



**Measures under Consideration User Guide  
Issue Tracking System Guidance  
2018**

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## Revision History

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

## Abbreviations

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

## **INTRODUCTION**

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

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

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

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

### ***Measures Covered by Pre-Rulemaking***

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

- ◆ For use in the formal Federal rulemaking process, measure(s) appearing on any prior cycles of the annual published MUC list remain under consideration by the Secretary and may be proposed and adopted in subsequent rulemaking cycles;
- ◆ Existing measures that are put forward for expansion into different CMS programs should be submitted on subsequent MUC lists;
- ◆ The annual MUC list includes measures that CMS is currently considering for Medicare program(s). Inclusion of a measure on the MUC list does not require CMS to adopt the

measure via the Federal rulemaking process for the identified program. All measures included on the annual pre-rulemaking list are subject to the CMS rulemaking process;

- ◆ In an effort to provide a more meaningful MUC list, CMS will only include measures that contain adequate specifications;
- ◆ Annually CMS reviews and approves or rejects candidate measures for the MUC list. If a candidate measure was submitted, but rejected—meaning that it did not appear on the published MUC list—then using JIRA, a measure owner or submitter may resubmit the candidate measure for program consideration in a later year;
- ◆ Measure specifications may change over time; if a measure has significantly changed, submit the changed measure using JIRA for each applicable program.

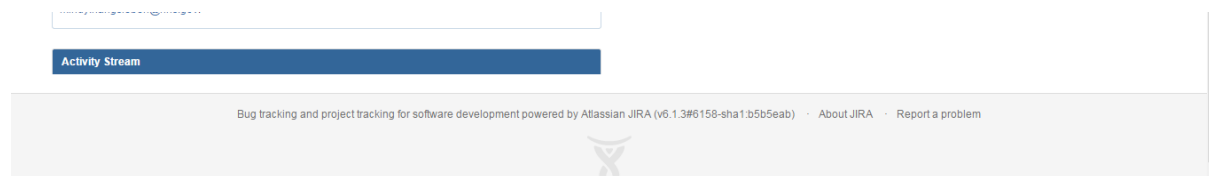
## Accessing JIRA

Detailed instructions on accessing JIRA can be found in [Chapter 1: Accessing and Navigating JIRA](#).

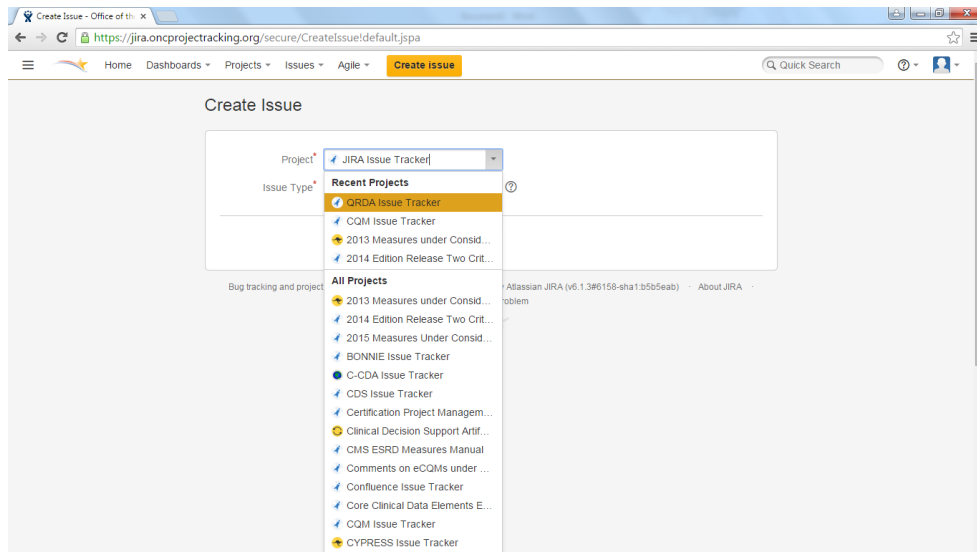
### *Submitting Questions to JIRA Technical Support*

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

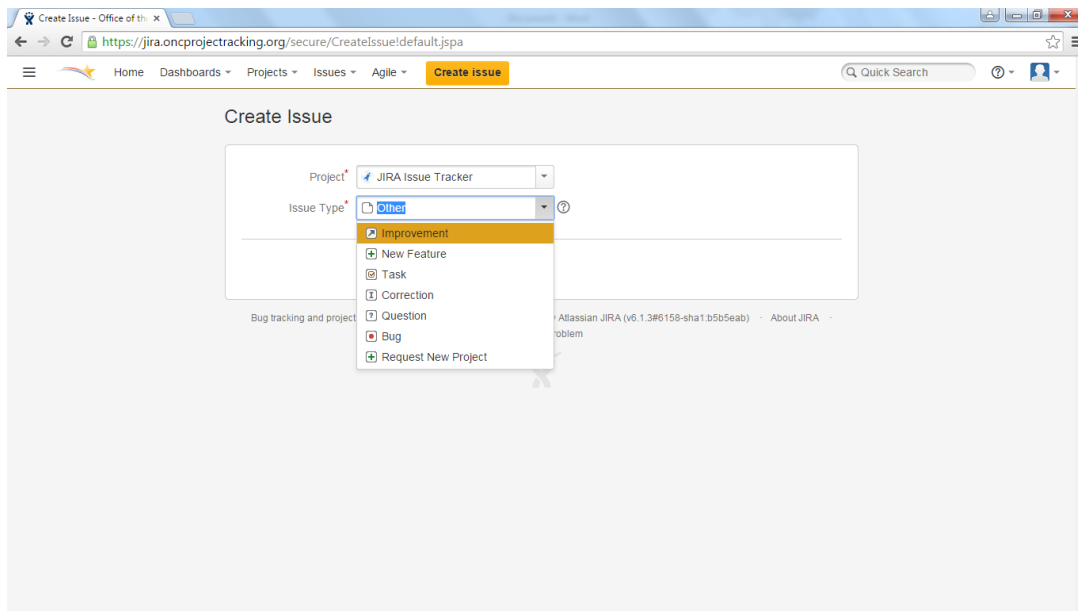
1. Select Report A Problem at the bottom of your screen



2. In the Project box select JIRA Issue Tracker



3. Select the Issue Type





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

The screenshot shows the 'Create Issue' form in a web browser. The form is titled 'Create Issue' and is for the project 'JIRA Issue Tracker'. The 'Issue Type' is set to 'Other'. The 'Summary' field is required and contains a placeholder text: 'Fill in a brief description of what issue needs to be addressed'. The 'Priority' is set to 'Major'. The 'Project' is set to 'None'. The 'Labels' field is empty. The 'Attachment' section shows 'Choose Files' and 'No file chosen'. The 'Impact' field is empty. The 'Context' field is empty. The form is displayed in a web browser window with the URL 'https://jira.oncprojecttracking.org/secure/CreateIssue.jspx'.

### ***JIRA Data Fields***

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

### ***Workflow and Data Processing***

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

## **Applicable Programs**

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

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

- ✓ **New for 2018:** If you are submitting for the Merit-based Incentive Payment System (MIPS), there are two choices of program, as described below. When you get to Question 3 in JIRA, choose MIPS-Quality for measures that pertain to quality and/or efficiency. Choose the new program MIPS-Cost only for measures that pertain to cost. Do not select both MIPS-Quality and MIPS-Cost for the same measure.

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

## **How to Navigate the Document**

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

Throughout the document there is notation regarding questions that need to be answered only if the prior answer requires additional information. On the JIRA online user interface, these questions will only appear as needed.

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

The following appendices provide supplemental information for JIRA users:

[Appendix A. Access to JIRA Application](#)

[Appendix B. Glossary](#)

[Appendix C. Workflow Definitions](#)

[Appendix D. Measures under Consideration Component \(Program\) Approval Chart](#)

[Appendix E. Measures under Consideration Measure Submission Workflow](#)

[Appendix F. Measures under Consideration Feedback/Question/Modify Measure Workflow](#)

[Appendix G. Measures under Consideration Data Template \(Blank\)](#)

[Appendix H. Example Measures under Consideration Data Template \(Completed\)](#)

#### **Helpful Hints:**

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

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

### ***Training and Contacts***

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

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

**Helpful Hints:**

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

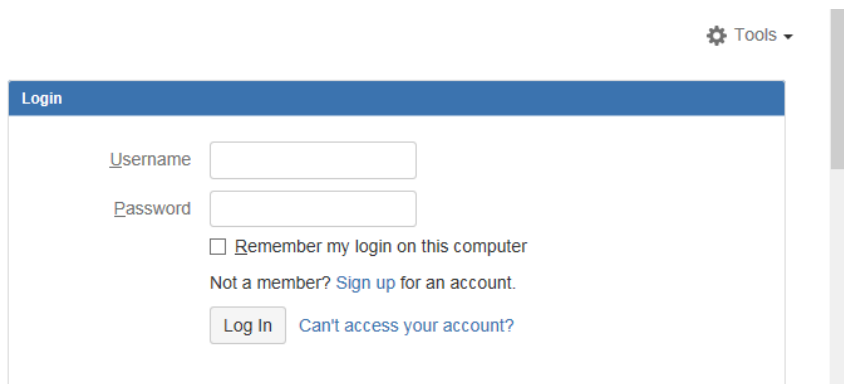
## CHAPTER 1: ACCESSING AND NAVIGATING JIRA

### 1.1 Accessing JIRA

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

In order to gain access to JIRA, reactivate an account, or terminate user credentials, stakeholders should navigate to this web site:

<https://oncprojecttracking.healthit.gov/support/secure/Dashboard.jspa>



Tools ▾

**Login**

Username

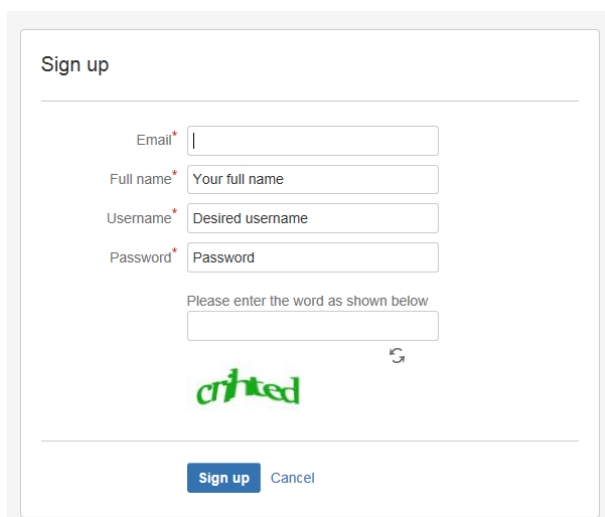
Password

Remember my login on this computer

Not a member? [Sign up for an account.](#)

[Can't access your account?](#)

If you have never used any JIRA project before, click the link “Sign up for an account.” Complete the fields shown below, and then click “Sign up.”



