passing score below a specified threshold defines better performance |

### Change #68

**Location:** Page 29, Row 075

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|---|---|-----------------------|
| Measure Performance | 062 | * Number of accountable entities included in analysis | Provide the number of accountable entities included in the analysis of the distribution of performance scores.<br><br>Please enter a single value and do not enter a range.<br><br>If unknown or not available, enter 9999. | Numeric field         |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|---|---|-----------------------|
| Measure Performance | 075 | * Number of accountable entities included in analysis | Provide the number of accountable entities included in the analysis of the distribution of performance scores.<br><br>Please enter a single value and do not enter a range.<br><br>If unknown or not available, enter 9999. | Numeric field         |

### Change #69

**Location:** Page 30, Row 076

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label                            | Guidance   | ADD YOUR CONTENT HERE |
|---------------------|-----|--|--|-----------------------|
| Measure Performance | 063 | * Number of accountable entities: unit | Provide the unit of accountable entities included in the analysis of the distribution of performance scores. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label                            | Guidance   | ADD YOUR CONTENT HERE |
|---------------------|-----|--|--|-----------------------|
| Measure Performance | 076 | * Number of accountable entities: unit | Provide the unit of accountable entities included in the analysis of the distribution of performance scores. | Free text field       |

## Change #70

**Location:** Page 30, Row 077

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label         | Guidance   | ADD YOUR CONTENT HERE |
|---------------------|-----|---------------------|--|-----------------------|
| Measure Performance | 064 | * Number of persons | Provide the number of persons included in the analysis of the distribution of performance scores | Numeric field         |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label         | Guidance   | ADD YOUR CONTENT HERE |
|---------------------|-----|---------------------|--|-----------------------|
| Measure Performance | 077 | * Number of persons | Provide the number of persons included in the analysis of the distribution of performance scores | Numeric field         |

## Change #71

**Location:** Page 30, Row 078

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label       | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|-------------------|---|-----------------------|
| Measure Performance | 065 | * 10th percentile | <p>Provide the performance score at the 10th percentile for the testing sample that is relevant to the intended use of the measure.</p> <p>If this is a proportion measure, provide the 10th percentile score in percentage form, without the symbol. For example, if the 10th percentile performance score is 21.2%, enter 21.2 and not 0.212.</p> <p>If a 10th percentile performance score is not available, enter 9999.</p> | Numeric field         |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label       | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|-------------------|---|-----------------------|
| Measure Performance | 078 | * 10th percentile | <p>Provide the performance score at the 10th percentile for the testing sample that is relevant to the intended use of the measure.</p> <p>If this is a proportion measure, provide the 10th percentile score in percentage form, without the symbol. For example, if the 10th percentile performance score is 21.2%, enter 21.2 and not 0.212.</p> <p>If a 10th percentile performance score is not available, enter 9999.</p> | Numeric field         |

## Change #72

**Location:** Page 30, Row 079

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label               | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|---------------------------|---|-----------------------|
| Measure Performance | 066 | *50th percentile (median) | <p>Provide the median performance score (50th percentile) for the testing sample that is relevant to the intended use of the measure.</p> <p>Please enter only one value in the response field and do not enter a range of values.</p> <p>If this is a proportion measure, provide the median performance score in percentage form, without the symbol. For example, if the median performance score is 85.6%, enter 85.6 and not 0.856.</p> <p>If a median performance score is not available, enter 9999.</p> | Numeric field         |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label               | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|---------------------------|---|-----------------------|
| Measure Performance | 079 | *50th percentile (median) | <p>Provide the median performance score (50th percentile) for the testing sample that is relevant to the intended use of the measure.</p> <p>Please enter only one value in the response field and do not enter a range of values.</p> <p>If this is a proportion measure, provide the median performance score in percentage form, without the symbol. For example, if the median performance score is 85.6%, enter 85.6 and not 0.856.</p> <p>If a median performance score is not available, enter 9999.</p> | Numeric field         |

## Change #73

**Location:** Page 31, Row 080

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label      | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|------------------|---|-----------------------|
| Measure Performance | 067 | *90th percentile | <p>Provide the performance score at the 90th percentile for the testing sample that is relevant to the intended use of the measure.</p> <p>If this is a proportion measure, provide the 90th percentile score in percentage form, without the symbol. For example, if the 90th percentile performance score is 85.6%, enter 85.6 and not 0.856.</p> | Numeric field         |

| Subsection | Row | Field Label | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|-------------|--|-----------------------|
|            |     |             | If a 90th percentile performance score is not available, enter 9999. |                       |

#### CY 2025 Final Rule text:

| Subsection          | Row | Field Label      | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|------------------|---|-----------------------|
| Measure Performance | 080 | *90th percentile | <p>Provide the performance score at the 90th percentile for the testing sample that is relevant to the intended use of the measure.</p> <p>If this is a proportion measure, provide the 90th percentile score in percentage form, without the symbol. For example, if the 90th percentile performance score is 85.6%, enter 85.6 and not 0.856.</p> <p>If a 90th percentile performance score is not available, enter 9999.</p> | Numeric field         |

#### Change #74

**Location:** Page 31, Row 081

**Reason for Change:** Updated Row.

#### CY 2024 Final Rule text:

| Subsection          | Row | Field Label                                  | Guidance  | ADD YOUR CONTENT HERE |
|---------------------|-----|--|---|-----------------------|
| Measure Performance | 068 | * Additional measure performance information | <p>Provide the following additional measure performance information, <u>as applicable</u>:</p> <ul style="list-style-type: none"> <li>- Mean performance score across accountable entities in the test sample that is relevant to the intended use of the measure.</li> <li>- Minimum and maximum performance score for the testing sample that is relevant to the intended use of the measure.</li> <li>- Standard deviation of performance scores for the testing sample that is relevant to the intended use of the measure.</li> <li>- Passing score for the performance measure.</li> <li>- Performance score's defined interval, including upper and lower limit of the performance score.</li> </ul> | Free text field       |

#### CY 2025 Final Rule text:

| Subsection          | Row | Field Label                                  | Guidance   | ADD YOUR CONTENT HERE |
|---------------------|-----|--|--|-----------------------|
| Measure Performance | 081 | * Additional measure performance information | <p>Provide the following additional measure performance information, <u>as applicable</u>:</p> <ul style="list-style-type: none"> <li>- Mean performance score across accountable entities in the test sample that is relevant to the intended use of the measure.</li> <li>- Minimum and maximum performance score for the testing sample that is relevant to the intended use of the measure.</li> <li>- Standard deviation of performance scores for the testing sample that is relevant to the intended use of the measure.</li> <li>- Passing score for the performance measure.</li> </ul> | Free text field       |

| Subsection | Row | Field Label | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|-------------|---|-----------------------|
|            |     |             | - Performance score's defined interval, including upper and lower limit of the performance score. |                       |

## Change #75

**Location:** Page 31, Row 082

**Reason for Change:** Updated Row and Guidance.

**CY 2024 Final Rule text:**

| Subsection          | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE  |
|---------------------|-----|---|---|--|
| Measure Performance | 069 | * Is there evidence for statistically significant gaps in measure score performance among select subpopulations of interest defined by one or more social risk factors? | Select one. Social risk factors may include age, race, ethnicity, linguistic and cultural context, sex, gender, sexual orientation, social relationships, residential and community environments, Medicare/Medicaid dual eligibility, insurance status (insured/uninsured), urbanicity/rurality, disability, and health literacy. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not tested |

**CY 2025 Final Rule text:**

| Subsection          | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE  |
|---------------------|-----|---|---|--|
| Measure Performance | 082 | * Is there evidence for statistically significant gaps in measure score performance among select subpopulations of interest defined by one or more social risk factors? | Select one. Social risk factors may include age, social, economic, and geographic factors linguistic and cultural context, sex, social relationships, residential and community environments, Medicare/Medicaid dual eligibility, insurance status (insured/uninsured), urbanicity/rurality, disability, and health literacy. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not tested |

## Change #76

**Location:** Page 32, Row 083 and Skip Logic

**Reason for Change:** Updated Row and Skip Logic.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE   |
|------------|-----|---|--|---|
| Importance | 070 | * Meaningful to Patients. Did the majority of patients/caregivers consulted agree that the measure is meaningful and/or produces information that is valuable to them in making their care decisions? | Select one. Patients and/or caregivers can include any of the following: <ul style="list-style-type: none"> <li>• Patients</li> <li>• Primary caregivers</li> <li>• Family</li> <li>• Other relatives</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not evaluated |
| n/a        | n/a | If you select "Yes" in Row 070, then Row 071 becomes a required field. If you select "No" or "Not evaluated" in Row 070, then skip to Row 072.  | n/a  | This is not a data entry field.   |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE   |
|------------|-----|---|--|---|
| Importance | 083 | * Meaningful to Patients. Did the majority of patients/caregivers consulted agree that the measure is meaningful and/or produces information that is valuable to them in making their care decisions? | Select one. Patients and/or caregivers can include any of the following: <ul style="list-style-type: none"> <li>• Patients</li> <li>• Primary caregivers</li> <li>• Family</li> <li>• Other relatives</li> </ul> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br><input type="checkbox"/> Not evaluated |
| n/a        | n/a | <i>If you select "Yes" in Row 083, then Row 084 becomes a required field. If you select "No" or "Not evaluated" in Row 083, then skip to Row 085.</i>   | n/a  | <i>This is not a data entry field.</i>  |

**Change #77****Location:** Page 28, Row 084**Reason for Change:** Updated Row.**CY 2024 Final Rule text:**

| Subsection | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|---|--|-----------------------|
| Importance | 071 | * Description of input collected from patients/caregivers consulted | Describe the input collected from patient/caregivers consulted about the measure, including the number of patients/caregivers consulted and the number who agreed that the measure is meaningful and produces information that is valuable in making care decisions. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|---|--|-----------------------|
| Importance | 084 | * Description of input collected from patients/caregivers consulted | Describe the input collected from patient/caregivers consulted about the measure, including the number of patients/caregivers consulted and the number who agreed that the measure is meaningful and produces information that is valuable in making care decisions. | Free text field       |

**Change #78****Location:** Page 32, Row 085**Reason for Change:** Updated Row.**CY 2024 Final Rule text:**

| Subsection | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|--|--|-----------------------|
| Importance | 072 | Description of input collected from measured entities. | Describe the input collected from measured entities, or others such as consumers, purchasers, policy makers, etc., using any of the following methods: <ul style="list-style-type: none"> <li>• Focus groups</li> <li>• Structured interviews</li> <li>• Surveys of potential users</li> </ul> | Free text field       |

| Subsection | Row | Field Label | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|-------------|---|-----------------------|
|            |     |             | Notes:<br><ul style="list-style-type: none"> <li>This is separate from face validity testing of the performance measure.</li> </ul> |                       |

### CY 2025 Final Rule text:

| Subsection | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|--|---|-----------------------|
| Importance | 085 | Description of input collected from measured entities. | Describe the input collected from measured entities, or others such as consumers, purchasers, policy makers, etc., using any of the following methods:<br><br><ul style="list-style-type: none"> <li>Focus groups</li> <li>Structured interviews</li> <li>Surveys of potential users</li> </ul> Notes:<br><ul style="list-style-type: none"> <li>This is separate from face validity testing of the performance measure.</li> </ul> | Free text field       |

### Change #79

**Location:** Pages 33-34, Row 086 and Skip Logic

**Reason for Change:** Updated Row, Guidance, text in “Add Your Content Here”, and Skip Logic.

### CY 2024 Final Rule text:

| Subsection             | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE   |
|------------------------|-----|--|---|---|
| Background Information | 073 | *What is the history or background for including this measure on the current year MUC List?  | Select one<br><br>Note:<br><ul style="list-style-type: none"> <li>“CMS program” in the response options refers only to the Medicare programs that undergo the Pre-Rulemaking process. A full list of these programs can be found on the <a href="#">CMS Program Measure Needs and Priorities</a> report.</li> </ul> | <input type="checkbox"/> New measure never reviewed by Measure Applications Partnership (MAP) Workgroup, or Pre-Rulemaking Measure Review (PRMR) or used in a CMS program<br><input type="checkbox"/> Submitted previously but not included in MUC List<br><input type="checkbox"/> Measure previously submitted to MAP or PRMR, refined, and resubmitted per MAP or PRMR recommendation<br><input type="checkbox"/> Measure currently used in a CMS program being submitted without substantive changes for a new or different program<br><input type="checkbox"/> Measure currently used in a CMS program, but the measure is undergoing substantive change |
| n/a                    | n/a | <i>If you select “New measure never reviewed by Measure Applications Partnership (MAP) Workgroup, or Pre-Rulemaking Measure Review (PRMR) or used in a CMS Program” in Row 073, then skip to Row 078. If you select “Measure currently used in a CMS program being submitted without substantive changes for a</i> | n/a   | <i>This is not a data entry field.</i>  |

| Subsection | Row | Field Label   | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|---|----------|-----------------------|
|            |     | <i>new or different program” or “Measure currently used in a CMS program, but the measure is undergoing substantial change” then Rows 074-077 become required fields.</i> |          |                       |

### CY 2025 Final Rule text:

| Subsection             | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE  |
|------------------------|-----|---|--|--|
| Background Information | 086 | *What is the history or background for including this measure on the current year MUC List?   | <p>Select one</p> <p>Note:</p> <ul style="list-style-type: none"> <li>“Medicare program” in the response options refers only to the Medicare programs that undergo the Pre-Rulemaking process. A full list of these programs can be found on the <a href="#">CMS Program Measure Needs and Priorities</a> report.</li> </ul> | <p><input type="checkbox"/> Measure currently used in a Medicare program being submitted without substantive changes for a new or different program</p> <p><input type="checkbox"/> Measure currently used in a Medicare program, but the measure is undergoing substantive change</p> <p><input type="checkbox"/> Measure currently used in a Medicare program, but the measure is undergoing substantive changes for a new or different program</p> <p><input type="checkbox"/> Measure previously submitted to MAP or PRMR, refined, and resubmitted per MAP or PRMR recommendation</p> <p><input type="checkbox"/> New measure never reviewed by Measure Applications Partnership (MAP) Workgroup, or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program</p> <p><input type="checkbox"/> Submitted previously but not included in MUC List</p> |
| n/a                    | n/a | <i>If you select “New measure never reviewed by Measure Applications Partnership (MAP) Workgroup, or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare Program”, “Submitted previously but not included in MUC List” or “Measure previously submitted to MAP or PRMR, refined, and resubmitted per MAP or PRMR recommendation” in Row 086, then skip to Row 091. If you select “Measure currently used in a Medicare program being submitted without substantive changes for a new or different program”, “Measure currently used in a Medicare program, but</i> | <i>n/a</i>   | <i>This is not a data entry field.</i>   |



| Subsection | Row | Field Label  | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|----------|-----------------------|
|            |     | <i>the measure is undergoing substantial change” or “Measure currently used in a Medicare program, but the measure is undergoing substantive changes for a new or different program” then Rows 087-090 become required fields.</i> |          |                       |