**Sign up**

Email\*

Full name\*

Username\*

Password\*

Please enter the word as shown below

**crited**

You should receive an “Account Signup” confirmation message by email from the ONC JIRA project tracking system.

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

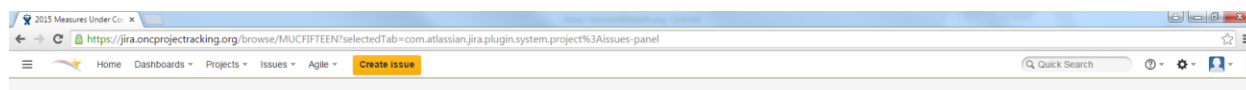
## 1.2 Navigating JIRA

1. Access account through:

<https://oncprojecttracking.healthit.gov/support/secure/Dashboard.jspa>.

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

2. ‘Log In’ at the top right corner
3. Select ‘Create Issue’ at the top of the screen



Project: 2017 Measures Under Cons...

Issue Type: Measure Submission

Select Measure Submission to nominate a measure for MUC list. Select Modify Measure to change a measure already submitted for 2017. Select Question to ask a question on the MUC process. Select Feedback to leave feedback about the 2017 MUC process.

Components: [Empty dropdown]

Start typing to get a list of possible matches or press down to select.

Enter CMS program(s) for which the measure is being submitted. These should not be current use programs. Please note if a user selects programs MIPS or HIQR and if approved for the MUC List and rulemaking the measure has the potential to be "borrowed" for use in Hospital and Physician Compare.

If you select MIPS, please navigate to the Additional Resources list at this web site: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>, download the "MIPS Peer-Review Template and a Completed Sample," and attach the completed form to your JIRA submission using the "Attachments" field at the bottom of this web page.

What is the history or background for including this measure on the new: None

Create another

For additional JIRA navigation assistance:

- a. [Proceed to Chapter 2 for creating a new measure](#)
- b. [Proceed to Chapter 3 to modify a current year candidate measure](#)
- c. [Proceed to Chapter 4 to submit a question](#)
- d. [Proceed to Chapter 5 to submit feedback](#)

## CHAPTER 2: CREATING A NEW MEASURE

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

### **2.1 Measure Information**

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

1. Date Reported
  - a. Date measure was submitted in JIRA
    - ✓ No Action – field automatically populates.
2. Issue Type\*
  - a. Select Measure Submission to nominate a measure for the MUC list. Select Question to ask a question on the MUC process. Select Modify Candidate Measure to change a measure already submitted for 2018. Select Feedback to leave feedback about the 2018 MUC process.
    1. Measure Submission
    2. Question
    3. Modify Candidate Measure
    4. Feedback

- ✓ For additional instructions regarding options 2, 3, and 4, see chapters 3, 4, and 5.
- ✓ The asterisk (\*) by the field label above means that this is a required field in JIRA.

3. CMS Program(s) (labeled “Component/s” in JIRA)\*
  - a. Start typing to get a list of possible matches or press down to select. Enter CMS program(s) for which the measure is being submitted.



- b. **New for 2018: If you are submitting for MIPS, there are two choices of program. Choose MIPS-Quality for measures that pertain to quality and/or efficiency. Choose the new program MIPS-Cost only for measures that pertain to cost. Do not select both MIPS-Quality and MIPS-Cost for the same measure.**
- c. If you select MIPS, please navigate to the Additional Resources list at this web site: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html>, download the “MIPS Peer Review Template and a Completed Sample,” and attach the completed form to your JIRA submission using the “Attachments” field at the bottom of this web page (Question 67).

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

✓ **Helpful Hints:**

- ✓ When selecting “Other” from any drop-down in JIRA, be sure to navigate to the Comments field at the bottom of the submission form and specify the requested information. Then navigate back to the JIRA data field where you were, to continue data entry.
- ✓ If you are submitting a new measure for the MIPS program, you need to attach a completed Peer Reviewed Journal Article template to your measure in JIRA. See Questions 67 and 68 below for more information.

4. What is the history or background for including this measure on the 2018 MUC list?\*
- a. Select only one reason.
1. New measure never reviewed by MAP Workgroup or used in a CMS program
  2. Measure previously submitted to MAP, refined and resubmitted per MAP recommendation

3. Measure currently used in a CMS program being submitted as-is for a new or different program
  4. Measure currently used in a CMS program, but the measure is undergoing substantial change
  5. None (default – not a valid answer)
5. If you selected option 3 (CMS Measure proposed as-is) or 4 (Measure with changes) you will need to answer questions 6 and 7 below. If you answered 1 (new measure), 2 (MAP refine/resubmit), or 5 (none) proceed to question 8 (title or summary).
6. Range of year(s) this measure has been used by CMS Program(s)?
- a. Enter range of years
    1. Free text (unlimited)

✓ E.g., Hospital Quality Reporting (2015-2017)
7. What other federal programs are currently using this measure?
- a. Select as many as apply. These should be current use programs only, not programs for the 2018 submittal.
 

<ol style="list-style-type: none"> <li>1. Ambulatory Surgical Center Quality Reporting Program</li> <li>2. End-Stage Renal Disease Quality Incentive Program</li> <li>3. Comprehensive Primary Care Plus (CPC+)</li> <li>4. Home Health Quality Reporting Program</li> <li>5. Hospice Quality Reporting Program</li> <li>6. Hospital-Acquired Condition Reduction Program</li> <li>7. Hospital Inpatient Quality Reporting Program</li> <li>8. Hospital Outpatient Quality Reporting Program</li> <li>9. Hospital Readmissions Reduction Program</li> <li>10. Hospital Value-Based Purchasing Program</li> <li>11. Inpatient Psychiatric Facility Quality Reporting Program</li> </ol>	<ol style="list-style-type: none"> <li>12. Inpatient Rehabilitation Facility Quality Reporting Program</li> <li>13. Long-Term Care Hospital Quality Reporting Program</li> <li>14. Medicaid Adult Core Set</li> <li>15. Medicaid and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals</li> <li>16. Medicare Shared Savings Program</li> <li>17. Merit-based Incentive Payment System–Cost</li> <li>18. Merit-based Incentive Payment System–Quality</li> <li>19. Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program</li> <li>20. Skilled Nursing Facility Quality Reporting Program</li> <li>21. Skilled Nursing Facility Value-Based Purchasing Program</li> </ol>
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[See Question 3 above for list of CMS programs.](#)

## 2.2 Measure Identification

The screen image below shows part of the measure identification section of the Create Issue screen.

The screenshot shows the 'Create Issue' form in JIRA. The form is titled 'Create Issue' and has a 'Configure Fields' dropdown menu. The form is divided into several sections. The first section is 'Select only one reason'. Below this is the 'Summary' field, which is marked with a red asterisk. The 'Summary' field is followed by a text box with instructions: 'Provide the measure title only (255 characters or less). Put program-specific ID numbers in the next field, not in the title. Note: Enter the NQF ID number and former MUC ID number (if applicable) in later fields.' Below the 'Summary' field is the 'Measure ID' field, also marked with a red asterisk. The 'Measure ID' field is followed by a text box with instructions: 'Alphanumeric identifier (if applicable), such as a recognized program ID number for this measure (20 characters or less). Examples: 199 GPRO HF-5; ACO 28; CTM-3; PQI #08. Fields for the NQF ID number and previous year(s) Jira MUC ID number are provided in other data fields within this form.' Below the 'Measure ID' field is the 'Measure Description' field, marked with a red asterisk. The 'Measure Description' field is followed by a text box with instructions: 'Provide a brief description of the measure (700 characters or less). When you paste text, any content over the limit will be truncated.' Below the 'Measure Description' field is the 'Numerator' field, marked with a red asterisk. The 'Numerator' field is followed by a text box with instructions: 'Provide a brief description of the measure (700 characters or less). When you paste text, any content over the limit will be truncated.' At the bottom of the form are three buttons: 'Create another', 'Create', and 'Cancel'. The 'Create' button is highlighted in blue. The form is part of a larger application window with a sidebar on the left and a top navigation bar.

### 8. Measure Title (labeled “Summary” in JIRA)\*

- a. Provide the measure title only. Put program-specific ID number in the next field, not in the title. Note: Do not enter the NQF ID, former JIRA MUC ID number, or any other ID numbers here (see below).

1. Free text (limited to 255 characters)

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

### 9. Measure ID

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

1. Free text field (limited to 20 characters)

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

10. Measure Description\*

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

✓ **Helpful Hints:**

- ✓ If copying and pasting text into data fields, check to make sure the full text is within the character limit.
- ✓ Text greater than the character limits will be truncated and will not be stored.
- ✓ In measure specifications and other text fields, be sure to spell out all abbreviations and define special terms at their first occurrence. This will save time and revision/editing cycles during clearance.

11. Numerator\*

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

12. Denominator\*

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

13. Exclusions\*

- a. If applicable, specify Numerator Exclusion, Denominator Exclusion, or Denominator Exception.
  1. Free text (unlimited)
  - ✓ Be clear regarding where the exclusion is applied; "Exclusions to the numerator are:...", "Exclusions to the denominator are:..."

14. Measure Type\*

- a. Select only one type of measure. For definitions, see Glossary in [Appendix B](#) below.

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

15. Which clinical guideline(s)?
- a. The measure should improve compliance with standard clinical guidelines. Provide a detailed description of which guideline supports the measure and how the measure will enhance compliance with the clinical guidelines. Indicate whether the guideline is evidence-based or consensus-based.
    1. Free text (unlimited)
    - ✓ Submitters may attach PDFs or other files (Question 67 below) or paste hyperlinks (here in the Question 15 text box) to external web-based documents. If citing an external document, the submitter must provide the page number and reference in this text box field in JIRA.
    - ✓ Resource: The National Guideline Clearinghouse <http://www.guideline.gov/>
16. Is this measure similar to and/or competing with measure(s) already in a program?\*
- a. Consider other measures with similar purposes.
    1. Yes
    2. No
17. If you selected YES, answer the next three questions (18, 19, and 20). If you answered NO, proceed to question 21 (Target Population).
18. Which measure(s) already in a program is your measure similar and/or competing with?
- a. Identify the other measure(s) including title and any other unique identifier.
    1. Free text (unlimited)
    - ✓ In addition to listing the title and identifiers, if a similar or competing measure is NQF endorsed or otherwise available on-line, post website link in text box.
19. How will this measure add value to the CMS program?
- a. Describe benefits of this measure, in comparison to measure(s) already in a program.
    1. Free text (unlimited)
20. How will this measure be distinguished from other similar and/or competing measures?
- a. Describe key differences that set this measure apart from others.
    1. Free text (unlimited)
    - ✓ Distinguish between similar measures and the measure being submitted.
    - ✓ Describe how this measure will be distinguished from other similar and/or competing measures.
    - ✓ Demonstrate that an environmental scan has been completed.
    - ✓ Describe the level of investigation.
21. What is the target population of the measure?\*
- a. What populations are included in this measure? E.g., Medicare Fee for Service, Medicare Advantage, Medicaid, All Payer, etc.
    1. Free text (unlimited)

## 2.3 Measure Alignment

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

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

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

- ✓ Select the one best fit.

23. What one healthcare priority applies to this measure?\*

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

✓ Check the one healthcare priority that best applies to your measure

24. What one meaningful measure applies to this measure?\*

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

✓ Check the one Meaningful Measure that best applies to your submitted measure

25. Briefly describe the peer reviewed evidence justifying this measure\*

- a. Description of the rationale and/or the peer reviewed evidence; for example, cite the relevant publication(s) and summarize the findings that document the value of this measure.

- 1. Free text (unlimited)

26. What is the NQF status of the measure?\*

- a. Select only one. Refer to <http://www.qualityforum.org/QPS/> for information on NQF endorsement, measure ID, and other information.

- 1. Endorsed
- 2. De-endorsed
- 3. Submitted
- 4. Failed endorsement
- 5. Never submitted
- 6. None (default – not a valid answer)

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

- ✓ <http://www.qualityforum.org/>

The screenshot shows a web browser window with a 'Create Issue' form. The form is titled 'Create Issue' and has a 'Configure Fields' button. The form contains several sections:

- What is the NQF status of the measure?\***: A dropdown menu is open, showing options: None (selected), Endorsed, De-endorsed, Submitted, Failed Endorsement, and Never Submitted.
- NQF ID number\***: A text input field with a note: 'Four digit number with leading zeros if needed. If no NQF ID number is known, enter numerals 0000.'
- Evidence that the measure can be operationalized\***: A large text area for providing evidence that the data source used by the measure is readily available to CMS.
- In what state of development is the measure?\***: A dropdown menu with options: Early Development, Field Testing, and Fully Developed.
- In which setting was this measure tested?\***: A multi-select dropdown menu with options: Community hospitals, Dialysis facility, Emergency department, Hospital outpatient department (HOD), and Home health.
- At what level of analysis was the measure tested?\***: A multi-select dropdown menu with options: None, Clinician, Group, Facility, and Health plan.
- What data sources are used for the measure?\***: A multi-select dropdown menu with options: Administrative claims (non-Medicare; enter relevant parts in the field below), Administrative clinical data, Facility discharge data, and Chronic condition data warehouse (CCW).

At the bottom of the form, there are buttons for 'Create another', 'Create', and 'Cancel'.

27. NQF ID Number\*

- a. Four-digit number.

- 1. Free text (4 digits)



- ✓ If no NQF ID number is known or the measure was not submitted to NQF, enter numerals 0000
- ✓ Place zeros ahead of ID if necessary (e.g., 0064)

## **2.4 Measure Testing and Endorsement**

### 28. Evidence the measure can be operationalized

- a. Provide evidence that the data source used by the measure is readily available to CMS. Summarize how CMS would operationalize the measure. For example, if the measure is based on registry data, the submitter must provide evidence that the majority of the hospitals in the program in which the measure will be used participate in the registry; if the measure is registry-based, the submitter must provide a plan for CMS to gain access to the registry data.
- b. For eCQMs, attach feasibility scorecard or other quantitative evidence indicating measure can be reported by the intended reporting entities (see Question 67 below).
  1. Free text (unlimited)
    - ✓ CMS can implement a measure if the data is available for measure calculation
    - ✓ Data has to be extrapolated in order for CMS to operationalize the measure
    - ✓ CMS has limitations regarding the data it uses for measurement (e.g., chart abstracted and claims data)
    - ✓ For example, describe the number of hospitals, physicians, or long-term care facilities that are currently using the measure
    - ✓ The measure must be simple enough that large numbers of users are likely to adopt and use it
    - ✓ CMS needs to be able to collect/access the data.

Example 1: Someone proposes a measure that relies on a registry where only 10% of hospitals participate. CMS cannot force the other 90% of hospitals to join this registry, so the measure cannot readily be operationalized.

Example 2: Measure is proposed where the respondent burden involves completing 98 pages of specifications. The measure is too complex to be operationalized.

29. *If the measure is NQF endorsed, answer questions 30 through 34. If never submitted to NQF, skip to Question 35 (state of development). See Question 26 above for a description of NQF.*

### 30. Is the measure being submitted exactly as endorsed by NQF?

- a. Select only one
  1. Yes
  2. No

31. If not exactly as endorsed, specify the locations of the differences

a. Which specification fields are different? Select as many as apply.

1. Measure title
2. Description
3. Numerator
4. Denominator
5. Exclusions
6. Target Population
7. Setting (for testing)
8. Level of analysis
9. Data source
10. eCQM status
11. Other (see next field)

32. If not exactly as endorsed, describe the nature of the differences

a. Briefly describe the differences

1. Free text (unlimited)

33. Year of most recent of NQF Consensus Development Process (CDP) endorsement (See Question 26 above.)

a. Select one

1. Four-digit year

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

34. Year of next anticipated NQF CDP endorsement review

a. Select one (four-digit year)

1. 2018
2. 2019
3. 2020
4. 2021
5. 2022
6. None (not a valid answer)

35. In what state of development is the measure?\*

- a. Select as many as apply
  - 1. Early Development
  - 2. Field Testing
  - 3. Fully Developed

36. State of Development Details

- a. Details are helpful to CMS in understanding where the measure is in the developmental cycle and will weigh heavily in determining whether or not the measure will be published on the MUC List.
- b. If you selected early development above, meaning testing is not currently underway, please describe when testing is planned (i.e., specific dates), what type of testing is planned (e.g., alpha, beta, etc.) as well as the types of facilities the measure will be tested in.
- c. If you selected field testing or fully developed above, please describe what testing (e.g., alpha, beta, etc.) has taken place in addition to the results of that testing.
- d. Related to testing, summarize results from validity testing including number of reporting entities and patients measured, and how validity was assessed. Summarize results from reliability testing including number of reporting entities and patients measured, and how reliability was assessed.
  - 1. Free text field (unlimited)

37. In which setting was the measure tested?\*

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

38. At what level of analysis was the measure tested?\*

- a. Select as many as apply
  - 1. None (not a valid answer)
  - 2. Clinician
  - 3. Group
  - 4. Facility
  - 5. Health plan
  - 6. Not yet tested
  - 7. Other (enter in Comments box below)

39. What data sources are used for the measure?\*

- a. Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.
- b. If **Non-Medicare Administrative Claims**, then enter relevant parts in Question 42 below.
- c. If **EHR**, then enter relevant parts in Question 42 below.
- d. If **Registry**, then enter which registry in Question 41 below.