## Change #80

**Location:** Page 34, Row 087

**Reason for Change:** Updated Row and Field Label.

**CY 2024 Final Rule text:**

| Subsection             | Row | Field Label   | Guidance                                       | ADD YOUR CONTENT HERE |
|------------------------|-----|---|--|-----------------------|
| Background Information | 074 | *Range of year(s) this measure has been used by CMS Program(s). | Example: Hospice Quality Reporting (2012-2018) | Free text field       |

**CY 2025 Final Rule text:**

| Subsection             | Row | Field Label  | Guidance                                       | ADD YOUR CONTENT HERE |
|------------------------|-----|--|--|-----------------------|
| Background Information | 087 | *Range of year(s) this measure has been used by Medicare Program(s). | Example: Hospice Quality Reporting (2012-2018) | Free text field       |

## Change #81

**Location:** Page 35, Row 088

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection             | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE   |
|------------------------|-----|--|---|---|
| Background Information | 075 | *What other federal programs are currently using this measure? | Select all that apply. These should be current use programs only, not programs for the upcoming year's submittal. | <input type="checkbox"/> Ambulatory Surgical Center Quality Reporting Program<br><input type="checkbox"/> End-Stage Renal Disease (ESRD) Quality Incentive Program<br><input type="checkbox"/> Home Health Quality Reporting Program<br><input type="checkbox"/> Hospice Quality Reporting Program<br><input type="checkbox"/> Hospital Inpatient Quality Reporting Program<br><input type="checkbox"/> Hospital Outpatient Quality Reporting Program<br><input type="checkbox"/> Hospital Readmissions Reduction Program<br><input type="checkbox"/> Hospital Value-Based Purchasing Program<br><input type="checkbox"/> Hospital-Acquired Condition Reduction Program |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE  |
|------------|-----|-------------|----------|--|
|            |     |             |          | <input type="checkbox"/> Inpatient Psychiatric Facility Quality Reporting Program<br><input type="checkbox"/> Inpatient Rehabilitation Facility Quality Reporting Program<br><input type="checkbox"/> Long-Term Care Hospital Quality Reporting Program<br><input type="checkbox"/> Medicare Promoting Interoperability Program<br><input type="checkbox"/> Medicare Shared Savings Program<br><input type="checkbox"/> Merit-based Incentive Payment System-Cost<br><input type="checkbox"/> Merit-based Incentive Payment System-Quality<br><input type="checkbox"/> Part C Star Rating<br><input type="checkbox"/> Part D Star Rating<br><input type="checkbox"/> Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program<br><input type="checkbox"/> Rural Emergency Hospital Quality Reporting Program<br><input type="checkbox"/> Skilled Nursing Facility Quality Reporting Program<br><input type="checkbox"/> Skilled Nursing Facility Value-Based Purchasing Program<br><input type="checkbox"/> Other (enter here): |

**CY 2025 Final Rule text:**

| Subsection             | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE  |
|------------------------|-----|--|---|--|
| Background Information | 088 | *What other federal programs are currently using this measure? | Select all that apply. These should be current use programs only, not programs for the upcoming year's submittal. | <input type="checkbox"/> Ambulatory Surgical Center Quality Reporting Program<br><input type="checkbox"/> End-Stage Renal Disease (ESRD) Quality Incentive Program<br><input type="checkbox"/> Home Health Quality Reporting Program<br><input type="checkbox"/> Hospice Quality Reporting Program<br><input type="checkbox"/> Hospital Inpatient Quality Reporting Program<br><input type="checkbox"/> Hospital Outpatient Quality Reporting Program<br><input type="checkbox"/> Hospital Readmissions Reduction Program<br><input type="checkbox"/> Hospital Value-Based Purchasing Program<br><input type="checkbox"/> Hospital-Acquired Condition Reduction Program<br><input type="checkbox"/> Inpatient Psychiatric Facility Quality Reporting Program<br><input type="checkbox"/> Inpatient Rehabilitation Facility Quality Reporting Program<br><input type="checkbox"/> Long-Term Care Hospital Quality Reporting Program<br><input type="checkbox"/> Medicare Promoting Interoperability Program |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE   |
|------------|-----|-------------|----------|---|
|            |     |             |          | <input type="checkbox"/> Medicare Shared Savings Program<br><input type="checkbox"/> Merit-based Incentive Payment System-Cost<br><input type="checkbox"/> Merit-based Incentive Payment System-Quality<br><input type="checkbox"/> Part C Star Rating<br><input type="checkbox"/> Part D Star Rating<br><input type="checkbox"/> Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program<br><input type="checkbox"/> Rural Emergency Hospital Quality Reporting Program<br><input type="checkbox"/> Skilled Nursing Facility Quality Reporting Program<br><input type="checkbox"/> Skilled Nursing Facility Value-Based Purchasing Program<br><input type="checkbox"/> Other (enter here): |

## Change #82

**Location:** Page 36, Row 089

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection             | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE |
|------------------------|-----|---|---|-----------------------|
| Background Information | 076 | * How will this measure align with the same measure(s) that are currently used in other federal programs? | <p>Describe how this measure will achieve alignment with the same measure(s) that are currently used in other federal programs. Please include the names of the same measure(s) that are used in other federal programs and include the corresponding unique identifier (e.g., federal program ID, CBE#, etc.), if available.</p> <p>Alignment is achieved when a set of measures works well across care settings or programs to produce meaningful information without creating extra work for those responsible for the measurement. Alignment includes using the same quality measures in multiple programs when possible. It can also come from consistently measuring important topics across care settings.</p> | Free text field       |

**CY 2025 Final Rule text:**

| Subsection             | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE |
|------------------------|-----|---|---|-----------------------|
| Background Information | 089 | * How will this measure align with the same measure(s) that are currently used in other federal programs? | <p>Describe how this measure will achieve alignment with the same measure(s) that are currently used in other federal programs. Please include the names of the same measure(s) that are used in other federal programs and include the corresponding unique identifier (e.g., federal program ID, CBE#, etc.), if available.</p> <p>Alignment is achieved when a set of measures works well across care settings or programs to produce meaningful information without creating extra work</p> | Free text field       |

| Subsection | Row | Field Label | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|-------------|---|-----------------------|
|            |     |             | for those responsible for the measurement. Alignment includes using the same quality measures in multiple programs when possible. It can also come from consistently measuring important topics across care settings. |                       |

### Change #83

**Location:** Page 36, Row 090

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection             | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE |
|------------------------|-----|--|---|-----------------------|
| Background Information | 077 | * If this measure is being submitted to meet a statutory requirement, list the corresponding statute | List title and other identifying citation information. If this measure is not being submitted to meet a statutory requirement, enter N/A. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection             | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE |
|------------------------|-----|--|---|-----------------------|
| Background Information | 090 | * If this measure is being submitted to meet a statutory requirement, list the corresponding statute | List title and other identifying citation information. If this measure is not being submitted to meet a statutory requirement, enter N/A. | Free text field       |

### Change #84

**Location:** Page 36, Row 091 and Skip Logic

**Reason for Change:** Updated Row, Guidance, and Skip Logic.

**CY 2024 Final Rule text:**

| Subsection        | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE                                       |
|-------------------|-----|--|--|---|
| Previous Measures | 078 | * 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. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a               | n/a | If you select "Yes" in Row 078, then Rows 079-085 become required fields. If you select "No" in Row 078, then skip to Row 086. | n/a  | This is not a data entry field.                             |

**CY 2025 Final Rule text:**

| Subsection        | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE                                       |
|-------------------|-----|--|---|---|
| Previous Measures | 091 | * 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 Medicare programs or the measure has substantially changed since originally published. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a               | n/a | If you select "Yes" in Row 091, then Rows 092-098 become required fields. If         | n/a   | This is not a data entry field.                             |

| Subsection | Row | Field Label  | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|----------|-----------------------|
|            |     | <i>you select "No" in Row 091, then skip to Row 099.</i> |          |                       |

## Change #85

**Location:** Page 37, Row 092

**Reason for Change:** Updated Row and text in "Add Your Content Here".

**CY 2024 Final Rule text:**

| Subsection        | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE   |
|-------------------|-----|--|--|---|
| Previous Measures | 079 | * In what prior year(s) was this measure published on the Measures Under Consideration List? | Select all that apply. NOTE: If your measure was published on more than one prior annual MUC List, as you use the MERIT interface, click "Add Another Measure" and complete the information section for each of those years. | <input type="checkbox"/> 2011<br><input type="checkbox"/> 2012<br><input type="checkbox"/> 2013<br><input type="checkbox"/> 2014<br><input type="checkbox"/> 2015<br><input type="checkbox"/> 2016<br><input type="checkbox"/> 2017<br><input type="checkbox"/> 2018<br><input type="checkbox"/> 2019<br><input type="checkbox"/> 2020<br><input type="checkbox"/> 2021<br><input type="checkbox"/> 2022<br><input type="checkbox"/> 2023 |

**CY 2025 Final Rule text:**

| Subsection        | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE  |
|-------------------|-----|--|--|--|
| Previous Measures | 092 | * In what prior year(s) was this measure published on the Measures Under Consideration List? | Select all that apply. NOTE: If your measure was published on more than one prior annual MUC List, as you use the MERIT interface, click "Add Another Measure" and complete the information section for each of those years. | <input type="checkbox"/> 2011<br><input type="checkbox"/> 2012<br><input type="checkbox"/> 2013<br><input type="checkbox"/> 2014<br><input type="checkbox"/> 2015<br><input type="checkbox"/> 2016<br><input type="checkbox"/> 2017<br><input type="checkbox"/> 2018<br><input type="checkbox"/> 2019<br><input type="checkbox"/> 2020<br><input type="checkbox"/> 2021<br><input type="checkbox"/> 2022<br><input type="checkbox"/> 2023<br><input type="checkbox"/> 2024 |

## Change #86

**Location:** Page 33, Row 093

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection        | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|-------------------|-----|---|--|-----------------------|
| Previous Measures | 080 | * What was the MUC ID for the measure in each year? | List both the year and the associated MUC ID number in each year. If unknown, enter N/A. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection        | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE |
|-------------------|-----|--|--|-----------------------|
| Previous Measures | 093 | *What was the MUC ID for the measure in each year? | List both the year and the associated MUC ID number in each year. If unknown, enter N/A. | Free text field       |

**Change #87****Location:** Page 38, Row 094**Reason for Change:** Updated Row.**CY 2024 Final Rule text:**

| Subsection        | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE |
|-------------------|-----|---|---|-----------------------|
| Previous Measures | 081 | *List the CMS CBE workgroup(s) (MAP or PRMR) in each year | List both the year and the associated workgroup name in each year. MAP and PRMR workgroup options include: Clinician; Hospital; Post-Acute Care/Long-Term Care; Coordinating Committee. Example: "Clinician, 2014." | Free text field       |

**CY 2025 Final Rule text:**

| Subsection        | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE |
|-------------------|-----|---|---|-----------------------|
| Previous Measures | 094 | *List the CMS CBE workgroup(s) (MAP or PRMR) in each year | List both the year and the associated workgroup name in each year. MAP and PRMR workgroup options include: Clinician; Hospital; Post-Acute Care/Long-Term Care; Coordinating Committee. Example: "Clinician, 2014." | Free text field       |

**Change #88****Location:** Page 38, Row 095**Reason for Change:** Updated Row and Guidance.**CY 2024 Final Rule text:**

| Subsection        | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|-------------------|-----|---|--|-----------------------|
| Previous Measures | 082 | *What were the programs that MAP or PRMR reviewed the measure for in each year? | List both the year and the associated CMS programs in each year. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection        | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE |
|-------------------|-----|---|---|-----------------------|
| Previous Measures | 095 | *What were the programs that MAP or PRMR reviewed the measure for in each year? | List both the year and the associated Medicare programs in each year. | Free text field       |

## Change #89

**Location:** Page 38, Row 096

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection        | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|-------------------|-----|---|--|-----------------------|
| Previous Measures | 083 | * What was the MAP or PRMR 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. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection        | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|-------------------|-----|---|--|-----------------------|
| Previous Measures | 096 | * What was the MAP or PRMR 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. | Free text field       |

## Change #90

**Location:** Page 38, Row 097

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection        | Row | Field Label   | Guidance                                 | ADD YOUR CONTENT HERE |
|-------------------|-----|---|--|-----------------------|
| Previous Measures | 084 | * Why was the measure not recommended by the MAP or PRMR workgroups in those year(s)? | Briefly describe the reason(s) if known. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection        | Row | Field Label   | Guidance                                 | ADD YOUR CONTENT HERE |
|-------------------|-----|---|--|-----------------------|
| Previous Measures | 097 | * Why was the measure not recommended by the MAP or PRMR workgroups in those year(s)? | Briefly describe the reason(s) if known. | Free text field       |

## Change #91

**Location:** Page 38, Row 098

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection        | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE |
|-------------------|-----|---|---|-----------------------|
| Previous Measures | 085 | * MAP or PRMR report page number being referenced for each year | List both the year and the associated MAP report page number for each year. | Free text field       |

## CY 2025 Final Rule text:

| Subsection        | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE |
|-------------------|-----|---|---|-----------------------|
| Previous Measures | 098 | * MAP or PRMR report page number being referenced for each year | List both the year and the associated MAP report page number for each year. | Free text field       |