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

40. *If Registry was selected, answer Question 41. If EHR or Administrative Claims or Chart-Abstracted Data, answer Question 42. If none of these, skip to Question 43 (How reported?).*

41. Specify the registry(ies)

- a. Identify the registry(ies) using the submitted measure. Use the scroll bar to view all available registries. Select as many as apply.
  1. AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity
  2. Alere Analytics Registry
  3. American Board of Family Medicine Registry
  4. American College of Cardiology Foundation FOCUS Registry
  5. American College of Cardiology Foundation PINNACLE Registry
  6. American College of Physicians Genesis Registry™ in collaboration with CECity
  7. American College of Radiology National Radiology Data Registry
  8. American College of Rheumatology Informatics System for Effectiveness
  9. American College of Surgeons (ACS) Surgeon Specific Registry (SSR)
  10. American College of Surgeons National Cancer Data Base (ASC NCDB)
  11. American College of Surgeons National Surgical Quality Improvement Program (ASC NSQIP)
  12. American Gastroenterological Association Colorectal Cancer Screening and Surveillance Registry in collaboration with CECity
  13. American Gastroenterological Association Digestive Recognition Program Registry in collaboration with CECity
  14. American Health IT
  15. American Heart Association's Get With the Guidelines Database
  16. American Joint Replacement Registry
  17. American Nursing Association's National Database for Nursing Quality Indicators® (NDNQI®).
  18. American Osteopathic Association Clinical Assessment Program
  19. American Society of Breast Surgeons Mastery of Breast Surgery Program

20. American Society of Clinical Oncology Quality Oncology Practice Initiative (QOPI)<sup>®</sup>
21. Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry (NACOR)
22. Bayview Physician Services Registry
23. BMC Clinical Data Warehouse Registry
24. Care Coordination Institute Registry
25. CDC, NHSN (National Healthcare Safety Network)
26. CECity Registry (“PQRSwizard”)
27. Cedaron Medical
28. Central Utah Informatics
29. Chronic Disease Registry, Inc
30. CINA
31. Clinical Support Services
32. Clinicient
33. Clinigence
34. Conifer Value-Based Care
35. Corrona, LLC
36. Covisint Corporation Registry (formerly Docsite)
37. Crimson Care Registry
38. CUHSM.ORG
39. DC2 Healthcare (NOC2 Spine Registry and C3 Total Joint Registry)
40. Digital Medical Solutions Registry
41. DrexelMed Registry
42. E\*HealthLine.com Inc
43. eClinicalWeb (eClinicalWorks) Registry
44. EVMS Academic Physicians and Surgeons Health Services Foundation
45. Faculty Practice Foundation, Inc. supported by BMC Clinical Data Warehouse Registry
46. Falcon Registry
47. FORCE-TJR Registry QITM
48. FOTO PQRS Registry
49. Fresenius Medical Care CKD Data Registry
50. Geriatric Practice Management LTC Qualified Clinical Data Registry
51. Geriatric Practice Management LTC Registry
52. GI Quality Improvement Consortium’s GIQuIC Registry
53. Greenway Health PrimeDATA CLOUD PQRS Registry
54. HCA Physician Services PQRS Registry
55. HCFS Health Care Financial Services LLC (HCFS)
56. Health Focus Registry
57. ICLOPS
58. Ingenious Med, Inc.
59. Intellicure, Inc
60. Intelligent Healthcare
61. iPatientCare Registry
62. IPC The Hospitalist Company Registry
63. IRISTM Registry
64. Johns Hopkins Disease Registry

65. Louisiana State University Health Care Quality Improvement Collaborative  
[Louisiana State University, Quality in Health Care Advisory Group, LLC (QHC  
Advisory Group), CECity]
66. Lumeris Registry
67. M2S Registry
68. Mankato Clinic Registry
69. Massachusetts eHealth Collaborative Quality Data Center QCDR
70. Massachusetts General Physicians Organization Registry
71. McKesson Population Manager
72. MDinteractive
73. MDSync LLC
74. MedAmerica/CEP America Registry
75. Meditab Software, Inc
76. MedXpress Registry
77. MEGAS, LLC Alpha II Registry
78. Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program  
(MBSAQIP) QCDR
79. Michigan Bariatric Surgery Collaborative QCDR
80. Michigan Spine Surgery Improvement Collaborative
81. Michigan Urological Surgery Improvement Collaborative QCDR
82. myCatalyst
83. National Osteoporosis Foundation and National Bone Health Alliance Quality  
Improvement Registry in collaboration with CECity
84. Net Health Specialty Care Registry
85. Net.Orange cOS Registry
86. NeuroPoint Alliance (NPA)'s National Neurosurgery Quality & Outcomes Database  
(N2QOD)
87. NextGen Healthcare Solutions
88. NJ-HITEC Clinical Reporting Registry
89. OBERD QCDR
90. OmniMD
91. Oncology Nursing Quality Improvement Registry in collaboration with CECity
92. Oncology Quality Improvement Collaborative (The US Oncology Network,  
McKesson Specialty Health, Quality in Health Care Advisory Group, LLC (QHC  
Advisory Group), CECity)
93. Patient360
94. Physician Health Partners QCDR
95. PMI Registry
96. PQRS Solutions
97. PQRSPRO NetHealth LLC
98. Premier Healthcare Alliance Physician Registry™
99. Pulse PQRS Registry
100. Quintiles PQRS Registry
101. Renal Physicians Association Quality Improvement Registry in collaboration with  
CECity
102. ReportingMD Registry
103. RexRegistry by Prometheus Research
104. Society of Thoracic Surgeons National Database

105. Solutions for Quality Improvement (SQI) Registry
106. Specialty Benchmarks Registry
107. SunCoast RHIO
108. SupportMed Data Analytics & Registry
109. Surgical Care and Outcomes Assessment Program (SCOAP)
110. SwedishAmerican Medical Group
111. TeamPraxis-Allscripts CQS
112. The Guideline Advantage™ (American Cancer Society, American Diabetes Association, American Heart Association) supported by Forward Health Group's PopulationManager®
113. The Pain Center USA PLLC
114. Unlimited Systems Specialty Healthcare Registry
115. Vancouver Clinic
116. Venous Patient Outcome Registry
117. Vericle, Inc.
118. Webconsort LLC
119. WebOutcomes LLC
120. WebPT, Inc
121. Wellcentive, Inc
122. Wisconsin Collaborative for Health Care Quality Registry
123. Wound Care Quality Improvement Collaborative (Paradigm Medical Management, Patient Safety Education Network (PSEN), Net Health Systems, Inc., CECity)
124. Other (specify in comments)

42. If EHR or Administrative Claims or Chart-Abstracted Data, description of parts related to these sources

- a. Provide a brief, specific description of which parts of the measure are taken from EHR, Administrative claims-based, or chart-abstracted (i.e., paper medical records) data sources.
  1. Free text (unlimited)

43. How is the measure expected to be reported to the program?\*

- a. This differs from the data sources above. This is the anticipated data submission method.
- b. "Administrative Claims" is for CMS-developed measures only.
- c. Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.
  1. eCQM
  2. Registry
  3. Claims
  4. Administrative Claims
  5. Other (enter in Comments at far bottom of this screen)

## 2.5 Electronic Clinical Quality Measures (eCQMs)

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

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

44. Is this measure an eCQM?\*

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

45. If eCQM = Yes, then answer Questions 46 and 47 below.

46. If eCQM, enter Measure Authoring Tool (MAT) number\*

- a. If not an eCQM, or if MAT number is not available, enter 0.
- b. If your measure is an eCQM, then in the Attachments field below (Question 67), you must attach Bonnie test cases for this measure, with 100% logic coverage (test cases should be appended), attestation that value sets are published in Value Set Authority Center, and NQF feasibility scorecard.
  1. Free Text (unlimited)

47. If eCQM, does the measure have a Healthy Quality Measures Format (HQMF) specification in alignment with the latest HQMF standards?\*

- a. If not eCQM, select No.
  1. Yes
  2. No
  3. None (not a valid answer)



## 2.6 Measure Gaps and Consequences

48. Evidence of performance gap\*
- a. Evidence of a performance gap among the units of analysis in which the measure will be implemented. Provide analytic evidence that the units of analysis have room for improvement and therefore that the implementation of the measure would be more meaningful.
  - b. The distribution of performance should be wide. Measure must not address “topped-out” opportunities. Please provide current rate of performance and standard deviation from that rate to demonstrate variability.
  - c. If available, please provide information on the testing data set. If available, include percent average performance rate, minimum, and maximum. Include validity and reliability values in a standard format, and the population size used in determining these values.
    1. Free text (unlimited)
49. Unintended consequences
- a. Summary of potential unintended consequences if the measure is implemented. Information can be taken from NQF CDP manuscripts or documents.
  - b. If referencing NQF documents, you must submit the document (Question 67 below) or a link to the document (in this field), and the page being referenced.
    1. Free text (unlimited)

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

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

50. Was this measure published on a previous year's Measures Under Consideration list?\*
- a. If **yes**, you are submitting an existing measure for expansion into additional CMS programs or the measure has substantially changed since originally published, then proceed to the Questions 51 through 56 and 58 below. If **no**, then skip to Question 59.
    1. Yes
    2. No
    3. None (not a valid answer)

✓ <http://www.qualityforum.org/map/>

51. In what prior year(s) was this measure published?
- a. Select as many as apply
    1. 2011
    2. 2012

3. 2013
4. 2014
5. 2015
6. 2016
7. 2017
8. Other (enter in comments box at bottom of screen)

#### Helpful Hints

Previous MAP and Measures under Consideration reports can be found at [the CMS Pre-Rulemaking web site](#).