## Change #92

**Location:** Page 39, Row 099 and Skip Logic

**Reason for Change:** Updated Row, Field Label, Guidance, and Skip Logic.

## CY 2024 Final Rule text:

| Subsection   | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE   |
|--------------|-----|---|---|---|
| Data Sources | 086 | * What data sources are used for the measure?                                 | <p>Select all that apply.</p> <p>For example, if the measure uses survey data that are captured both electronically and in paper format, select the “Applications: Patient-Reported Health Data or Survey Data (electronic)” from the “Digital Data Sources” category and “Patient-Reported Health Data or Survey Data (telephonic or paper-based)” from the “Non-Digital Data Sources” category.</p> <p>For more information about digital data sources, please refer to the “Digital Data Sources” section of the “dQMs - Digital Quality Measures” webpage on the eCQI Resource Center available at: <a href="https://ecqi.healthit.gov/dqm?qt-tabs_dqm=1">https://ecqi.healthit.gov/dqm?qt-tabs_dqm=1</a></p> | <input type="checkbox"/> Digital-Administrative systems: Administrative Data (non-claims)<br><input type="checkbox"/> Digital-Administrative systems: Claims Data<br><input type="checkbox"/> Digital-Applications: Patient-Generated Health Data (e.g., home blood pressure monitoring)<br><input type="checkbox"/> Digital-Applications: Patient-Reported Health Data or Survey Data (electronic)<br><input type="checkbox"/> Digital-Case Management Systems<br><input type="checkbox"/> Digital-Clinical Registries<br><input type="checkbox"/> Digital-Electronic Clinical Data (non-EHR) or Social Needs Assessments<br><input type="checkbox"/> Digital-Electronic Health Record (EHR) Data<br><input type="checkbox"/> Digital-Health Information Exchanges (HIE) Data<br><input type="checkbox"/> Digital-Instrument Data (e.g., medical devices and wearables)<br><input type="checkbox"/> Digital-Laboratory Systems Data<br><input type="checkbox"/> Digital-Patient Portal Data<br><input type="checkbox"/> Digital-Prescription Drug Monitoring Program Data<br><input type="checkbox"/> Digital-Standardized Patient Assessment Data (electronic)<br><input type="checkbox"/> Digital-Other (enter here):<br><input type="checkbox"/> Non-Digital-Paper Medical Records<br><input type="checkbox"/> Non-Digital-Standardized Patient Assessments (paper-based)<br><input type="checkbox"/> Non-Digital-Patient-Reported Health Data or Survey Data (telephonic or paper-based)<br><input type="checkbox"/> Non-Digital-Other (enter here): |
| n/a          | n/a | If your selections in Row 086 only include digital data sources, then skip to | n/a   | This is not a data entry field.   |



| Subsection | Row | Field Label   | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|---|----------|-----------------------|
|            |     | Row 089. Otherwise, Row 087 becomes a required field. |          |                       |

### CY 2025 Final Rule text:

| Subsection   | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE   |
|--------------|-----|---|--|---|
| Data Sources | 099 | * What data sources are used for the measure?   | <p>Select all that apply.</p> <p>For example, if the measure uses survey data that are captured both electronically and in paper format, select the “Applications: Patient-Reported Health Data or Survey Data (electronic)” from the “Digital Data Sources” category and “Patient-Reported Health Data or Survey Data (telephonic or paper-based)” from the “Non-Digital Data Sources” category.</p> <p>For more information about digital data sources, please refer to the “Digital Data Sources” section of the <a href="#">“dQMs - Digital Quality Measures”</a> webpage on the eCQI Resource Center.</p> | <input type="checkbox"/> Digital-Administrative systems: Administrative Data (non-claims)<br><input type="checkbox"/> Digital-Administrative systems: Claims Data<br><input type="checkbox"/> Digital-Applications: Patient-Generated Health Data (e.g., home blood pressure monitoring)<br><input type="checkbox"/> Digital-Applications: Patient-Reported Health Data or Survey Data (electronic)<br><input type="checkbox"/> Digital-Case Management Systems<br><input type="checkbox"/> Digital-Clinical Registries<br><input type="checkbox"/> Digital-Electronic Clinical Data (non-EHR) or Social Needs Assessments<br><input type="checkbox"/> Digital-Electronic Health Record (EHR) Data<br><input type="checkbox"/> Digital-Health Information Exchanges (HIE) Data<br><input type="checkbox"/> Digital-Instrument Data (e.g., medical devices and wearables)<br><input type="checkbox"/> Digital-Laboratory Systems Data<br><input type="checkbox"/> Digital-Patient Portal Data<br><input type="checkbox"/> Digital-Prescription Drug Monitoring Program Data<br><input type="checkbox"/> Digital-Standardized Patient Assessment Data (electronic)<br><input type="checkbox"/> Digital-Other (enter here):<br><input type="checkbox"/> Non-Digital-Paper Medical Records<br><input type="checkbox"/> Non-Digital-Standardized Patient Assessments (paper-based)<br><input type="checkbox"/> Non-Digital-Patient-Reported Health Data or Survey Data (telephonic or paper-based)<br><input type="checkbox"/> Non-Digital-Other (enter here): |
| n/a          | n/a | If your selections in Row 099 only include digital data sources, then skip to Row 102. Otherwise, Row 100 becomes a required field. | n/a  | This is not a data entry field.   |

## Change #93

**Location:** Page 40, Row 100 and Skip Logic

**Reason for Change:** Updated Row, Field Label, and Skip Logic.

**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                                       |
|--------------|-----|---|---|---|
| Data Sources | 087 | * Measure version that uses only digital data sources   | Select one. Indicate whether there is a version of the measure that uses only digital data sources. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a          | n/a | <i>If you select "Yes" in Row 087, then skip to Row 089. Otherwise, Row 088 becomes a required field.</i> | n/a   | <i>This is not a data entry field.</i>                      |

**CY 2025 Final Rule text:**

| Subsection   | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                                       |
|--------------|-----|---|---|---|
| Data Sources | 100 | * Because you selected a non-digital data source, is there a version of this measure that only uses digital data sources? | Select one. Indicate whether there is a version of the measure that uses only digital data sources. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a          | n/a | <i>If you select "Yes" in Row 100, then skip to Row 102. Otherwise, Row 101 becomes a required field.</i>                 | n/a   | <i>This is not a data entry field.</i>                      |

## Change #94

**Location:** Page 40, Row 101

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection   | Row | Field Label              | Guidance   | ADD YOUR CONTENT HERE                                       |
|--------------|-----|--------------------------|--|---|
| Data Sources | 088 | * Path to Digital Format | Select one. Indicate whether there is a viable path for the measure to be transitioned to an exclusively digital format. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**CY 2025 Final Rule text:**

| Subsection   | Row | Field Label              | Guidance   | ADD YOUR CONTENT HERE                                       |
|--------------|-----|--------------------------|--|---|
| Data Sources | 101 | * Path to Digital Format | Select one. Indicate whether there is a viable path for the measure to be transitioned to an exclusively digital format. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

## Change #95

**Location:** Page 41, Row 102 and Skip Logic

**Reason for Change:** Updated Row, Guidance, and Skip Logic.

**CY 2024 Final Rule text:**

| Subsection              | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE   |
|-------------------------|-----|--|--|---|
| General Characteristics | 096 | * Measure Type   | Select only one type of measure. For definitions, see: <a href="https://mmshub.cms.gov/about-quality/new-to-measures/types">https://mmshub.cms.gov/about-quality/new-to-measures/types</a> . | <input type="checkbox"/> Cost/Resource Use<br><input type="checkbox"/> Efficiency<br><input type="checkbox"/> Intermediate Outcome<br><input type="checkbox"/> Outcome<br><input type="checkbox"/> PRO-PM or Patient Experience of Care<br><input type="checkbox"/> Process<br><input type="checkbox"/> Structure |
| n/a                     | n/a | If you select "PRO-PM or Patient Experience of Care" in Row 096, then Row 097 and Row 122 become required fields. If not, then skip to Row 098. If you select "Outcome" in Row 096, then Row 122 becomes a required field. | n/a  | This is not a data entry field.   |

**CY 2025 Final Rule text:**

| Subsection              | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE   |
|-------------------------|-----|--|--|---|
| General Characteristics | 102 | * Measure Type   | Select only one type of measure. For definitions, visit the " <a href="#">About Quality Measurement</a> " page on the CMS MMS Hub. | <input type="checkbox"/> Cost/Resource Use<br><input type="checkbox"/> Efficiency<br><input type="checkbox"/> Intermediate Outcome<br><input type="checkbox"/> Outcome<br><input type="checkbox"/> PRO-PM or Patient Experience of Care<br><input type="checkbox"/> Process<br><input type="checkbox"/> Structure |
| n/a                     | n/a | If you select "PRO-PM or Patient Experience of Care" in Row 102, then Row 103 and Row 128 become required fields. If not, then skip to Row 104. If you select "Outcome" in Row 102, then Row 128 becomes a required field. | n/a  | This is not a data entry field.   |

## Change #96

**Location:** Page 41, Row 103

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection              | Row | Field Label                                | Guidance   | ADD YOUR CONTENT HERE                                       |
|-------------------------|-----|--|--|---|
| General Characteristics | 097 | * Assessment of patient experience of care | Select one. Indicate whether this measure assesses patient experience of care. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**CY 2025 Final Rule text:**

| Subsection              | Row | Field Label                                | Guidance   | ADD YOUR CONTENT HERE                                       |
|-------------------------|-----|--|--|---|
| General Characteristics | 103 | * Assessment of patient experience of care | Select one. Indicate whether this measure assesses patient experience of care. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**Change #97****Location:** Page 41, Row 104 and Skip Logic**Reason for Change:** Updated Row, Guidance, and Skip Logic.**CY 2024 Final Rule text:**

| Subsection              | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE                                       |
|-------------------------|-----|---|--|---|
| General Characteristics | 098 | * Is this measure in the CMS Measures Inventory Tool (CMIT)?  | Select Yes or No. Current measures can be found at <a href="https://cmit.cms.gov/cmit/#/MeasureInventory">https://cmit.cms.gov/cmit/#/MeasureInventory</a> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                     | n/a | If you select "Yes" in Row 098, then Row 099 becomes a required field. If you select "No" in Row 098, then skip to Row 100. | n/a  | This is not a data entry field.                             |

**CY 2025 Final Rule text:**

| Subsection              | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                                       |
|-------------------------|-----|---|---|---|
| General Characteristics | 104 | * Is this measure in the CMS Measures Inventory Tool (CMIT)?  | Select Yes or No. Current measures can be found at the <a href="#">CMS Measure Inventory Tool (CMIT)</a> website. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                     | n/a | If you select "Yes" in Row 104, then Row 105 becomes a required field. If you select "No" in Row 104, then skip to Row 106. | n/a   | This is not a data entry field.                             |

**Change #98****Location:** Page 41, Row 105**Reason for Change:** Updated Row and Guidance.**CY 2024 Final Rule text:**

| Subsection              | Row | Field Label | Guidance  | ADD YOUR CONTENT HERE |
|-------------------------|-----|-------------|---|-----------------------|
| General Characteristics | 099 | * CMIT ID   | If the measure is currently in CMIT, enter the CMIT ID in the format #####-##-X-PRGM. Current measures and CMIT IDs can be found at <a href="https://cmit.cms.gov/cmit/#/MeasureInventory">https://cmit.cms.gov/cmit/#/MeasureInventory</a> | ADD YOUR CONTENT HERE |

**CY 2025 Final Rule text:**

| Subsection              | Row | Field Label | Guidance   | ADD YOUR CONTENT HERE |
|-------------------------|-----|-------------|--|-----------------------|
| General Characteristics | 105 | * CMIT ID   | If the measure is currently in CMIT, enter the CMIT ID in the format #####-##-X-PRGM. Current measures | ADD YOUR CONTENT HERE |

| Subsection | Row | Field Label | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|-------------|---|-----------------------|
|            |     |             | and CMIT IDs can be found at the <a href="#">CMS Measure Inventory Tool (CMIT)</a> website. |                       |

## Change #99

**Location:** Page 42, Row 106

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection              | Row | Field Label          | Guidance  | ADD YOUR CONTENT HERE |
|-------------------------|-----|----------------------|---|-----------------------|
| General Characteristics | 100 | Alternate Measure ID | This is an 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. DO NOT enter consensus-based entity (endorsement) ID, CMIT ID, or previous year MUC ID in this field. | ADD YOUR CONTENT HERE |

**CY 2025 Final Rule text:**

| Subsection              | Row | Field Label          | Guidance  | ADD YOUR CONTENT HERE |
|-------------------------|-----|----------------------|---|-----------------------|
| General Characteristics | 106 | Alternate Measure ID | This is an 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. DO NOT enter consensus-based entity (endorsement) ID, CMIT ID, or previous year MUC ID in this field. | ADD YOUR CONTENT HERE |

## Change #100

**Location:** Page 42, Row 107

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection              | Row | Field Label                                    | Guidance   | ADD YOUR CONTENT HERE |
|-------------------------|-----|--|--|-----------------------|
| General Characteristics | 101 | *What is the target population of the measure? | What populations are included in this measure? E.g., Medicare Fee for Service, Medicare Advantage, Medicaid, Children's Health Insurance Program (CHIP), All Payer, etc. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection              | Row | Field Label                                    | Guidance   | ADD YOUR CONTENT HERE |
|-------------------------|-----|--|--|-----------------------|
| General Characteristics | 107 | *What is the target population of the measure? | What populations are included in this measure? E.g., Medicare Fee for Service, Medicare Advantage, Medicaid, Children's Health Insurance Program (CHIP), All Payer, etc. | Free text field       |

## Change #101

**Location:** Page 42, Row 108 and Composite/Survey Logic

**Reason for Change:** Updated Row, text under “Add Your Content Here” and added Composite/Survey Logic.

**CY 2024 Final Rule text:**

| Subsection              | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE   |
|-------------------------|-----|--|---|---|
| General Characteristics | 102 | *What one area of specialty the measure is aimed to, or which specialty is most likely to report this measure? | Select the ONE most applicable area of specialty. | See Appendix A.098 for list choices. Copy/paste or enter your choice(s) here: |

**CY 2025 Final Rule text:**

| Subsection              | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE   |
|-------------------------|-----|--|---|---|
| General Characteristics | 108 | *What one area of specialty the measure is aimed to, or which specialty is most likely to report this measure?   | Select the ONE most applicable area of specialty. | See Appendix A.108 for list choices. Copy/paste or enter your choice(s) here: |
| n/a                     | n/a | If you are submitting a composite or survey measure, Row 109 in MERIT will enable you to input information for each component or survey-based measure included in your submission. | n/a   | <i>This is not a data entry field.</i>  |

## Change #102

**Location:** Page 42, Row 109

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection              | Row | Field Label                  | Guidance  | ADD YOUR CONTENT HERE |
|-------------------------|-----|------------------------------|---|-----------------------|
| General Characteristics | 103 | *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.<br><br>If you have lengthy text add the evidence as an attachment, named to clearly indicate the related form field. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection              | Row | Field Label                  | Guidance  | ADD YOUR CONTENT HERE |
|-------------------------|-----|------------------------------|---|-----------------------|
| General Characteristics | 109 | *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 | Free text field       |

| Subsection | Row | Field Label | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|-------------|--|-----------------------|
|            |     |             | <p>implementation of the measure would be meaningful.</p> <p>If you have lengthy text add the evidence as an attachment, named to clearly indicate the related form field.</p> |                       |

### Change #103

**Location:** Page 42, Row 110

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection              | Row | Field Label              | Guidance  | ADD YOUR CONTENT HERE |
|-------------------------|-----|--------------------------|---|-----------------------|
| General Characteristics | 104 | *Unintended consequences | Summary of potential unintended consequences if the measure is implemented. Information can be taken from the CMS consensus-based entity Consensus Development Process (CDP) manuscripts or documents. If referencing CDP documents, you must submit the document or a link to the document, and the page being referenced. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection              | Row | Field Label              | Guidance  | ADD YOUR CONTENT HERE |
|-------------------------|-----|--------------------------|---|-----------------------|
| General Characteristics | 110 | *Unintended consequences | Summary of potential unintended consequences if the measure is implemented. Information can be taken from the CMS consensus-based entity Consensus Development Process (CDP) manuscripts or documents. If referencing CDP documents, you must submit the document or a link to the document, and the page being referenced. | Free text field       |

### Change #104

**Location:** Page 43, Row 111 and Skip Logic

**Reason for Change:** Updated Row, Guidance, text under “Add Your Content Here”, Skip Logic, and added Composite/Survey Logic.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE  |
|------------|-----|---|---|--|
| Evidence   | 105 | *Type of evidence to support the measure  | Select all that apply. Refer to the Blueprint content on the CMS MMS Hub ( <a href="https://mmshub.cms.gov/measure-lifecycle/measure-conceptualization/information-gathering-overview">https://mmshub.cms.gov/measure-lifecycle/measure-conceptualization/information-gathering-overview</a> ) and the Environmental Scan supplemental material ( <a href="https://mmshub.cms.gov/tools-and-resources/mms-supplemental-materials">https://mmshub.cms.gov/tools-and-resources/mms-supplemental-materials</a> ) to obtain updated guidance. | <input type="checkbox"/> Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines<br><input type="checkbox"/> Peer-Reviewed Systematic Review<br><input type="checkbox"/> Peer-Reviewed Original Research<br><input type="checkbox"/> Empirical data<br><input type="checkbox"/> Grey Literature |
| n/a        | n/a | <i>If you select “Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines” in Row 105, then Rows 106-113</i> | n/a   | <i>This is not a data entry field.</i>   |

| Subsection | Row | Field Label   | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|---|----------|-----------------------|
|            |     | <p>become required fields. If you select "Peer-Reviewed Systematic Review" in Row 105, then Rows 114 and 115 become required fields. If you select "Peer-Reviewed Original Research" in Row 105, then Rows 116 and 117 become required fields. If you select "Empirical data" in Row 105, then Rows 118 and 119 become required fields. If you select "Grey Literature" in Row 105, then Rows 120 and 121 become required fields.</p> |          |                       |

### CY 2025 Final Rule text:

| Subsection | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE  |
|------------|-----|--|---|--|
| Evidence   | 111 | *Type of evidence to support the measure   | Select all that apply. Refer to the <a href="#">Blueprint content</a> on the CMS MMS Hub and the <a href="#">Environmental Scan supplemental material</a> to obtain updated guidance. | <input type="checkbox"/> Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines<br><input type="checkbox"/> Empirical data<br><input type="checkbox"/> Grey Literature<br><input type="checkbox"/> Peer-Reviewed Original Research<br><input type="checkbox"/> Peer-Reviewed Systematic Review |
| n/a        | n/a | <p>If you select "Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines" in Row 111, then Rows 112-119 become required fields. If you select "Peer-Reviewed Systematic Review" in Row 111, then Rows 120 and 121 become required fields. If you select "Peer-Reviewed Original Research" in Row 111, then Rows 122 and 123 become required fields. If you select "Empirical data" in Row 111, then Rows 124 and 125 become required fields. If you select "Grey Literature" in Row 111, then Rows 126 and 127 become required fields.</p> | n/a   | <i>This is not a data entry field.</i>   |
| n/a        | n/a | If you are submitting a composite or survey measure, Rows 112-142 in MERIT will enable you to input information for each component or survey-based   | n/a   | <i>This is not a data entry field.</i>   |



| Subsection | Row | Field Label                          | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--------------------------------------|----------|-----------------------|
|            |     | measure included in your submission. |          |                       |

## Change #105

**Location:** Page 44, Row 112

**Reason for Change:** Updated Row and Guidance.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|--|---|-----------------------|
| Evidence   | 106 | *Outline the clinical guideline(s) supporting this measure | <p>Provide a detailed description of which guideline(s) support the measure and indicate for each, whether they are evidence-based or consensus-based.</p> <p>Summarize the meaning/rationale of the guideline statements that are being referenced, their relation to the measure concept and how they support the measure whether directly or indirectly, and how the guideline statement(s) relate to the measure's intended accountable entity. Describe the body of evidence that supports the statement(s) by describing the quantity, quality and consistency of the studies that are pertinent to the guideline statements/sentence. Quantity of studies represent the number of studies and not the number of publications associated with a study. If the statement is advised by 3 publications reporting outcomes from the same RCT at 3 different time points, this is considered a single study and not 3 studies.</p> <p>If referencing a standard norm which may or may not be driven by evidence, provide the description and rationale for this norm or threshold as reasoned by the guideline panel.</p> <p>If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a link between at least one process, structure, or intervention and the outcome.</p> <p>Document the criteria used to assess the quality of the clinical guidelines such as those proposed by the Institute of Medicine or ECRI Guideline's Trust (see the Information Gathering Overview on the CMS MMS Hub (<a href="https://mmshub.cms.gov/measure-lifecycle/measure-conceptualization/information-gathering-overview">https://mmshub.cms.gov/measure-lifecycle/measure-conceptualization/information-gathering-overview</a>) and the Environmental Scan supplemental material section addressing evidence review (<a href="https://mmshub.cms.gov/tools-and-resources/mms-supplemental-materials">https://mmshub.cms.gov/tools-and-resources/mms-supplemental-materials</a>)).</p> <p>If there is lengthy text, describe the guidelines in an evidence attachment.</p> | Free text field       |

## CY 2025 Final Rule text:

| Subsection | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|---|---|-----------------------|
| Evidence   | 112 | * Outline the clinical guideline(s) supporting this measure | <p>Provide a detailed description of which guideline(s) support the measure and indicate for each, whether they are evidence-based or consensus-based.</p> <p>Summarize the meaning/rationale of the guideline statements that are being referenced, their relation to the measure concept and how they support the measure whether directly or indirectly, and how the guideline statement(s) relate to the measure's intended accountable entity. Describe the body of evidence that supports the statement(s) by describing the quantity, quality and consistency of the studies that are pertinent to the guideline statements/sentence. Quantity of studies represent the number of studies and not the number of publications associated with a study. If the statement is advised by 3 publications reporting outcomes from the same RCT at 3 different time points, this is considered a single study and not 3 studies.</p> <p>If referencing a standard norm which may or may not be driven by evidence, provide the description and rationale for this norm or threshold as reasoned by the guideline panel.</p> <p>If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a link between at least one process, structure, or intervention and the outcome.</p> <p>Document the criteria used to assess the quality of the clinical guidelines such as those proposed by the Institute of Medicine or ECRI Guideline's Trust (see the <a href="#">Information Gathering Overview</a> on the CMS MMS Hub and the <a href="#">Environmental Scan supplemental material</a> section addressing evidence review).</p> <p>If there is lengthy text, describe the guidelines in an evidence attachment.</p> | Free text field       |

## Change #106

**Location:** Page 45, Row 113

**Reason for Change:** Updated Row.

## CY 2024 Final Rule text:

| Subsection | Row | Field Label          | Guidance   | ADD YOUR CONTENT HERE  |
|------------|-----|----------------------|--|--|
| Evidence   | 107 | * Guideline citation | <p>Provide any of the following:</p> <ul style="list-style-type: none"> <li>Full citation for the primary clinical guideline in any established citation style (e.g., AMA, APA, Chicago, Vancouver, etc.)</li> <li>URL</li> <li>DOI or ISBN for clinical guideline document</li> </ul> | <input type="checkbox"/> Citation (enter here)<br><input type="checkbox"/> URL (enter here)<br><input type="checkbox"/> DOI (enter here)<br><input type="checkbox"/> Not available |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label         | Guidance  | ADD YOUR CONTENT HERE  |
|------------|-----|---------------------|---|--|
| Evidence   | 113 | *Guideline citation | Provide any of the following: <ul style="list-style-type: none"> <li>• Full citation for the primary clinical guideline in any established citation style (e.g., AMA, APA, Chicago, Vancouver, etc.)</li> <li>• URL</li> <li>• DOI or ISBN for clinical guideline document</li> </ul> | <input type="checkbox"/> Citation (enter here)<br><input type="checkbox"/> URL (enter here)<br><input type="checkbox"/> DOI (enter here)<br><input type="checkbox"/> Not available |

**Change #107****Location:** Page 45, Row 114**Reason for Change:** Updated Row.**CY 2024 Final Rule text:**

| Subsection | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|--|---|-----------------------|
| Evidence   | 108 | *List the guideline statement that most closely aligns with the measure concept. | If there <b>are</b> more than one statement from this clinical guideline that may be relevant to this measure concept, document the statement that most closely aligns with the measure concept as it is written in the guideline document.<br><br>For example, Statement 1: In patients aged 65 years and older who have prediabetes, we recommend a lifestyle program similar to the Diabetes Prevention Program to delay progression to diabetes. No more than one statement should be written in the text box. All other relevant statements should be submitted in a separate evidence attachment. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|--|--|-----------------------|
| Evidence   | 114 | *List the guideline statement that most closely aligns with the measure concept. | If there are more than one statement from this clinical guideline that may be relevant to this measure concept, document the statement that most closely aligns with the measure concept as it is written in the guideline document.<br><br>For example, Statement 1: In patients aged 65 years and older who have prediabetes, we recommend a lifestyle program similar to the Diabetes Prevention Program to delay progression to diabetes. No more than one statement should be written in the text box. All other relevant statements should be submitted in a separate evidence attachment. | Free text field       |

## Change #108

**Location:** Page 45, Row 115 and Skip Logic

**Reason for Change:** Updated Row and Skip Logic.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                                       |
|------------|-----|---|---|---|
| Evidence   | 109 | * Is the guideline graded?  | A graded guideline is one which explicitly provides evidence rating and recommendation grading conventions in the document itself. Grades are usually found next to each recommendation statement.<br><br>Select one. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a        | n/a | <i>If you select "Yes" in Row 109, then Rows 110-111, and 113 become required fields.</i> | n/a   | <i>This is not a data entry field.</i>                      |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                                       |
|------------|-----|---|---|---|
| Evidence   | 115 | * Is the guideline graded?  | A graded guideline is one which explicitly provides evidence rating and recommendation grading conventions in the document itself. Grades are usually found next to each recommendation statement.<br><br>Select one. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a        | n/a | <i>If you select "Yes" in Row 115, then Rows 116-117, and 119 become required fields.</i> | n/a   | <i>This is not a data entry field.</i>                      |

## Change #109

**Location:** Page 45, Row 116

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|--|---|-----------------------|
| Evidence   | 110 | * List evidence grading system used and all categories and corresponding definitions for the evidence grading system used to describe strength of recommendation in the guideline. | Insert the complete list of evidence grading systems, grading categories, and category definitions used by the clinical guideline (e.g., GRADE or USPSTF) to describe the guideline statement's strength of recommendation.<br><br>If there is lengthy text, include details in a separate evidence attachment. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|--|--|-----------------------|
| Evidence   | 116 | * List evidence grading system used and all categories and corresponding definitions | Insert the complete list of evidence grading systems, grading categories, and category definitions used by the clinical guideline (e.g., GRADE or USPSTF) to | Free text field       |

| Subsection | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|---|--|-----------------------|
|            |     | for the evidence grading system used to describe strength of recommendation in the guideline. | describe the guideline statement's strength of recommendation.<br><br>If there is lengthy text, include details in a separate evidence attachment. |                       |

## Change #110

**Location:** Page 46, Row 117 and Skip Logic

**Reason for Change:** Updated Row and Skip Logic.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE  |
|------------|-----|---|---|--|
| Evidence   | 111 | * For the guideline statement that most closely aligns with the measure concept, what is the associated strength of recommendation?   | Select the associated strength of recommendation using the convention used by the guideline developer.<br><br>Select one. | <input type="checkbox"/> USPSTF Grade A, Strong recommendation or similar<br><input type="checkbox"/> USPSTF Grade B, Moderate recommendation or similar<br><input type="checkbox"/> USPSTF Grade C or I, Conditional/weak recommendation or similar<br><input type="checkbox"/> Expert Opinion<br><input type="checkbox"/> USPSTF Grade D, Moderate or high certainty that service has no net benefit or harm outweighs benefit<br><input type="checkbox"/> Best Practice Statement/Standard Practice |
| n/a        | n/a | If you select "USPSTF Grade D, Moderate or high certainty that the service has no net benefit or harm outweighs benefit" in Row 111, then Row 112 becomes a required field; otherwise, skip to Row 113. | n/a   | This is not a data entry field.  |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE  |
|------------|-----|---|---|--|
| Evidence   | 117 | * For the guideline statement that most closely aligns with the measure concept, what is the associated strength of recommendation? | Select the associated strength of recommendation using the convention used by the guideline developer.<br><br>Select one. | <input type="checkbox"/> USPSTF Grade A, Strong recommendation or similar<br><input type="checkbox"/> USPSTF Grade B, Moderate recommendation or similar<br><input type="checkbox"/> USPSTF Grade C or I, Conditional/weak recommendation or similar<br><input type="checkbox"/> Expert Opinion<br><input type="checkbox"/> USPSTF Grade D, Moderate or high certainty that service has no net benefit or harm outweighs benefit<br><input type="checkbox"/> Best Practice Statement/Standard Practice |
| n/a        | n/a | If you select "USPSTF Grade D, Moderate or high certainty that the service has no net benefit or harm                               | n/a   | This is not a data entry field.  |

| Subsection | Row | Field Label  | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|----------|-----------------------|
|            |     | <i>outweighs benefit” in Row 117, then Row 118 becomes a becomes a required field; otherwise, skip to Row 119.</i> |          |                       |

### Change #111

**Location:** Page 46, Row 118

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE                                       |
|------------|-----|--|--|---|
| Evidence   | 112 | * Is the selected guideline statement used to support an inappropriate use/care measure? | Select one. Indicate whether the guideline statement mentioned in “List the guideline statement that most closely aligns with the measure concept” is used to promote the practice of not performing a specific action, process or intervention to support an inappropriate use or inappropriate care measure. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE                                       |
|------------|-----|--|--|---|
| Evidence   | 118 | * Is the selected guideline statement used to support an inappropriate use/care measure? | Select one. Indicate whether the guideline statement mentioned in “List the guideline statement that most closely aligns with the measure concept” is used to promote the practice of not performing a specific action, process or intervention to support an inappropriate use or inappropriate care measure. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