52. What were the MUC IDs for the measure in each year?
- a. List both the year and the associated MUC ID number in each year. If unknown, enter N/A.
    1. Free text (unlimited)
- ✓ e.g., 2013 X1432
  - ✓ For reference, in the 2014 MUC list, the following prefixes were used to categorize groups of measures:
    - E—Currently endorsed by the NQF
    - D—Was once endorsed by the NQF but has subsequently been de-endorsed
    - F—Was submitted to the NQF for endorsement but was not endorsed
    - S—Is currently submitted to the NQF for endorsement
    - X—Has yet to be submitted to the NQF for endorsement.
53. List the NQF MAP workgroup(s) in each year
- a. List both the year and the associated workgroup name in each year.
    1. Free text (unlimited)
- ✓ Workgroup options: Clinician; Hospital; Post-Acute Care/Long-Term Care; and Coordinating Committee.
  - ✓ Example: "Clinician, 2014"
54. What were the programs that NQF MAP reviewed the measure for in each year?
- a. List both the year and the associated program name in each year.
    1. Free text (unlimited)
55. What was the NQF MAP recommendation in each year?
- a. List the year(s), the program(s), and the associated recommendation(s) in each year.
  - b. Options: Support; Do Not Support; Conditionally Support; Refine and Resubmit
    1. Free text (unlimited)

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

56. Why was the measure not recommended by the MAP workgroups in those year(s)?

- a. Briefly describe the reason(s) if known.
  - 1. Free text

57. NQF MAP report link for each year

- ✓ This is not a data entry field, but is provided for your reference in completing this section. You can copy/paste the links into your browser to view each year's MAP pre-rulemaking report (2012 to present). Click on the following link:

- [http://www.qualityforum.org/Setting\\_Priorities/Partnership/MAP\\_Final\\_Reports.aspx](http://www.qualityforum.org/Setting_Priorities/Partnership/MAP_Final_Reports.aspx)

- ✓ All major NQF reports going back to 2008 should be locatable here:  
<http://www.qualityforum.org/Publications.aspx>

For additional information regarding MAP and the MAP pre-rulemaking report process, go to: <http://www.qualityforum.org/map/> or CMS's website: <http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/MultiStakeholderGroupInput.html>

58. NQF MAP report page number being referenced for each year

- a. List both the year and the associated MAP report page number for each year.
  - 1. Free text (unlimited)

## **2.8 Statutory Requirement**

59. If this measure is being submitted to meet a statutory requirement, please list the corresponding statute

- a. List title and other identifying citation information.
  - 1. Free text (unlimited)

## **2.9 Measure Steward and Submitter Information**

60. Measure Steward\*

- a. Select the current Measure Steward. Select as many as apply. Use the scroll bar to view all available stewards.
  - 1. See Appendix A.60-62 (within [Appendix G](#)) below for list choices.

61. Measure Steward Contact Information\*

- a. Last name, First name; Affiliation (if different); Telephone number; E-mail address
  - 1. Free text (unlimited)

62. Long-Term Measure Steward (if different)

- a. Entity or entities that will be the permanent measure steward(s), responsible for maintaining the measure and conducting NQF maintenance review.
- b. Use the scroll bar to view all available stewards. See Appendix A.60-62 (within [Appendix G](#)) for list choices.
  - 1. Free text (unlimited)

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

63. Long-term Measure Steward Contact Information

- a. If different from Steward above: Last name, First Name; Affiliation; Telephone number; E-mail address.
  - 1. Free text (unlimited)

The screenshot shows a web interface for creating an issue. At the top, there are navigation tabs: 'cts', 'Issues', 'Boards', and 'Create' (highlighted in orange). A search bar is on the right. Below the tabs is a 'Create Issue' header with a 'Configure Fields' dropdown menu. The main form area is divided into two sections:

- Primary Submitter\* Contact Information:** This section includes fields for 'Telephone number' and 'Email address'. Below these is a large text area for contact details.
- Secondary Submitter Contact Information:** This section includes a heading 'If different from Steward above:' followed by fields for 'Last name, First name', 'Affiliation', 'Telephone number', and 'Email address'. Below these is another large text area.

At the bottom of the form, there is a heading 'If different from name(s) above:' followed by fields for 'Last name, First name' and 'Affiliation'. At the very bottom, there are three buttons: 'Create another' (with a checkbox), 'Create' (in a blue box), and 'Cancel'.

64. Primary Submitter Contact Information\*

- a. If different from Steward above: Last name, First name; Affiliation; Telephone number; E-mail address.
  - 1. Free text (unlimited)

## 65. Secondary Submitter Contact Information

- a. If different from name(s) above: Last name, First name; Affiliation; Telephone number; E-mail address.
  1. Free text (unlimited)

## 2.10 Comments and Attachments

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

Comments

Any notes, qualifiers, external references, or other information not specified above. For OTHER entries: please indicate the type of additional data you are providing, such as Measure Type, Setting, Level of Analysis, or Measure Steward.

Attachment  No file chosen

The maximum file upload size is 10.00 MB.

Attach measure information form (MIF) if available. This is a detailed description of the measure used by NQF during endorsement proceedings. If a MIF is not available, a detailed Measure Methodology form is acceptable.

Create another

## 66. Comments

- a. Any notes, qualifiers, external references, or other information not specified above.
- b. For OTHER entries: please indicate the type of additional data you are providing, such as Measure Type, Setting, Level of Analysis, or Measure Steward.
- c. Please ensure that all comments are added to the parent measure record rather than the child measure record.
  1. Free text (unlimited)
    - ✓ Example: If your measure has an area of specialty, a registry, or a measure steward that is not on the drop-down lists provided, you can add this specific information in the Comments field.

**Helpful Hint: Add Comments Only to “Parent” Measures**

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

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

The screenshot shows a JIRA issue page for a 'Parent' measure. The issue title is 'Average change in functional status following total knee replacement surgery' (MUC2017-169). The 'Details' section shows 'Type: Measure Submission' circled in red. The status is 'CLOSED' and the resolution is 'Done'. The 'People' section lists the assignee as Vincent J Brown and the reporter as Colette Pitzen.

Above is a “Parent” measure record. Type = Measure Submission.

Below is a “Child” measure record. Type = Child Record. To go to the Parent record, in this example, click on the hyperlink to “MUC2017-169” just above the large font measure title.


The screenshot shows a JIRA issue page for a 'Child' measure. The issue title is 'Merit-Based Incentive Payment System - Average change in functional status following total knee replacement surgery' (MUC2017-175). The 'Details' section shows 'Type: Child Measure' circled in red. The status is 'APPROVED' and the resolution is 'Done'. The 'People' section lists the assignee as Michelle Geppi and the reporter as Colette Pitzen.

## 67. Attachment(s)

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

any notes, queries, external references, or other information not specified above. For other entities, indicate the type of additional data you are providing, such as Measure Type, Setting, Level of Analysis Measure Steward.

Attachment


 A dashed rectangular box containing a cloud icon with an upward arrow and the text "Drop files to attach, or browse."

The maximum file upload size is 10.00 MB. You are encouraged to attach measure information form (MIF) if available. This is a detailed description of the measure used by NQF during endorsement proceedings. If a MIF is not available, comprehensive measure methodology documents are encouraged.

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

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

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

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

68. MIPS Journal Article Attachment

- a. For those submitting measures to MIPS program, click “Yes” after you have attached your completed Peer-Reviewed Journal Article Requirement form.
  1. Yes
  2. No

### ***2.11 Changing or Deleting a Submitted Measure***

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

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



## **CHAPTER 3: MODIFYING A CURRENT YEAR MEASURE**

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

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

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

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

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

1. Issue Type\*
  - a. Select Modify Candidate Measure to change a measure already submitted for the current year.
    1. Measure Submission
    2. Question
    - 3. Modify Candidate Measure**
    4. Feedback
2. Component/s\*
  - a. Enter CMS program(s) for which the measure is proposed. Start typing to get a list of possible matches or press down to select.

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

3. Measure Title (labeled in JIRA as “Summary”)\*
  - a. Provide the measure title only. Put program-specific ID number in the next field, not in the title. Use the same measure title as originally submitted.
    1. Free text (limited to 255 characters)

4. Measure ID
  - a. Alphanumeric identifier (if applicable), such as a recognized program ID number for this measure. Use the same Measure ID as originally submitted (if applicable).
    1. Free text (limited to 20 characters).
  - ✓ Example: CTM-3; ACO 28
  - ✓ This field is not for NQF or MUC ID numbers
5. MUC ID
  - a. Provide the original MUC ID for the current year that JIRA generated with your candidate measure submission.
    1. Free text (limited to 20 characters)
6. Change
  - a. Type your proposed change here. Use this form only for candidate measures that have already been submitted through JIRA for the current year MUC process.
  - b. Describe the change specifically. Be sure to include the names of the data field(s) affected, and indicate clearly whether the change is intended to add to or replace the existing information in that field.
    1. Free text (unlimited)
7. Primary Contact Information for Person Requesting Change\*
  - a. Last name, First name; Affiliation; Telephone number; Email address
    1. Free text (unlimited)
8. Secondary Contact Information for Person Requesting Change\*
  - a. Last name, First name; Affiliation; Telephone number; Email address
    1. Free text (unlimited)
  - ✓ Provide detailed and accurate contact information to allow for additional follow-up by measure managers.

### **Difference between “Delete” and “Reject”**

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

In some cases, measure submitters may need to delete a candidate measure record entirely, for example, if two records with identical content are submitted to JIRA in the same year, or if a candidate measure was submitted erroneously. In those cases, users should create a “Modify Candidate Measure” request or issue type, indicating the MUC17 identifying number of the record that should be reviewed for deletion and the reason for the request. Once a record has been deleted by JIRA administrators, it cannot be recovered, and it is not traceable in the database.

## CHAPTER 4: SUBMITTING A QUESTION OR REPORTING A PROBLEM

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

1. Issue Type\*
  - a. Select Question to ask a question on the MUC process.
    1. Measure Submission
    2. **Question**
    3. Modify Candidate Measure
    4. Feedback
2. Component/s [that is, CMS Program(s)]\*
  - a. Please select the program(s) you are asking about.