### Change #112

**Location:** Page 46, Row 119

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|---|---|-----------------------|
| Evidence   | 113 | * List all categories and corresponding definitions for the evidence grading system used to describe level of evidence or level of certainty in the evidence. | Insert the complete list of grading categories and their definitions. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|---|---|-----------------------|
| Evidence   | 119 | * List all categories and corresponding definitions for the evidence grading system used to describe level of evidence or level of certainty in the evidence. | Insert the complete list of grading categories and their definitions. | Free text field       |

## Change #113

**Location:** Page 47, Row 120

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|---|--|-----------------------|
| Evidence   | 114 | * Briefly summarize the peer-reviewed systematic review(s) that inform this measure concept | <p>Summarize the peer-reviewed systematic review(s) that address this measure concept. For each systematic review, provide the number of studies within the systematic review that addressed the specifications defined in this measure concept, indicate whether a study-specific risk of bias/quality assessment was performed for each study, and describe the consistency of findings. Number of studies is not equivalent to the number of publications. If there are three publications from a single cohort study cited in the systematic review, report one when indicating the number of studies. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a relationship between at least one process, structure, or intervention with the outcome.</p> <p>If there is lengthy text, submit details via an evidence attachment.</p> | Free text field       |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|---|--|-----------------------|
| Evidence   | 120 | * Briefly summarize the peer-reviewed systematic review(s) that inform this measure concept | <p>Summarize the peer-reviewed systematic review(s) that address this measure concept. For each systematic review, provide the number of studies within the systematic review that addressed the specifications defined in this measure concept, indicate whether a study-specific risk of bias/quality assessment was performed for each study, and describe the consistency of findings. Number of studies is not equivalent to the number of publications. If there are three publications from a single cohort study cited in the systematic review, report one when indicating the number of studies. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a relationship between at least one process, structure, or intervention with the outcome.</p> <p>If there is lengthy text, submit details via an evidence attachment.</p> | Free text field       |

## Change #114

**Location:** Page 47, Row 121

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label                               | Guidance  | ADD YOUR CONTENT HERE   |
|------------|-----|---|---|---|
| Evidence   | 115 | *Peer-reviewed systematic review citation | If more than one article was identified, provide at least one of the following for one key article: <ul style="list-style-type: none"><li>• Citation</li><li>• URL</li><li>• DOI</li></ul><br>Provide the complete list of citations with accompanying DOI or URL in a separate attachment. | <input type="checkbox"/> Citation (enter here:)<br><input type="checkbox"/> URL (enter here:)<br><input type="checkbox"/> DOI (enter here:)<br><input type="checkbox"/> Not available |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label                               | Guidance  | ADD YOUR CONTENT HERE   |
|------------|-----|---|---|---|
| Evidence   | 121 | *Peer-reviewed systematic review citation | If more than one article was identified, provide at least one of the following for one key article: <ul style="list-style-type: none"><li>• Citation</li><li>• URL</li><li>• DOI</li></ul><br>Provide the complete list of citations with accompanying DOI or URL in a separate attachment. | <input type="checkbox"/> Citation (enter here:)<br><input type="checkbox"/> URL (enter here:)<br><input type="checkbox"/> DOI (enter here:)<br><input type="checkbox"/> Not available |

## Change #115

**Location:** Page 47, Row 122

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label                      | Guidance   | ADD YOUR CONTENT HERE                                       |
|------------|-----|----------------------------------|--|---|
| Evidence   | 116 | *Peer-reviewed original research | If the evidence synthesis provided to support this measure concept was performed using peer-reviewed original research articles, indicate whether a systematic search of the literature was conducted.<br><br>If “Yes,” please provide documentation of the search strategy in an attachment (e.g., years searched, keywords and search terms used, databases used, etc.). | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label                      | Guidance   | ADD YOUR CONTENT HERE                                       |
|------------|-----|----------------------------------|--|---|
| Evidence   | 122 | *Peer-reviewed original research | If the evidence synthesis provided to support this measure concept was performed using peer-reviewed original research articles, indicate whether a systematic search of the literature was conducted.<br><br>If “Yes,” please provide documentation of the search strategy in an attachment (e.g., years searched, keywords and search terms used, databases used, etc.). | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |



## Change #116

**Location:** Page 47, Row 123

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label                               | Guidance  | ADD YOUR CONTENT HERE   |
|------------|-----|---|---|---|
| Evidence   | 117 | *Peer-reviewed original research citation | If more than one article was identified, provide at least one of the following for one key article: <ul style="list-style-type: none"><li>• Citation</li><li>• URL</li><li>• DOI</li></ul><br>Provide the complete list of citations with accompanying DOI or URL in a separate attachment. | <input type="checkbox"/> Citation (enter here:)<br><input type="checkbox"/> URL (enter here:)<br><input type="checkbox"/> DOI (enter here:)<br><input type="checkbox"/> Not available |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label                               | Guidance  | ADD YOUR CONTENT HERE   |
|------------|-----|---|---|---|
| Evidence   | 123 | *Peer-reviewed original research citation | If more than one article was identified, provide at least one of the following for one key article: <ul style="list-style-type: none"><li>• Citation</li><li>• URL</li><li>• DOI</li></ul><br>Provide the complete list of citations with accompanying DOI or URL in a separate attachment. | <input type="checkbox"/> Citation (enter here:)<br><input type="checkbox"/> URL (enter here:)<br><input type="checkbox"/> DOI (enter here:)<br><input type="checkbox"/> Not available |

## Change #117

**Location:** Page 48, Row 124

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label                   | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|-------------------------------|---|-----------------------|
| Evidence   | 118 | *Summarize the empirical data | Provide a summary of the empirical data and how it informs this measure concept. Describe the limitations of the data. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a link between at least one process, structure, or intervention with the outcome. Describe the source of the empirical data (e.g., peer-reviewed narrative literature review, published and publicly available reports, internal data analysis, etc.).<br><br>If there is lengthy text, include details in a separate evidence attachment. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label                   | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|-------------------------------|---|-----------------------|
| Evidence   | 124 | *Summarize the empirical data | Provide a summary of the empirical data and how it informs this measure concept. Describe the limitations of the data. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a link between at least one process, | Free text field       |

| Subsection | Row | Field Label | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|-------------|--|-----------------------|
|            |     |             | <p>structure, or intervention with the outcome. Describe the source of the empirical data (e.g., peer-reviewed narrative literature review, published and publicly available reports, internal data analysis, etc.).</p> <p>If there is lengthy text, include details in a separate evidence attachment.</p> |                       |

### Change #118

**Location:** Page 48, Row 125

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label               | Guidance   | ADD YOUR CONTENT HERE   |
|------------|-----|---------------------------|--|---|
| Evidence   | 119 | * Empirical data citation | <p>If more than one empirical data was identified, provide at least one of the following for one key empirical data:</p> <ul style="list-style-type: none"> <li>• Citation</li> <li>• URL</li> <li>• DOI</li> </ul> <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p> | <input type="checkbox"/> Citation (enter here:)<br><input type="checkbox"/> URL (enter here:)<br><input type="checkbox"/> DOI (enter here:)<br><input type="checkbox"/> Not available |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label               | Guidance   | ADD YOUR CONTENT HERE   |
|------------|-----|---------------------------|--|---|
| Evidence   | 125 | * Empirical data citation | <p>If more than one empirical data was identified, provide at least one of the following for one key empirical data:</p> <ul style="list-style-type: none"> <li>• Citation</li> <li>• URL</li> <li>• DOI</li> </ul> <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p> | <input type="checkbox"/> Citation (enter here:)<br><input type="checkbox"/> URL (enter here:)<br><input type="checkbox"/> DOI (enter here:)<br><input type="checkbox"/> Not available |

### Change #119

**Location:** Page 48, Row 126

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label                     | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|---------------------------------|--|-----------------------|
| Evidence   | 120 | * Summarize the grey literature | <p>Provide a summary of the grey literature(s) used to inform this measure concept. Describe the limitations of the data. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a link between at least one process, structure, or intervention with the outcome.</p> <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p> | ADD YOUR CONTENT HERE |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label                     | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|---------------------------------|--|-----------------------|
| Evidence   | 126 | * Summarize the grey literature | <p>Provide a summary of the grey literature(s) used to inform this measure concept. Describe the limitations of the data. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a link between at least one process, structure, or intervention with the outcome.</p> <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p> | ADD YOUR CONTENT HERE |

**Change #120****Location:** Page 48, Row 127**Reason for Change:** Updated Row.**CY 2024 Final Rule text:**

| Subsection | Row | Field Label                | Guidance   | ADD YOUR CONTENT HERE   |
|------------|-----|----------------------------|--|---|
| Evidence   | 121 | * Grey literature citation | <p>If more than one grey literature was identified, provide at least one of the following for one key piece of evidence:</p> <ul style="list-style-type: none"> <li>• Citation</li> <li>• URL</li> <li>• DOI</li> </ul> <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p> | <input type="checkbox"/> Citation (enter here:)<br><input type="checkbox"/> URL (enter here:)<br><input type="checkbox"/> DOI (enter here:)<br><input type="checkbox"/> Not available |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label                | Guidance   | ADD YOUR CONTENT HERE   |
|------------|-----|----------------------------|--|---|
| Evidence   | 127 | * Grey literature citation | <p>If more than one grey literature was identified, provide at least one of the following for one key piece of evidence:</p> <ul style="list-style-type: none"> <li>• Citation</li> <li>• URL</li> <li>• DOI</li> </ul> <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p> | <input type="checkbox"/> Citation (enter here:)<br><input type="checkbox"/> URL (enter here:)<br><input type="checkbox"/> DOI (enter here:)<br><input type="checkbox"/> Not available |

**Change #121****Location:** Page 49, Row 128**Reason for Change:** Updated Row.**CY 2024 Final Rule text:**

| Subsection | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                                       |
|------------|-----|---|---|---|
| Evidence   | 122 | * Does the evidence discuss a relationship between at least one process, structure, or intervention with the outcome? | Select "Yes" if the evidence that was discussed in the evidence section demonstrate a relationship between at least one process, structure, or intervention with the outcome. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE                                       |
|------------|-----|---|--|---|
| Evidence   | 128 | * Does the evidence discuss a relationship between at least one process, structure, or intervention with the outcome? | Select “Yes” if the evidence that was discussed in the evidence section <b>demonstrate</b> a relationship between at least one process, structure, or intervention with the outcome. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**Change #122****Location:** Page 49, Row 129 and Skip Logic**Reason for Change:** Updated Row and Skip Logic.**CY 2024 Final Rule text:**

| Subsection                         | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                                       |
|------------------------------------|-----|---|---|---|
| Risk Adjustment and Stratification | 123 | * Is the measure risk adjusted?   | Indicate whether the final measure is risk adjusted.<br><br>Note that if you select “Yes,” you are encouraged to upload documentation about the risk adjustment model as an attachment. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                                | n/a | <i>If you select “Yes” in Row 123, then Row 124 becomes a become required field. If you select “No” in Row 123, then skip to Row 134.</i> | n/a   | <i>This is not a data entry field.</i>                      |

**CY 2025 Final Rule text:**

| Subsection                         | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                                       |
|------------------------------------|-----|---|---|---|
| Risk Adjustment and Stratification | 129 | * Is the measure risk adjusted?   | Indicate whether the final measure is risk adjusted.<br><br>Note that if you select “Yes,” you are encouraged to upload documentation about the risk adjustment model as an attachment. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                                | n/a | <i>If you select “Yes” in Row 129, then Row 130 becomes a become required field. If you select “No” in Row 129, then skip to Row 140.</i> | n/a   | <i>This is not a data entry field.</i>                      |

**Change #123****Location:** Page 49, Row 130 and Skip Logic**Reason for Change:** Updated Row and Skip Logic.**CY 2024 Final Rule text:**

| Subsection                         | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE                                       |
|------------------------------------|-----|--|--|---|
| Risk Adjustment and Stratification | 124 | * Was a conceptual model outlining the pathway between patient risk factors, quality of care, and the outcome of interest established? | Select “Yes” if a conceptual model was established based on a review of published literature. The conceptual model can be supplemented by other sources of information such as expert opinion or empirical analysis. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

| Subsection | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE                  |
|------------|-----|--|---|--|
|            |     |  | Select “No” if a conceptual model was not established or the conceptual model was based solely on expert opinion or empirical analysis. |  |
| n/a        | n/a | <i>If you select “Yes” in Row 124, then Row 125 becomes a required field. If you select “No” in Row 124, then skip to Row 126.</i> | n/a   | <i>This is not a data entry field.</i> |

#### CY 2025 Final Rule text:

| Subsection                         | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE                                       |
|------------------------------------|-----|--|--|---|
| Risk Adjustment and Stratification | 130 | * Was a conceptual model outlining the pathway between patient risk factors, quality of care, and the outcome of interest established? | <p>Select “Yes” if a conceptual model was established based on a review of published literature. The conceptual model can be supplemented by other sources of information such as expert opinion or empirical analysis.</p> <p>Select “No” if a conceptual model was not established or the conceptual model was based solely on expert opinion or empirical analysis.</p> | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                                | n/a | <i>If you select “Yes” in Row 130, then Row 131 becomes a required field. If you select “No” in Row 130, then skip to Row 132.</i>     | n/a  | <i>This is not a data entry field.</i>                      |

#### Change #124

**Location:** Page 49, Row 131

**Reason for Change:** Updated Row.

#### CY 2024 Final Rule text:

| Subsection                         | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE   |
|------------------------------------|-----|---|---|---|
| Risk Adjustment and Stratification | 125 | * Were all key risk factors identified in the conceptual model available for testing? | If some key risk factors were not available for testing or inclusion in the risk model approach, select “No” and describe the anticipated impact on measure scores (e.g., magnitude and direction of bias). | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (enter here:) |

#### CY 2025 Final Rule text:

| Subsection                         | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE   |
|------------------------------------|-----|---|---|---|
| Risk Adjustment and Stratification | 131 | * Were all key risk factors identified in the conceptual model available for testing? | If some key risk factors were not available for testing or inclusion in the risk model approach, select “No” and describe the anticipated impact on measure scores (e.g., magnitude and direction of bias). | <input type="checkbox"/> Yes<br><input type="checkbox"/> No (enter here:) |