The screenshot shows the 'Create Issue' form in the JIRA system. The form is titled 'Create Issue' and is part of the '2018 Measures Under Consideration' project. The 'Issue Type' is set to 'Question'. The 'Component/s' field is active, showing a dropdown menu with a list of CMS programs. The 'Summary' field is empty, and the 'Type of question' is set to 'None'. The form includes instructions for selecting the issue type and component, and a 'Create another' checkbox.

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

- ✓ To select program, begin by typing the name of the program; JIRA will pull up options for selection.

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

4. Type of question
  - a. Select type of question (main purpose)
    1. JIRA user interface
    2. Measure content/specifications
    3. Measure supporting information
    4. Training
    5. Data request
    6. Other
  
5. Question\*
  - a. Type your question here. Provide specific references to the JIRA fields, measure attributes, or policies that you are asking about.
    1. Free text (unlimited)
  
6. Primary Contact Information for Person Asking Question\*
  - a. Last name, First name; Affiliation; Telephone number; Email address
    1. Free text (unlimited)
  
7. Secondary Contact Information for Person Asking Question\*
  - a. Last name, First name; Affiliation; Telephone number; Email address
    1. Free text (unlimited)

## CHAPTER 5: PROVIDING FEEDBACK

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

1. Issue Type\*
  - a. Select Feedback to provide input about the current year MUC process.
    1. Measure Submission
    2. Question
    3. Modify Candidate Measure
    4. **Feedback**
2. Component/s [that is, CMS Program(s)]\*
  - a. Please select the program(s) you are asking about

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

- ✓ Type in the beginning of the program name – JIRA will generate options for selection.

Issue Type\*  ?

Some issue types are unavailable due to incompatible field configuration and/or workflow associations. Select Measure Submission to nominate a measure for MUC list. Select Modify Measure to change a measure already submitted for 2015. Select Question to ask a question on the MUC process. Select Feedback to leave feedback about the 2015 MUC process.

---

CMS Program\*

**End-Stage Renal Disease QIP**

Medicaid and Medicare EHR Incentive Program for Eligible Hospitals or ...

Medicare and Medicaid EHR Incentive Program for Eligible Professionals

Summary\*

Fill in a brief description of what issue needs to be addressed

You must specify a summary of the issue.

Feedback type\*

Select type of feedback comment (main purpose)

Feedback type is required.

3. Summary\*
  - a. Fill in a brief description of what issue needs to be addressed
    1. Free text (unlimited)
4. Feedback Type\*
  - a. Select type of question (main purpose)
    1. JIRA user interface
    2. Measure content/specifications
    3. Measure supporting information
    4. Training
    5. Other

6. None (not a valid answer)

Fill in a brief description of what issue needs to be addressed

Feedback type\* **None**

- None
- Jira user interface/instructions
- Measure content/specifications
- Measure supporting information
- Training
- Other

Feedback\*

Type your feedback message here. Provide specific references to the JIRA fields, measure attributes, or policies that you are responding to.

Create another

5. Feedback\*

- a. Type your feedback here. Provide specific references to the JIRA fields, measure attributes, or policies that you are responding to.
  1. Free text (unlimited)

## **APPENDIX A: ACCESS TO JIRA APPLICATION**

In order to gain access to JIRA for the current MUC Year project web site, complete and email the following form to [MMSSupport@battelle.org](mailto:MMSSupport@battelle.org).

Submitter Name:

Submitter Email:

Organization/Agency Name:

Your Manager's Name:

Your Manager's Phone Number:

Your Manager's Email:

CMS Program Name:

CMS Program Lead Name:

Is this an activation, reactivation, or removal?

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



## **APPENDIX B: GLOSSARY**

CMS has included a list of terms for clarity and consistency. For a more detailed list of common properties used in health care measure development, go to:

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/MMS-Blueprint.html> or to

<http://www.qualitymeasures.ahrq.gov/about/glossary.aspx> or to

<http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=73681>

### **Accountable Care Organizations**

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

### **Administrative clinical data**

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

### **Administrative management data**

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

### **Alpha test**

Formative testing of a measure.

### **Ambulatory/Office-based Care**

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

### **Ambulatory Procedure/Imaging Center**

Health care facilities where diagnostic imaging services and/or surgical procedures not requiring an overnight hospital stay are performed. Comprehensive care including pre-screening, pain management and post-operative nursing care is provided. Services include acupuncture, angiography, biopsy, chemotherapy, computed tomography, lab tests, laser medicine, magnetic resonance imaging (MRI), radiography, electrocardiography (ECG), endoscopy, hemodialysis, palliative care, physical therapy, radiation therapy, ultrasonography, and various outpatient surgeries.

**Ancillary Services**

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

**Assisted Living Facilities**

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

**Behavioral Health Care**

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

**Beta test**

Field testing of a measure.

**Building Block Measure**

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

**Clinical Practice Guideline**

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

**Clinical training documentation**

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

**CMS Program(s)**

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

**Community Health Care**

Diagnostic, therapeutic, and preventive health care services provided for individuals or families in the community for the purpose of promoting, maintaining, or restoring health or minimizing the effects of illness and disability. Community health care takes a public health perspective of addressing the health of all residents in a community and undertaking health education and other public health measures as well as delivery of personal health care. Classic examples of community health care are the federally funded community health centers, most of which are in towns and cities.

**Composite**

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

**Cost/Resource Use**

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

**Data Source**

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

**Denominator**

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

**Description**

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

**Documentation of organizational self-assessment**

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

**Early Development (State or Stage of Measure Development)**

Measure testing is not currently underway in the healthcare setting.

**Efficiency (measure type)**

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

**Electronic health record (EHR) system**

An electronic health record (EHR) is just like it sounds: a systematic collection of health information about a patient or population in a digital format. At its simplest, an EHR is a computerized version of a doctor's traditional paper charts. Electronic information in EHRs can be more easily shared through connected systems and other information networks.

**EHR standards**

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

**eMeasure**

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

**Value set**

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

**Emergency Department**

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

**Emergency Medical Services**

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

**Endorsement**

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

**Endorsement Date**

The date the measure was endorsed.

**Endorsement Maintenance**

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

**Exceptions**

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

**Exclusions**

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

**Exclusion Criteria**

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

**External audit**

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

**Field Testing (State or Stage of Measure Development)**

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

**Fully Developed (State or Stage of Measure Development)**

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

**Harmonization**

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

**Competing measures**

Address the same topic and the same population.

**Related measure**

Address either the same topic or the same population.

**Health professional survey**

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

**Home Care**

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

**Hospices**

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

**Hospital Inpatient**

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

**Hospital Outpatient**

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

**Hospital - Other**

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

**Imaging data**

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

**Inclusion Criteria**

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

**Inspections/Site visits**

A formal visit to a hospital or health care facility by representatives from an accrediting organization (e.g., The Joint Commission [TJC], Centers for Medicare & Medicaid Services [CMS]) to assess the quality of care provided in the institution, as reflected by the facility's adherence to guidelines for providing such care.

**Intensive Care Units**

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

**Intermediate Outcome**

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

**Laboratory data**

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

**Long-term Care Facilities — Other**

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

**Managed Care Plans**

Health insurance plans intended to reduce unnecessary health care costs through a variety of mechanisms, including economic incentives for physicians and patients to select less costly forms of care, programs for reviewing the medical necessity of specific services, increased beneficiary cost sharing, controls on inpatient admissions and lengths of stay, the establishment of cost-sharing incentives for outpatient surgery, selective contracting with health care providers, and the intensive management of high-cost health care cases. The programs may be

provided in a variety of settings, such as health maintenance organizations (HMO), independent practice associations (IPA), and preferred provider organizations (PPO), etc.

### **Measure**

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

#### **Structural measures**

Assess healthcare infrastructure.

#### **Process measures**

Assess steps that should be followed to provide good care.

#### **Outcome measures**

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

#### **Patient engagement and patient experience measures**

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

#### **Composite measures**

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

### **Measure Developer**

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

### **Measure Evaluation Criteria**

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

#### **Importance to measure and report**

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

#### **Scientific acceptability of the measurement properties**

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

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

**VALIDITY** asks if a measure truly provides the information that it claims to. A measure that isn't valid is mistakenly evaluating something besides the topic of the measure. Such a measure will not lead to sound conclusions about the quality of care provided.

**Feasibility**

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

**Use and usability**

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

**Measure Steward**

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

**Measure testing**

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

**Measure Title**

Refers to the title of the measure.

**Measure Type**

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

**Measurement Setting**

The healthcare setting for which the measure was developed. A healthcare setting is any facility or office, including a discrete unit of care within such facility, that is organized, maintained, and operated for the diagnosis, prevention, treatment, rehabilitation, convalescence or other care of human illness or injury, physical or mental, including care during and after pregnancy. Healthcare settings include, but are not limited to, hospitals, nursing homes, rehabilitations centers, medical centers, office-based practices, outpatient dialysis centers, reproductive health



centers, independent clinical laboratories, hospices, ambulatory surgical centers, and pharmacies.

### **Measure specifications**

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

### **National public health data**

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

### **National Public Health Programs**

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

### **Numerator**

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

### **Organizational policies and procedures**

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

### **Outcome (measure type)**

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

### **Paper medical record**

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

### **Patient-centered Medical Homes**

Primary care facilities that adopt a model of providing coordinated, relationship-based care with an orientation toward the whole person. Patient-centered medical homes involve changes to the way care is organized, paid for, and certified. The model is centered on partnering with patients and their families, and requires understanding of and respect for each patient's unique needs, culture, values, and preferences.

### **Patient Engagement/Experience (measure type)**

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

**Patient/Individual survey**

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

**Patient Reported Outcome (PRO)**

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

**Pharmacy data**

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

**Population Health**

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

**Population Health Quality**

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

**Population Health Quality Measure**

A mechanism to assess the degree to which public health providers or the health system serving a population effectively and safely delivers health services that are appropriate for the population in the optimal time period.

**PRO Measure (PROM)**

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

**PRO-Based Performance Measure (PRO-PM)**

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

**Process (measure type)**

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

**Provider characteristics**

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

**Rationale for the Measure**

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

**Region, county, or city public health data**

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

**Regional, County, or City Public Health Programs**

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

**Registry data**

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

**Rehabilitation Centers**

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

**Related measures**

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

**Reliability**

The repeatability or precision of measurement. Reliability of data elements refers to repeatability and reproducibility of the data elements for the same population in the same time period. Reliability of the measure score refers to the proportion of variation in the performance

scores due to systematic differences across the measured entities (signal) in relation to random variation or noise.

**Reliability testing**

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

**Reliability, threats**

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

**Residential Care Facilities**

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

**Risk Adjustment**

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

**Rural Health Care**

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

**Skilled Nursing Facilities/Nursing Homes**

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

**State/Province public health data**

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

**State/Provincial Public Health Programs**

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

**Substance Use Treatment Programs/Centers**

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

**Target Population**

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

**Transition**

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

**Validation**

Process (testing) to determine if a measure has the property of validity. The term validation is often used in reference to the data elements and is another term for validity testing of data elements. Validation also is used in reference to statistical risk models where model performance metrics are compared between two different samples of data called the development and validation samples.

**Validity**

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

**Validity testing**

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

**Validity, threats**

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



## **APPENDIX C: WORKFLOW DEFINITIONS**

### **MUC New Measure Submission Workflow**

- Issue Log** → Issue is waiting to be worked on
- Measures Manager Review for Completion** → Measure Processing
- CMS MUC Project Lead Review for Completion** → Measure Processing
- Program Lead (1<sup>st</sup> Approver)** → Parent Issue is waiting on child issues to be approved/rejected
- Group Director Review** → Measure Processing; can reject measure at this stage
- Accept and Send to Measures Manager for Harmonization** → Measure Processing
- Rejected and Closed** → Measure rejected and closed by CMS MUC Project Lead before child issues are created; can also be rejected during Group Director Review
- Adjustment Needed – Enter in Log** → Group Director suggests adjustments to be made
- Closed** → This issue is complete (All child issues have been approved/rejected and CMS processing is complete)

### **MUC Child Measure Record Workflow**

- Open** → Issue is assigned to the program's 1<sup>st</sup> Approver awaiting approval/rejection. (From here issue can go to 'Division Director Review,' 'Rejected and Closed,' or 'Reject/Pending Clarification.')
- Division Director Review** → Issue has been approved by 1<sup>st</sup> Approver and is awaiting Division Director approval/rejection. (From here issue can go to 'Approved,' 'Rejected and Closed,' or 'Reject/Pending Clarification.')
- Approved** → This issue has been approved by the program's 1<sup>st</sup> Approver and the Division Director
- Issue Log** → Measure Processing
- Measures Manager Review for Completion** → Measure Processing
- CMS MUC Project Lead Review for Completion** → Measure Processing
- Rejected and Closed** → The candidate measure submission was rejected and closed and will not be included on the Measures under Consideration List.

### **MUC Feedback/Question/Modify Measure Workflow**

- Open** → This issue is in the initial 'Open' state, ready for the assignee to start work on it
- In Progress** → This issue is actively being worked on by the assignee
- Resolved** → A Resolution has been identified or implemented, and this issue is awaiting verification by the reporter. From here, issues are either 'Reopened' or 'Closed'

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

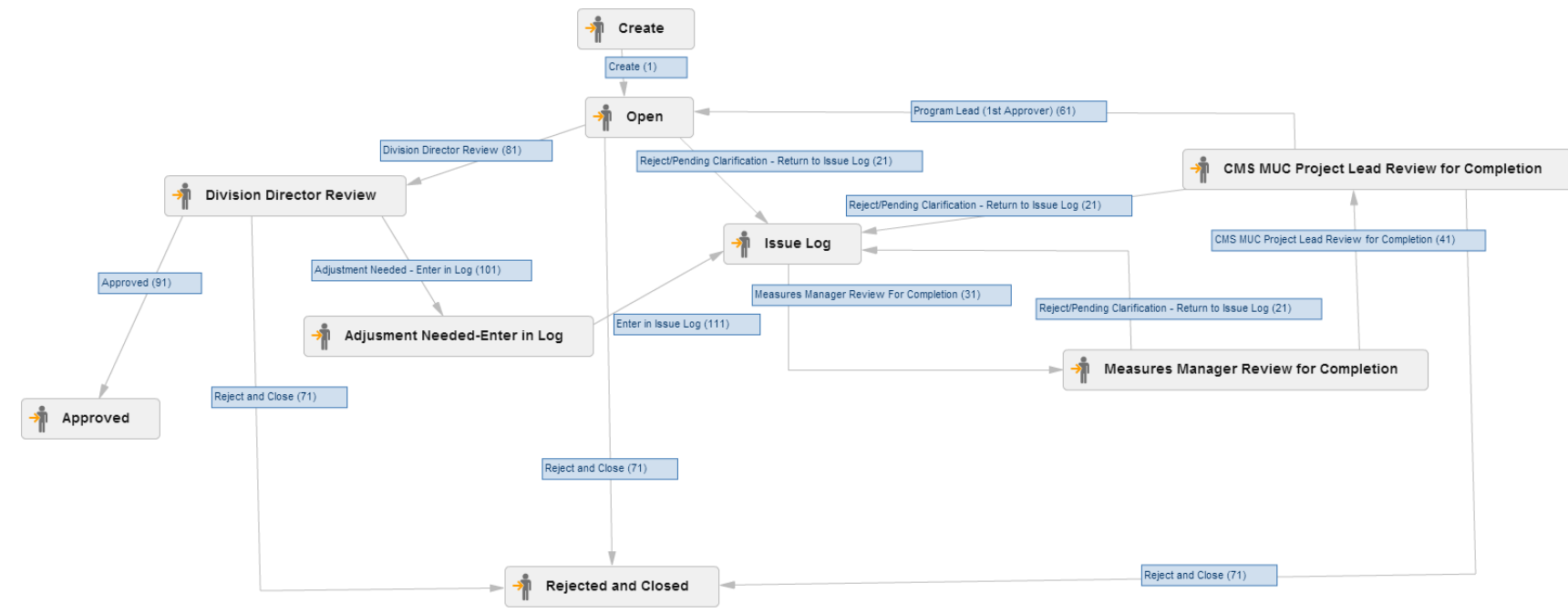
**Closed** → This issue is complete



## APPENDIX D: MEASURES UNDER CONSIDERATION COMPONENT APPROVAL CHART

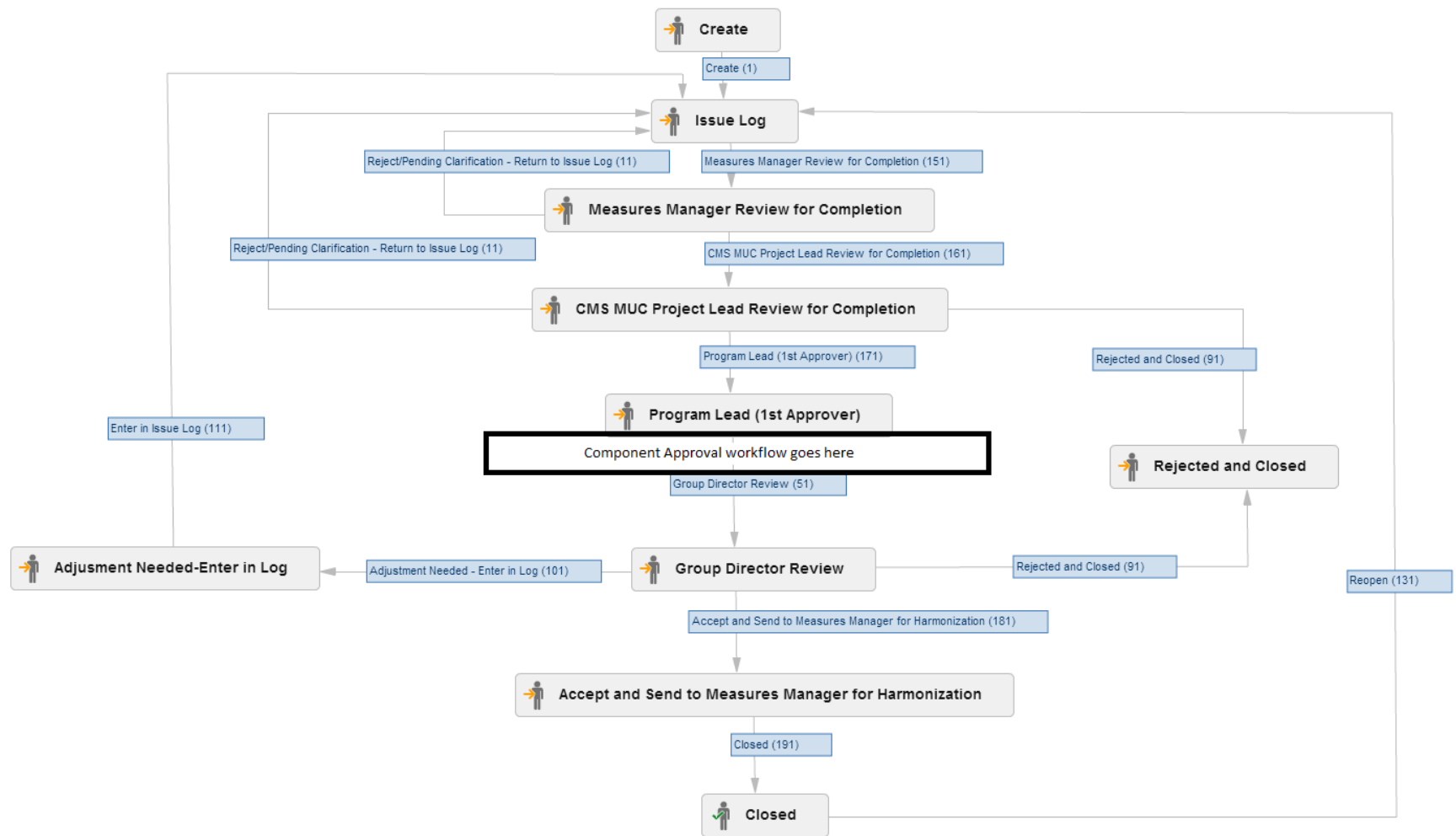
Note: The approval routing workflows have not changed between 2015 and the current year.