## Change #125

**Location:** Pages 50-51, Row 132 and Skip Logic

**Reason for Change:** Updated Row, Guidance, text under “Add Your Content Here”, and Skip Logic.

**CY 2024 Final Rule text:**

| Subsection                         | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE   |
|------------------------------------|-----|--|--|---|
| Risk Adjustment and Stratification | 126 | Risk adjustment variable types   | <p>Select ALL risk adjustment variable types that are included in your final risk model. For more information on how to select risk factors for accountability measures, refer to the Blueprint content on the CMS MMS Hub (<a href="https://mmshub.cms.gov/measure-lifecycle/measure-specification/data-protocol/risk-adjustment">https://mmshub.cms.gov/measure-lifecycle/measure-specification/data-protocol/risk-adjustment</a>).</p> <p>Select “Patient-level demographics” if the measure uses information related to each patient’s age, sex, race/ethnicity, etc.</p> <p>Select “Patient-level health status &amp; clinical conditions” if the measure uses information specific to each individual patient about their health status prior to the start of care (e.g., case-mix adjustment).</p> <p>Select “Patient functional status” if the measure uses information specific to each individual patient’s functional status prior to the start of care (e.g., body function, ability to perform activities of daily living, etc.)</p> <p>Select “Patient-level social risk factors” if the measure uses patient-reported information related to their individual social risks (e.g., income, living alone, etc.).</p> <p>Select “Proxy social risk factors” if the measure uses data related to characteristics of the people in the patient’s community (e.g., neighborhood level income from the census).</p> <p>Select “Patient community characteristics” if the measure uses information about the patient’s community (e.g., percent of vacant houses, crime rate).</p> <p>Select “Other” if the risk factor is related to the healthcare provider, health system, or other factor that is not related to the patient.</p> | <input type="checkbox"/> Patient-level demographics<br><input type="checkbox"/> Patient-level health status & clinical conditions<br><input type="checkbox"/> Patient functional status<br><input type="checkbox"/> Patient-level social risk factors<br><input type="checkbox"/> Proxy social risk factors<br><input type="checkbox"/> Patient community characteristics<br><input type="checkbox"/> Other (enter here): |
| Risk Adjustment and Stratification | n/a | <i>If you select “Patient-Level Demographics” in Row 126, then Row 127 becomes a required field. If you select “Patient-level health status &amp; clinical conditions” in Row 126, then Row 128 becomes a required field. If you select “Patient functional status” in Row 126, then Row 129 becomes a required field. If you select</i> | n/a  | <i>This is not a data entry field.</i>  |

| Subsection | Row | Field Label   | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|---|----------|-----------------------|
|            |     | <i>“Patient-level social risk factors” in Row 126, then Row 130 becomes a required field. If you select “Proxy social risk factors” in Row 126, then Row 131 becomes a required field. If you select “Patient community characteristics” in Row 126, then Row 132 becomes a required field.</i> |          |                       |

### CY 2025 Final Rule text:

| Subsection                         | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE   |
|------------------------------------|-----|---|--|---|
| Risk Adjustment and Stratification | 132 | Risk adjustment variable types  | <p>Select ALL risk adjustment variable types that are included in your final risk model. For more information on how to select risk factors for accountability measures, refer to the <a href="#">Blueprint content</a> on the CMS MMS Hub.</p> <p>Select “Patient-level demographics” if the measure uses information related to each patient’s age, sex, social, economic, and geographic factors, etc.</p> <p>Select “Patient-level health status &amp; clinical conditions” if the measure uses information specific to each individual patient about their health status prior to the start of care (e.g., case-mix adjustment).</p> <p>Select “Patient functional status” if the measure uses information specific to each individual patient’s functional status prior to the start of care (e.g., body function, ability to perform activities of daily living, etc.)</p> <p>Select “Patient-level social risk factors” if the measure uses patient-reported information related to their individual social risks (e.g., income, living alone, etc.).</p> <p>Select “Proxy social risk factors” if the measure uses data related to characteristics of the people in the patient’s community (e.g., neighborhood level income from the census).</p> <p>Select “Patient community characteristics” if the measure uses information about the patient’s community (e.g., percent of vacant houses, crime rate).</p> <p>Select “Other” if the risk factor is related to the healthcare provider, health system, or other factor that is not related to the patient.</p> | <input type="checkbox"/> Patient community characteristics<br><input type="checkbox"/> Patient functional status<br><input type="checkbox"/> Patient-level demographics<br><input type="checkbox"/> Patient-level health status & clinical conditions<br><input type="checkbox"/> Patient-level social risk factors<br><input type="checkbox"/> Proxy social risk factors<br><input type="checkbox"/> Other (enter here): |
| Risk Adjustment and Stratification | n/a | <i>If you select “Patient-level demographics” in Row 132, then Row 133 becomes a required field. If you select “Patient-level health status &amp; clinical conditions” in Row 132, then Row 134</i> | <i>n/a</i>   | <i>This is not a data entry field.</i>  |

| Subsection | Row | Field Label  | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|----------|-----------------------|
|            |     | <i>becomes a required field. If you select "Patient functional status" in Row 132, then Row 135 becomes a required field. If you select "Patient-level social risk factors" in Row 132, then Row 136 becomes a required field. If you select "Proxy social risk factors" in Row 132, then Row 137 becomes a required field. If you select "Patient community characteristics" in Row 132, then Row 138 becomes a required field.</i> |          |                       |

### Change #126

**Location:** Page 51, Row 133

**Reason for Change:** Updated Row and text under "Add Your Content Here".

**CY 2024 Final Rule text:**

| Subsection                         | Row | Field Label  | Guidance              | ADD YOUR CONTENT HERE  |
|------------------------------------|-----|--|-----------------------|--|
| Risk Adjustment and Stratification | 127 | * Patient-level demographics: please select all that apply | Select all that apply | <input type="checkbox"/> Age<br><input type="checkbox"/> Sex<br><input type="checkbox"/> Gender<br><input type="checkbox"/> Race/ethnicity<br><input type="checkbox"/> Other (enter here): |

**CY 2025 Final Rule text:**

| Subsection                         | Row | Field Label  | Guidance              | ADD YOUR CONTENT HERE  |
|------------------------------------|-----|--|-----------------------|--|
| Risk Adjustment and Stratification | 133 | * Patient-level demographics: please select all that apply | Select all that apply | <input type="checkbox"/> Age<br><input checked="" type="checkbox"/> <b>Social</b> , Economic, and Geographic Factors<br><input type="checkbox"/> Sex<br><input type="checkbox"/> Other (enter here): |

### Change #127

**Location:** Page 51, Row 134

**Reason for Change:** Updated Row and text under "Add Your Content Here".

**CY 2024 Final Rule text:**

| Subsection                         | Row | Field Label   | Guidance              | ADD YOUR CONTENT HERE  |
|------------------------------------|-----|---|-----------------------|--|
| Risk Adjustment and Stratification | 128 | * Patient-level health status & clinical conditions: please select all that apply | Select all that apply | <input type="checkbox"/> Case-Mix Adjustment<br><input type="checkbox"/> Severity of Illness<br><input type="checkbox"/> Comorbidities<br><input type="checkbox"/> Health behaviors/health choices<br><input type="checkbox"/> Other (enter here): |



**CY 2025 Final Rule text:**

| Subsection                         | Row | Field Label   | Guidance              | ADD YOUR CONTENT HERE  |
|------------------------------------|-----|---|-----------------------|--|
| Risk Adjustment and Stratification | 134 | * Patient-level health status & clinical conditions: please select all that apply | Select all that apply | <input type="checkbox"/> Case-Mix Adjustment<br><input type="checkbox"/> Comorbidities<br><input type="checkbox"/> Health behaviors/health choices<br><input type="checkbox"/> Severity of Illness<br><input type="checkbox"/> Other (enter here): |

**Change #128****Location:** Page 51, Row 135**Reason for Change:** Updated Row and text under “Add Your Content Here”.**CY 2024 Final Rule text:**

| Subsection                         | Row | Field Label   | Guidance              | ADD YOUR CONTENT HERE  |
|------------------------------------|-----|---|-----------------------|--|
| Risk Adjustment and Stratification | 129 | * Patient functional status: please select all that apply | Select all that apply | <input type="checkbox"/> Body Function<br><input type="checkbox"/> Ability to perform activities of daily living<br><input type="checkbox"/> Other (enter here): |

**CY 2025 Final Rule text:**

| Subsection                         | Row | Field Label   | Guidance              | ADD YOUR CONTENT HERE  |
|------------------------------------|-----|---|-----------------------|--|
| Risk Adjustment and Stratification | 135 | * Patient functional status: please select all that apply | Select all that apply | <input type="checkbox"/> Ability to perform activities of daily living<br><input type="checkbox"/> Body Function<br><input type="checkbox"/> Other (enter here): |

**Change #129****Location:** Page 52, Row 136**Reason for Change:** Updated Row and text under “Add Your Content Here”.**CY 2024 Final Rule text:**

| Subsection                         | Row | Field Label   | Guidance              | ADD YOUR CONTENT HERE  |
|------------------------------------|-----|---|-----------------------|--|
| Risk Adjustment and Stratification | 130 | * Patient-level social risk factors: please select all that apply | Select all that apply | <input type="checkbox"/> Income<br><input type="checkbox"/> Education<br><input type="checkbox"/> Wealth<br><input type="checkbox"/> Living Alone<br><input type="checkbox"/> Social Support<br><input type="checkbox"/> Other (enter here): |

**CY 2025 Final Rule text:**

| Subsection                         | Row | Field Label   | Guidance              | ADD YOUR CONTENT HERE  |
|------------------------------------|-----|---|-----------------------|--|
| Risk Adjustment and Stratification | 136 | * Patient-level social risk factors: please select all that apply | Select all that apply | <input type="checkbox"/> Education<br><input type="checkbox"/> Income<br><input type="checkbox"/> Living Alone<br><input type="checkbox"/> Social Support<br><input type="checkbox"/> Wealth<br><input type="checkbox"/> Other (enter here): |

## Change #130

**Location:** Page 52, Row 137

**Reason for Change:** Updated Row and text under “Add Your Content Here”.

**CY 2024 Final Rule text:**

| Subsection                         | Row | Field Label   | Guidance              | ADD YOUR CONTENT HERE   |
|------------------------------------|-----|---|-----------------------|---|
| Risk Adjustment and Stratification | 131 | * Proxy social risk factors: please select all that apply | Select all that apply | <input type="checkbox"/> Neighborhood Level Income from the Census<br><input type="checkbox"/> Dual Eligibility for Medicare and Medicaid<br><input type="checkbox"/> Other (enter here): |

**CY 2025 Final Rule text:**

| Subsection                         | Row | Field Label   | Guidance              | ADD YOUR CONTENT HERE   |
|------------------------------------|-----|---|-----------------------|---|
| Risk Adjustment and Stratification | 137 | * Proxy social risk factors: please select all that apply | Select all that apply | <input type="checkbox"/> Dual Eligibility for Medicare and Medicaid<br><input type="checkbox"/> Neighborhood Level Income from the Census<br><input type="checkbox"/> Other (enter here): |

## Change #131

**Location:** Page 52, Row 138

**Reason for Change:** Updated Row and text under “Add Your Content Here”.

**CY 2024 Final Rule text:**

| Subsection                         | Row | Field Label   | Guidance              | ADD YOUR CONTENT HERE  |
|------------------------------------|-----|---|-----------------------|--|
| Risk Adjustment and Stratification | 132 | * Patient community characteristics: please select all that apply | Select all that apply | <input type="checkbox"/> Percent of Vacant Houses<br><input type="checkbox"/> Crime Rate<br><input type="checkbox"/> Urban/Rural<br><input type="checkbox"/> Other (enter here): |

**CY 2025 Final Rule text:**

| Subsection                         | Row | Field Label   | Guidance              | ADD YOUR CONTENT HERE  |
|------------------------------------|-----|---|-----------------------|--|
| Risk Adjustment and Stratification | 138 | * Patient community characteristics: please select all that apply | Select all that apply | <input type="checkbox"/> Crime Rate<br><input type="checkbox"/> Percent of Vacant Houses<br><input type="checkbox"/> Urban/Rural<br><input type="checkbox"/> Other (enter here): |

## Change #132

**Location:** Page 52, Row 139

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection                         | Row | Field Label              | Guidance  | ADD YOUR CONTENT HERE |
|------------------------------------|-----|--------------------------|---|-----------------------|
| Risk Adjustment and Stratification | 133 | * Risk model performance | Provide empirical evidence that the risk model adequately accounts for confounding factors (e.g., assessment of model calibration and discrimination). Describe your interpretation of the results. | Free text field       |

## CY 2025 Final Rule text:

| Subsection                         | Row | Field Label              | Guidance  | ADD YOUR CONTENT HERE |
|------------------------------------|-----|--------------------------|---|-----------------------|
| Risk Adjustment and Stratification | 139 | * Risk model performance | Provide empirical evidence that the risk model adequately accounts for confounding factors (e.g., assessment of model calibration and discrimination). Describe your interpretation of the results. | Free text field       |

## Change #133

**Location:** Pages 52-53, Row 140 and Skip Logic

**Reason for Change:** Updated Row, Guidance, text under “Add Your Content Here”, and Skip Logic.

## CY 2024 Final Rule text:

| Subsection                         | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE   |
|------------------------------------|-----|--|---|---|
| Risk Adjustment and Stratification | 134 | * Is the measure recommended to be stratified based on evidence from testing and/or literature?  | <p>Select one. Indicate whether the final measure is recommended to be stratified. Indicate whether the recommended stratification is intended to address an equity gap.</p> <p>Health equity elements for stratification include sociodemographic data such as race, ethnicity, tribal sovereignty, language, geography, sex, sexual orientation and gender identity (SOGI), language, income, and disability status, as well as social determinants of health (SDOH) featured in the Healthy People 2030 SDOH Framework across five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.</p> <p>For more information about health equity elements, please refer to the Equity Data Standardization page on the CMS MMS Hub and the CMS Office of Minority Health white paper titled “The Path Forward: Improving Data to Advance Health Equity Solutions,” available at: <a href="https://mmshub.cms.gov/about-quality/quality-at-CMS/goals/cms-focus-on-health-equity/equity-data-standardization">https://mmshub.cms.gov/about-quality/quality-at-CMS/goals/cms-focus-on-health-equity/equity-data-standardization</a>.</p> | <p><input type="checkbox"/> Yes, the measure is recommended to be stratified to address an equity gap</p> <p><input type="checkbox"/> Yes, the measure is recommended to be stratified for reasons unrelated to an equity gap</p> <p><input type="checkbox"/> Yes, the measure is recommended to be stratified both to address an equity gap AND for other reasons <input type="checkbox"/> No, the measure is not recommended to be stratified</p> |
| n/a                                | n/a | <i>If you select a “Yes” response in Row 134, then Row 135 becomes a required field. If you select a “No” response in Row 134 AND selected a “No” response in Row 123, then Row 136 becomes a required field. Otherwise skip to Row 137.</i> | n/a   | <i>This is not a data entry field.</i>  |

## CY 2025 Final Rule text:

| Subsection                         | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE   |
|------------------------------------|-----|--|--|---|
| Risk Adjustment and Stratification | 140 | * Is the measure recommended to be stratified based on evidence from testing and/or literature?  | <p>Select one. Indicate whether the final measure is recommended to be stratified. Indicate whether the recommended stratification is intended to address the closing of care gaps.</p> <p>Elements for stratification to address the closing of care gaps includes sociodemographic data such as language, sex, disability status, tribal sovereignty, and social, economic, and geographic factors, as well as social determinants of health (SDOH) featured in the Healthy People 2030 SDOH Framework across five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.</p> <p>For more information about elements related to closing care gaps, please refer to the <a href="#">Standardizing Data to Close the Care Gap</a> page on the CMS MMS Hub.</p> | <input type="checkbox"/> Yes, the measure is recommended to be stratified to address a gap in care<br><input type="checkbox"/> Yes, the measure is recommended to be stratified for reasons unrelated to a gap in care<br><input type="checkbox"/> Yes, the measure is recommended to be stratified both to address a gap in care AND for other reasons<br><input type="checkbox"/> No, the measure is not recommended to be stratified |
| n/a                                | n/a | <i>If you select a "Yes" response in Row 140, then Row 141 becomes a required field. If you select a "No" response in Row 140 AND selected a "No" response in Row 129, then Row 142 becomes a required field. Otherwise skip to Row 143.</i> | n/a  | <i>This is not a data entry field.</i>  |

## Change #134

**Location:** Page 53, Row 141

**Reason for Change:** Updated Row.

## CY 2024 Final Rule text:

| Subsection                         | Row | Field Label               | Guidance   | ADD YOUR CONTENT HERE |
|------------------------------------|-----|---------------------------|--|-----------------------|
| Risk Adjustment and Stratification | 135 | * Stratification approach | <p>Describe the recommended stratification approach including the data elements used to stratify scores for subgroups. Demonstrate that there is sufficient sample size within measured entities to stratify measure scores.</p> <p>Indicate whether the recommendation to stratify the measure is based on evidence from testing and/or the literature.</p> <p>If findings from testing informed the recommendation to stratify the measure, summarize the findings indicating that stratification would improve interpretation of measure results. If more room is needed, provide testing results as an attachment and list the name of the attachment in this field.</p> | Free text field       |

|  |  |  |   |  |
|--|--|--|---|--|
|  |  |  | If evidence from the literature informed the recommendation to stratify the measure, provide citations supporting your stratification approach. |  |
|--|--|--|---|--|

### CY 2025 Final Rule text:

| Subsection                         | Row | Field Label              | Guidance  | ADD YOUR CONTENT HERE |
|------------------------------------|-----|--------------------------|---|-----------------------|
| Risk Adjustment and Stratification | 141 | *Stratification approach | <p>Describe the recommended stratification approach including the data elements used to stratify scores for subgroups. Demonstrate that there is sufficient sample size within measured entities to stratify measure scores.</p> <p>Indicate whether the recommendation to stratify the measure is based on evidence from testing and/or the literature.</p> <p>If findings from testing informed the recommendation to stratify the measure, summarize the findings indicating that stratification would improve interpretation of measure results. If more room is needed, provide testing results as an attachment and list the name of the attachment in this field.</p> <p>If evidence from the literature informed the recommendation to stratify the measure, provide citations supporting your stratification approach.</p> | Free text field       |

### Change #135

**Location:** Page 53, Line 142

**Reason for Change:** Updated Row, Guidance, and text under “Add Your Content Here”.

### CY 2024 Final Rule text:

| Subsection                         | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE  |
|------------------------------------|-----|---|--|--|
| Risk Adjustment and Stratification | 136 | *Rationale for using neither risk adjustment nor stratification | <p>Select ALL reasons for not implementing a risk adjustment model or stratification approach in the measure. For more information, refer to the Risk Adjustment in Quality Measurement supplemental material on the CMS MMS Hub (<a href="https://mmshub.cms.gov/tools-and-resources/mms-supplemental-materials">https://mmshub.cms.gov/tools-and-resources/mms-supplemental-materials</a>) and the guidance on defining stratification schemes (<a href="https://mmshub.cms.gov/measure-lifecycle/measure-specification/develop-specification/stratification">https://mmshub.cms.gov/measure-lifecycle/measure-specification/develop-specification/stratification</a>)</p> | <input type="checkbox"/> Addressed through exclusions (e.g., process measures)<br><input type="checkbox"/> Risk adjustment not appropriate based on conceptual or empirical rationale (enter here):<br><input type="checkbox"/> Data were not available to evaluate risk adjustment or stratification (enter here):<br><input type="checkbox"/> Risk adjustment and stratification were not considered during development or testing<br><input type="checkbox"/> Other (enter here): |

### CY 2025 Final Rule text:

| Subsection                         | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE   |
|------------------------------------|-----|---|--|---|
| Risk Adjustment and Stratification | 142 | *Rationale for using neither risk adjustment nor stratification | <p>Select ALL reasons for not implementing a risk adjustment model or stratification approach in the measure. For more information, refer to the <a href="#">Risk Adjustment in Quality Measurement supplemental</a></p> | <input type="checkbox"/> Addressed through exclusions<br><input type="checkbox"/> Data were not available to evaluate risk adjustment or stratification (enter here): |

| Subsection | Row | Field Label | Guidance  | ADD YOUR CONTENT HERE  |
|------------|-----|-------------|---|--|
|            |     |             | <a href="#">material</a> on the CMS MMS Hub and the <a href="#">guidance on defining stratification schemes</a> . | <input type="checkbox"/> Risk adjustment and stratification were not considered during development or testing<br><input type="checkbox"/> Risk adjustment not appropriate based on conceptual or empirical rationale (enter here):<br><input type="checkbox"/> Other (enter here): |

### Change #136

**Location:** Page 54, Row 143

**Reason for Change:** Updated Row, Field Label, Guidance, and text under “Add Your Content Here”.

**CY 2024 Final Rule text:**

| Subsection        | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE  |
|-------------------|-----|---|---|--|
| Healthcare Domain | 137 | * What one Meaningful Measures 2.0 priority is most applicable to this measure? | Select the ONE most applicable Meaningful Measures 2.0 priority. For more information, see: <a href="https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization">https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization</a> | <input type="checkbox"/> Person-Centered Care<br><input type="checkbox"/> Equity<br><input type="checkbox"/> Safety<br><input type="checkbox"/> Affordability and Efficiency<br><input type="checkbox"/> Chronic Conditions<br><input type="checkbox"/> Wellness and Prevention<br><input type="checkbox"/> Seamless Care Coordination<br><input type="checkbox"/> Behavioral Health |

**CY 2025 Final Rule text:**

| Subsection        | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE   |
|-------------------|-----|---|--|---|
| Healthcare Domain | 143 | * What one Meaningful Measures 2.0 domain is most applicable to this measure? | Select the ONE most applicable <a href="#">Meaningful Measures 2.0</a> domain. | <input type="checkbox"/> Behavioral Health<br><input type="checkbox"/> Chronic Conditions and Related Acute Events<br><input type="checkbox"/> Closing Gaps of Care<br><input type="checkbox"/> Person-Centered Care<br><input type="checkbox"/> Safety<br><input type="checkbox"/> Seamless Care Coordination<br><input type="checkbox"/> Value, Affordability, and Efficiency<br><input type="checkbox"/> Wellness and Prevention |

### Change #137

**Location:** Page 54, Row 144

**Reason for Change:** Updated Row, Field Label, Guidance, and text under “Add Your Content Here”.

**CY 2024 Final Rule text:**

| Subsection        | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE  |
|-------------------|-----|--|--|--|
| Healthcare Domain | 138 | What, if any, additional Meaningful Measures 2.0 priorities apply to this measure? | Select up to two additional Meaningful Measures 2.0 priorities that apply to this measure.<br><br>For more information, see: <a href="https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization">https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization</a> | <input type="checkbox"/> Person-Centered Care<br><input type="checkbox"/> Equity<br><input type="checkbox"/> Safety<br><input type="checkbox"/> Affordability and Efficiency<br><input type="checkbox"/> Chronic Conditions<br><input type="checkbox"/> Wellness and Prevention<br><input type="checkbox"/> Seamless Care Coordination |

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  | <input type="checkbox"/> Behavioral Health |
|--|--|--|--|--|

### CY 2025 Final Rule text:

| Subsection        | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE   |
|-------------------|-----|--|--|---|
| Healthcare Domain | 144 | What, if any, additional Meaningful Measures 2.0 domain apply to this measure? | Select up to two additional <a href="#">Meaningful Measures 2.0</a> domain that apply to this measure. | <input type="checkbox"/> Behavioral Health<br><input type="checkbox"/> Chronic Conditions and Related Acute Events<br><input type="checkbox"/> Closing Gaps of Care<br><input type="checkbox"/> Person-Centered Care<br><input type="checkbox"/> Safety<br><input type="checkbox"/> Seamless Care Coordination<br><input type="checkbox"/> Value, Affordability, and Efficiency<br><input type="checkbox"/> Wellness and Prevention |

### Change #138

**Location:** Page 54, Row 145

**Reason for Change:** Updated Row.

### CY 2024 Final Rule text:

| Subsection       | Row | Field Label  | Guidance    | ADD YOUR CONTENT HERE                                       |
|------------------|-----|--|-------------|---|
| Other Priorities | 139 | * Does this measure address CMS priorities to improve maternal health care or maternal outcomes? | Select one. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

### CY 2025 Final Rule text:

| Subsection       | Row | Field Label  | Guidance    | ADD YOUR CONTENT HERE                                       |
|------------------|-----|--|-------------|---|
| Other Priorities | 145 | * Does this measure address CMS priorities to improve maternal health care or maternal outcomes? | Select one. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

### Change #139

**Location:** Page 54, Row 146

**Reason for Change:** Updated Row and Guidance.

### CY 2024 Final Rule text:

| Subsection                  | Row | Field Label                                      | Guidance   | ADD YOUR CONTENT HERE  |
|-----------------------------|-----|--|--|--|
| Endorsement Characteristics | 140 | * What is the endorsement status of the measure? | Select only one. For information on consensus-based entity (CBE) endorsement, measure ID, and other information, refer to: <a href="https://p4qm.org/">https://p4qm.org/</a> | <input type="checkbox"/> Endorsed<br><input type="checkbox"/> Endorsed with conditions<br><input type="checkbox"/> Endorsement removed<br><input type="checkbox"/> Submitted<br><input type="checkbox"/> Failed endorsement or decision to not endorse<br><input type="checkbox"/> Never submitted |

### CY 2025 Final Rule text:

| Subsection                  | Row | Field Label                                     | Guidance  | ADD YOUR CONTENT HERE  |
|-----------------------------|-----|---|---|--|
| Endorsement Characteristics | 146 | *What is the endorsement status of the measure? | Select only one. For information on consensus-based entity (CBE) endorsement, measure ID, and other information, refer to the <a href="#">PQM Webpage</a> . | <input type="checkbox"/> Endorsed<br><input type="checkbox"/> Endorsed with conditions<br><input type="checkbox"/> Endorsement removed<br><input type="checkbox"/> Submitted<br><input type="checkbox"/> Failed endorsement or decision to not endorse<br><input type="checkbox"/> Never submitted |

### Change #140

**Location:** Page 54, Row 147

**Reason for Change:** Updated Row.

### CY 2024 Final Rule text:

| Subsection                  | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE |
|-----------------------------|-----|---|---|-----------------------|
| Endorsement Characteristics | 141 | *CBE ID (CMS consensus-based entity, or endorsement ID) | Four- or five-character identifier with leading zeros and following letter if needed. Add a letter after the ID (e.g., 0064e) and place zeros ahead of ID if necessary (e.g., 0064). If no CBE ID number is known, enter numerals 9999. | ADD YOUR CONTENT HERE |

### CY 2025 Final Rule text:

| Subsection                  | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE |
|-----------------------------|-----|---|---|-----------------------|
| Endorsement Characteristics | 147 | *CBE ID (CMS consensus-based entity, or endorsement ID) | Four- or five-character identifier with leading zeros and following letter if needed. Add a letter after the ID (e.g., 0064e) and place zeros ahead of ID if necessary (e.g., 0064). If no CBE ID number is known, enter numerals 9999. | ADD YOUR CONTENT HERE |

### Change #141

**Location:** Page 54, Row 148 and Skip Logic

**Reason for Change:** Updated Row and Skip Logic.

### CY 2024 Final Rule text:

| Subsection                  | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE                                       |
|-----------------------------|-----|--|--|---|
| Endorsement Characteristics | 142 | If endorsed: Is the measure being submitted <b>exactly</b> as endorsed by the CMS CBE? | Select 'Yes' or 'No'. Note that 'Yes' should only be selected if the submission is an EXACT match to the CBE-endorsed measure. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                         | n/a | If you select "No" in Row 142, then Rows 143-144 become required fields.               | n/a  | This is not a data entry field.                             |

### CY 2025 Final Rule text:

| Subsection                  | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE                                       |
|-----------------------------|-----|--|--|---|
| Endorsement Characteristics | 148 | If endorsed: Is the measure being submitted <b>exactly</b> as endorsed by the CMS CBE? | Select 'Yes' or 'No'. Note that 'Yes' should only be selected if the submission is an EXACT match to the CBE-endorsed measure. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |



| Subsection | Row | Field Label  | Guidance | ADD YOUR CONTENT HERE           |
|------------|-----|--|----------|---------------------------------|
| n/a        | n/a | If you select "No" in Row 148, then Rows 149-150 become required fields. | n/a      | This is not a data entry field. |

### Change #142

**Location:** Page 55, Row 149

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection                  | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE  |
|-----------------------------|-----|--|--|--|
| Endorsement Characteristics | 143 | If not exactly as endorsed, specify the locations of the differences | Indicate which specification fields are different. Select all that apply | <input type="checkbox"/> Measure title<br><input type="checkbox"/> Description<br><input type="checkbox"/> Numerator<br><input type="checkbox"/> Denominator<br><input type="checkbox"/> Exclusions<br><input type="checkbox"/> Target population<br><input type="checkbox"/> Setting (for testing)<br><input type="checkbox"/> Level of analysis<br><input type="checkbox"/> Data source<br><input type="checkbox"/> eCQM status<br><input type="checkbox"/> Other (enter here and see next field): |

**CY 2025 Final Rule text:**

| Subsection                  | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE  |
|-----------------------------|-----|--|--|--|
| Endorsement Characteristics | 149 | If not exactly as endorsed, specify the locations of the differences | Indicate which specification fields are different. Select all that apply | <input type="checkbox"/> Measure title<br><input type="checkbox"/> Description<br><input type="checkbox"/> Numerator<br><input type="checkbox"/> Denominator<br><input type="checkbox"/> Exclusions<br><input type="checkbox"/> Target population<br><input type="checkbox"/> Setting (for testing)<br><input type="checkbox"/> Level of analysis<br><input type="checkbox"/> Data source<br><input type="checkbox"/> eCQM status<br><input type="checkbox"/> Other (enter here and see next field): |

### Change #143

**Location:** Page 55, Row 150

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection                  | Row | Field Label  | Guidance                         | ADD YOUR CONTENT HERE |
|-----------------------------|-----|--|----------------------------------|-----------------------|
| Endorsement Characteristics | 144 | If not exactly as endorsed, describe the nature of the differences | Briefly describe the differences | Free text field       |

**CY 2025 Final Rule text:**

| Subsection                  | Row | Field Label  | Guidance                         | ADD YOUR CONTENT HERE |
|-----------------------------|-----|--|----------------------------------|-----------------------|
| Endorsement Characteristics | 150 | If not exactly as endorsed, describe the nature of the differences | Briefly describe the differences | Free text field       |

#### Change #144

**Location:** Page 55, Row 151

**Reason for Change:** Updated Row and text under “Add Your Content Here”.

**CY 2024 Final Rule text:**

| Subsection                  | Row | Field Label                                      | Guidance   | ADD YOUR CONTENT HERE   |
|-----------------------------|-----|--|------------|---|
| Endorsement Characteristics | 145 | If endorsed: Year of most recent CBE endorsement | Select one | <input type="checkbox"/> 2017<br><input type="checkbox"/> 2018<br><input type="checkbox"/> 2019<br><input type="checkbox"/> 2020<br><input type="checkbox"/> 2021<br><input type="checkbox"/> 2022<br><input type="checkbox"/> 2023 |

**CY 2025 Final Rule text:**

| Subsection                  | Row | Field Label                                      | Guidance   | ADD YOUR CONTENT HERE  |
|-----------------------------|-----|--|------------|--|
| Endorsement Characteristics | 151 | If endorsed: Year of most recent CBE endorsement | Select one | <input type="checkbox"/> 2017<br><input type="checkbox"/> 2018<br><input type="checkbox"/> 2019<br><input type="checkbox"/> 2020<br><input type="checkbox"/> 2021<br><input type="checkbox"/> 2022<br><input type="checkbox"/> 2023<br><input type="checkbox"/> 2024 |

#### Change #145

**Location:** Page 55, Row 152

**Reason for Change:** Updated Row and text under “Add Your Content Here”.

**CY 2024 Final Rule text:**

| Subsection                  | Row | Field Label                                     | Guidance  | ADD YOUR CONTENT HERE   |
|-----------------------------|-----|---|---|---|
| Endorsement Characteristics | 146 | Year of next anticipated CBE endorsement review | Select one. If you are submitting for initial endorsement, select the anticipated year. | <input type="checkbox"/> 2024<br><input type="checkbox"/> 2025<br><input type="checkbox"/> 2026<br><input type="checkbox"/> 2027<br><input type="checkbox"/> 2028 |

**CY 2025 Final Rule text:**

| Subsection                  | Row | Field Label                                     | Guidance  | ADD YOUR CONTENT HERE   |
|-----------------------------|-----|---|---|---|
| Endorsement Characteristics | 152 | Year of next anticipated CBE endorsement review | Select one. If you are submitting for initial endorsement, select the anticipated year. | <input type="checkbox"/> 2025<br><input type="checkbox"/> 2026<br><input type="checkbox"/> 2027<br><input type="checkbox"/> 2028<br><input type="checkbox"/> 2029 |

## Change #146

**Location:** Page 56, Row 153 and Skip Logic

**Reason for Change:** Updated Row and Skip Logic.

**CY 2024 Final Rule text:**

| Subsection                     | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                                       |
|--------------------------------|-----|---|---|---|
| Related and Competing Measures | 147 | * Is this measure related to and/or competing with measure(s) already in a program?   | Select either Yes or No. Consider other measures with related purposes. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                            | n/a | <i>If you select "Yes" in Row 147, then Rows 148-150 become required fields. If you select "No" in Row 147, then skip to Row 151.</i> | n/a   | <i>This is not a data entry field.</i>                      |

**CY 2025 Final Rule text:**

| Subsection                     | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE                                       |
|--------------------------------|-----|---|---|---|
| Related and Competing Measures | 153 | * Is this measure related to and/or competing with measure(s) already in a program?   | Select either Yes or No. Consider other measures with related purposes. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| n/a                            | n/a | <i>If you select "Yes" in Row 153, then Rows 154-156 become required fields. If you select "No" in Row 153, then skip to Row 157.</i> | n/a   | <i>This is not a data entry field.</i>                      |

## Change #147

**Location:** Page 56, Row 154

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection                     | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|--------------------------------|-----|---|--|-----------------------|
| Related and Competing Measures | 148 | * Which measure(s) already in a program is your measure related to and/or competing with? | Identify the other measure(s) including title and any other unique identifier. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection                     | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|--------------------------------|-----|---|--|-----------------------|
| Related and Competing Measures | 154 | * Which measure(s) already in a program is your measure related to and/or competing with? | Identify the other measure(s) including title and any other unique identifier. | Free text field       |

## Change #148

**Location:** Page 56, Row 155

**Reason for Change:** Updated Row, Field Label, and Guidance.

**CY 2024 Final Rule text:**

| Subsection                     | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE |
|--------------------------------|-----|---|--|-----------------------|
| Related and Competing Measures | 149 | * 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 field       |

**CY 2025 Final Rule text:**

| Subsection                     | Row | Field Label  | Guidance   | ADD YOUR CONTENT HERE |
|--------------------------------|-----|--|--|-----------------------|
| Related and Competing Measures | 155 | * How will this measure add value to the Medicare program? | Describe benefits of this measure, in comparison to measure(s) already in a program.<br><br>In your response, please also consider distribution of measure impact, benefits, and burdens across program entities and populations (Appropriateness of Scale) as well as potential near and long term impacts of measure implementation (Time to Value Realization). | Free text field       |

## Change #149

**Location:** Page 56, Row 156

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection                     | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE |
|--------------------------------|-----|--|---|-----------------------|
| Related and Competing Measures | 150 | * How will this measure be distinguished from other related and/or competing measures? | Describe key differences that set this measure apart from others. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection                     | Row | Field Label  | Guidance  | ADD YOUR CONTENT HERE |
|--------------------------------|-----|--|---|-----------------------|
| Related and Competing Measures | 156 | * How will this measure be distinguished from other related and/or competing measures? | Describe key differences that set this measure apart from others. | Free text field       |

## Change #150

**Location:** Page 56, Row 157

**Reason for Change:** Updated Row and Guidance.

**CY 2024 Final Rule text:**

| Subsection                     | Row | Field Label                    | Guidance  | ADD YOUR CONTENT HERE  |
|--------------------------------|-----|--------------------------------|---|--|
| Related and Competing Measures | 151 | * Universal Foundation Measure | <p>Select one. Indicate whether this measure is a Universal Foundation quality measure.</p> <p>To be considered a Universal Foundation quality measure, the submitted measure’s population must align with the population of the existing Universal Foundation measure (i.e., adult and/or pediatric).</p> <p>Please refer to the “Aligning Quality Measures Across CMS – the Universal Foundation” webpage for more information about Universal Foundation of quality measures available at: <a href="https://www.cms.gov/aligning-quality-measures-across-cms-universal-foundation">https://www.cms.gov/aligning-quality-measures-across-cms-universal-foundation</a></p> | <p><input type="checkbox"/> Measure is a Universal Foundation quality measure (populations must align)</p> <p><input type="checkbox"/> Measure is not a Universal Foundation quality measure</p> |

**CY 2025 Final Rule text:**

| Subsection                     | Row | Field Label                    | Guidance   | ADD YOUR CONTENT HERE  |
|--------------------------------|-----|--------------------------------|--|--|
| Related and Competing Measures | 157 | * Universal Foundation Measure | <p>Select one. Indicate whether this measure is a Universal Foundation quality measure.</p> <p>To be considered a Universal Foundation quality measure, the submitted measure’s population must align with the population of the existing Universal Foundation measure (i.e., adult and/or pediatric).</p> <p>Please refer to the “<a href="#">Aligning Quality Measures Across CMS – the Universal Foundation</a>” webpage for more information about Universal Foundation of quality measures.</p> | <p><input type="checkbox"/> Measure is a Universal Foundation quality measure (populations must align)</p> <p><input type="checkbox"/> Measure is not a Universal Foundation quality measure</p> |

## Change #151

**Location:** Page 57, Row 158

**Reason for Change:** Updated Row, Guidance, and text under “Add Your Content Here”.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label   | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|---------------|---|-----------------------|
| N/A        | 152 | Attachment(s) | <p>You are encouraged to attach the measure information form (MIF) if available. This is a detailed description of the measure used by the CMS consensus-based entity (CBE) during endorsement proceedings. If a MIF is not available, comprehensive measure methodology documents are encouraged.</p> <p>If you are submitting for MIPS (either Quality or Cost), you are required to download the MIPS Peer Reviewed Journal Article Template and attach the completed form to your submission using the “Attachments” feature. See <a href="https://www.cms.gov/Medicare/Quality-Initiatives-">https://www.cms.gov/Medicare/Quality-Initiatives-</a></p> | ADD YOUR CONTENT HERE |

| Subsection | Row | Field Label | Guidance   | ADD YOUR CONTENT HERE |
|------------|-----|-------------|--|-----------------------|
|            |     |             | <p><a href="#">Patient-Assessment-Instruments/QualityMeasures/Pre-Rulemaking</a></p> <p>If your measure is risk adjusted, you are encouraged to attach documentation that provides additional detail about the measure risk adjustment model such as variables included, associated code system codes, and risk adjustment model coefficients</p> <p>If eCQM, you must attach MAT Output/HQMF, Bonnie test cases for this measure, with 100% logic coverage (test cases should be appended), attestation that value sets are published in VSAC, and feasibility scorecard.</p> |                       |

### CY 2025 Final Rule text:

| Subsection | Row | Field Label   | Guidance   | ADD YOUR CONTENT HERE   |
|------------|-----|---------------|--|---|
| N/A        | 158 | Attachment(s) | <p>You are encouraged to attach the Measure Information and Justification Form (MIJF) if available. The MIJF is a guide for documenting specifications and measure development information when submitting contracted measure deliverables to CMS. Previously, the recommended form included the Measure Information Form (MIF), which was combined with the Measure Justification Form (MJF) into a single form. For all future measure submissions, CMS prefers the MIJF. However, if a submitter already has a MIF from last year's submission, that would be accepted. If a MIJF is not available, comprehensive measure methodology documents are encouraged.</p> <p>If you are submitting for MIPS (either Quality or Cost), you are required to download the <a href="#">MIPS Peer Reviewed Journal Article Template</a> and attach the completed form to your submission using the "Attachments" feature.</p> <p>If your measure is risk adjusted, you are encouraged to attach documentation that provides additional detail about the measure risk adjustment model such as variables included, associated code system codes, and risk adjustment model coefficients</p> <p>If eCQM, you must attach the eCQM specifications exported from MADiE, test cases exported from MADiE with 100% coverage/100% passing (both QRDA and Excel format), attestation that value sets are published in VSAC, and feasibility scorecard.</p> | <p><input type="checkbox"/> Alternative Level Testing Results</p> <p><input type="checkbox"/> eCQM Materials (Specifications, Test Cases, Value Sets, Feasibility Scorecard)</p> <p><input type="checkbox"/> Measure Information and Justification Form (MIJF)</p> <p><input type="checkbox"/> Measure Information Form (MIF)</p> <p><input type="checkbox"/> MIPS Peer Reviewed Journal Article Template</p> <p><input type="checkbox"/> Risk Adjusted Materials</p> <p><input type="checkbox"/> Other (Please specify:)</p> |

## Change #152

**Location:** Page 57, Row 159

**Reason for Change:** Updated Row and Guidance.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label                                 | Guidance  | ADD YOUR CONTENT HERE                                       |
|------------|-----|---|---|---|
| N/A        | 153 | MIPS Peer Reviewed Journal Article Template | Select Yes or No. For those submitting measures to MIPS program, enter "Yes." Attach your completed Peer Reviewed Journal Article Template. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label                                 | Guidance  | ADD YOUR CONTENT HERE                                       |
|------------|-----|---|---|---|
| N/A        | 159 | MIPS Peer Reviewed Journal Article Template | Select Yes or No. For those submitting quality measures to MIPS program, enter "Yes." Attach your completed Peer Reviewed Journal Article Template. | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |

## Change #153

**Location:** Page 58, Row 160

**Reason for Change:** Updated Row.

**CY 2024 Final Rule text:**

| Subsection | Row | Field Label        | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|--------------------|---|-----------------------|
| N/A        | 154 | Submitter Comments | Any notes, qualifiers, external references, or other information not specified above. | Free text field       |

**CY 2025 Final Rule text:**

| Subsection | Row | Field Label        | Guidance  | ADD YOUR CONTENT HERE |
|------------|-----|--------------------|---|-----------------------|
| N/A        | 160 | Submitter Comments | Any notes, qualifiers, external references, or other information not specified above. | Free text field       |

## Change #154

**Location:** Page 59, Appendix A.001

**Reason for Change:** Updated Title

**CY 2024 Final Rule text:**

| Subsection | Title   |
|------------|---|
| Appendix   | A. 085 Choices for <b>Measure Steward</b> and <b>Long-Term Measure Steward (if different)</b> |

**CY 2025 Final Rule text:**

| Subsection | Title  |
|------------|--|
| Appendix   | A.001 Choices for <b>Measure Steward or Owner</b> and <b>Long-Term Measure Steward or Owner (if different)</b> |

## Change #155

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**Location:** Page 60, Appendix A.108

**Reason for Change:** Updated Title

**CY 2024 Final Rule text:**

| Subsection | Title                                       |
|------------|---|
| Appendix   | A.098 Choices for <b>Areas of specialty</b> |

**CY 2025 Final Rule text:**

| Subsection | Title                                       |
|------------|---|
| Appendix   | A.108 Choices for <b>Areas of specialty</b> |

According to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.), no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1314 (Expiration date: 2/28/2027). This information collection is the tool for measure developers to submit their clinical quality measures for consideration by CMS. The time required to complete this information collection is estimated to average 3.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is voluntary and all information collected will be kept private in accordance with regulations at 45 CFR 155.260, Privacy and Security of Personally Identifiable Information. Pursuant to this regulation, CMS may only use or disclose personally identifiable information to the extent that such information is necessary to carry out their statutory and regulatory mandated functions. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850. If you have questions or concerns regarding where to submit your documents, please contact QPP at [qpp@cms.hhs.gov](mailto:qpp@cms.hhs.gov).

Under the Privacy Act of 1974 (5 U.S.C. 552a) any personally identifying information obtained will be kept private to the extent of the law.