MUC2015 Component Approval



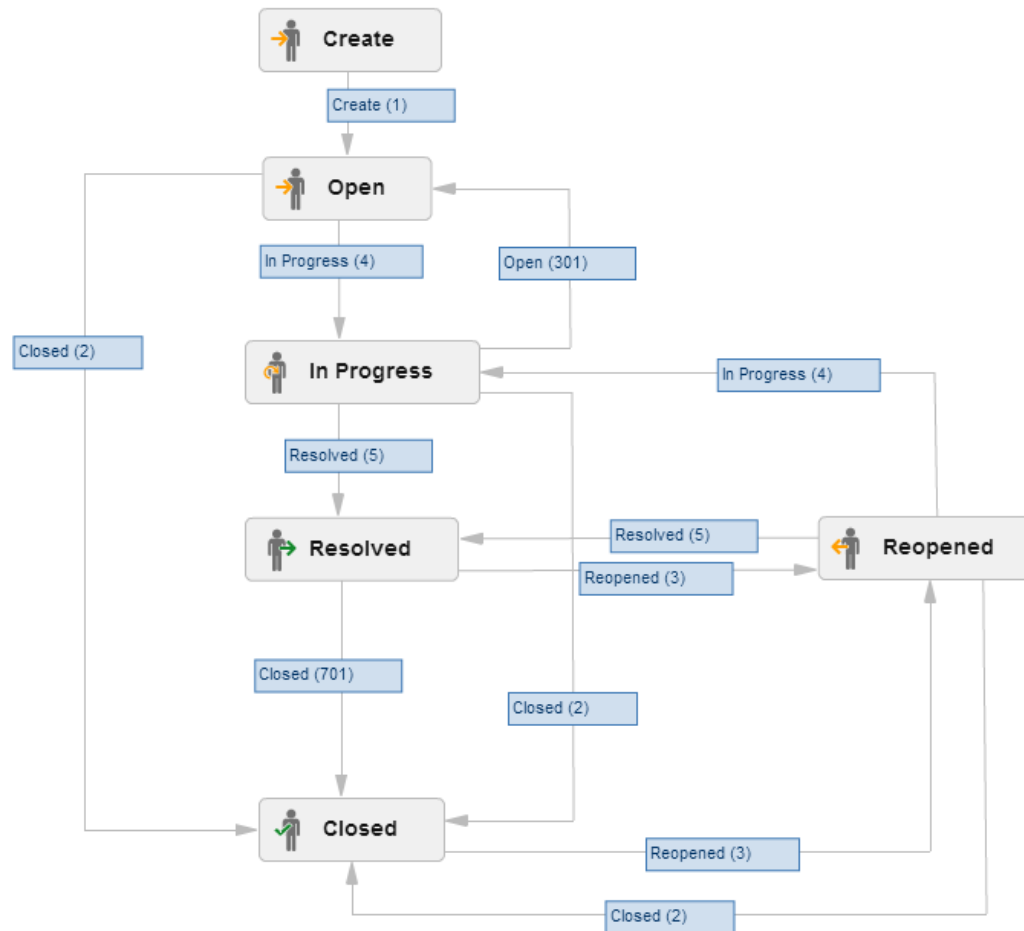
## APPENDIX E: MEASURES UNDER CONSIDERATION MEASURE SUBMISSION WORKFLOW

MUC2015 Measure Submission Workflow



**APPENDIX F: MEASURES UNDER CONSIDERATION FEEDBACK/QUESTION/MODIFY MEASURE WORKFLOW**

**MUC2015 Feedback/Question/Modify Measure Workflow**



## APPENDIX G: MEASURES UNDER CONSIDERATION DATA TEMPLATE (BLANK)

Centers for Medicare & Medicaid Services      Measures under Consideration 2018      Data Template for Candidate Measures

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
1	Auto Date (no user input required)					
2	Issue Type	Yes	Select Measure Submission to nominate a measure for the 2018 MUC list. Select Question to ask a question on the MUC process. Select Modify Candidate Measure to change a measure already submitted for 2018. Select Feedback to leave feedback about the 2018 MUC process.	Select one	Measure Submission Question Modify Candidate Measure Feedback	

3	Component/s	Yes	<p>Start typing to get a list of possible matches or press down to select. Enter CMS program(s) for which the measure is being submitted.</p> <p>New for 2018: If you are submitting for MIPS, there are two choices of program. Choose MIPS-Quality for measures that pertain to quality and/or efficiency. Choose the new program MIPS-Cost only for measures that pertain to cost. Do not select both MIPS-Quality and MIPS-Cost for the same measure.</p> <p>If you select MIPS (either Quality or Cost), please navigate to the Additional Resources list at this web site:  <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasurements/Pre-Rule-Making.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasurements/Pre-Rule-Making.html</a>, download the "MIPS Peer Review Template and a Completed Sample," and attach the completed form to your JIRA submission using the "Attachments" field at the bottom of this web page.</p>	Multi-select	<p>Ambulatory Surgical Center Quality Reporting Program</p> <p>End-Stage Renal Disease Quality Incentive Program</p> <p>Home Health Quality Reporting Program</p> <p>Hospice Quality Reporting Program</p> <p>Hospital-Acquired Condition Reduction Program</p> <p>Hospital Inpatient Quality Reporting Program</p> <p>Hospital Outpatient Quality Reporting Program</p> <p>Hospital Readmissions Reduction Program</p> <p>Hospital Value-Based Purchasing Program</p> <p>Inpatient Psychiatric Facility Quality Reporting Program</p> <p>Inpatient Rehabilitation Facility Quality Reporting Program</p> <p>Long-Term Care Hospital Quality Reporting Program</p> <p>Medicaid and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals</p> <p>Medicare Shared Savings Program</p> <p>Merit-based Incentive Payment System-Cost</p> <p>Merit-based Incentive Payment System-Quality</p> <p>Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program</p> <p>Skilled Nursing Facility Quality Reporting Program</p>	
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Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
					Skilled Nursing Facility Value-Based Purchasing Program	
4	What is the history or background for including this measure on the 2018 MUC list?	Yes	Select only one reason	Select one	None New measure never reviewed by MAP Workgroup or used in a CMS program Measure previously submitted to MAP, refined and resubmitted per MAP recommendation Measure currently used in a CMS program being submitted as-is for a new or different program Measure currently used in a CMS program, but the measure is undergoing substantial change	
5	If currently used:					
6	Range of year(s) this measure has been used by CMS Program(s).	No	For example: Hospice Quality Reporting (2012-2017)	Free text		

7	What other federal programs are currently using this measure?	No	Select as many as apply. These should be current use programs only, not programs for the 2018 submittal.	Multi-select	<p>Ambulatory Surgical Center Quality Reporting Program</p> <p>End-Stage Renal Disease Quality Incentive Program</p> <p>Comprehensive Primary Care Plus (CPC+)</p> <p>Home Health Quality Reporting Program</p> <p>Hospice Quality Reporting Program</p> <p>Hospital-Acquired Condition Reduction Program</p> <p>Hospital Inpatient Quality Reporting Program</p> <p>Hospital Outpatient Quality Reporting Program</p> <p>Hospital Readmissions Reduction Program</p> <p>Hospital Value-Based Purchasing Program</p> <p>Inpatient Psychiatric Facility Quality Reporting Program</p> <p>Inpatient Rehabilitation Facility Quality Reporting Program</p> <p>Long-Term Care Hospital Quality Reporting Program</p> <p>Medicaid Adult Core Set</p> <p>Medicaid and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals</p> <p>Medicare Shared Savings Program</p> <p>Merit-based Incentive Payment System-Cost</p> <p>Merit-based Incentive Payment System-Quality</p>	
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Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
					Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program  Skilled Nursing Facility Quality Reporting Program  Skilled Nursing Facility Value-Based Purchasing Program	
8	Summary	Yes	Provide the measure title only (255 characters or less). Put program-specific ID number in the next field, not in the title. Note: Do not enter the NQF ID, former JIRA MUC ID number, or any other ID numbers here (see below).	Free text 255 characters max		
9	Measure ID	No	Alphanumeric identifier (if applicable), such as a recognized program ID number for this measure (20 characters or less). Examples: 199 GPRO HF-5; ACO 28; CTM-3; PQI #08.  Fields for the NQF ID number and previous year(s) JIRA MUC ID number are provided in other data fields within this form.	Free text 20 characters max		
10	Measure description	Yes	Provide a brief description of the measure (700 characters or less). When you paste text, any content over the limit will be truncated.	Free text 700 characters or less)		



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

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

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

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

24	What one meaningful measure applies to this measure?	Yes	Select one. The meaningful measure choices depend on your selection of healthcare priority above.	Select one	<p>If #23 is Make care safer..., then choices are:</p> <ul style="list-style-type: none"> <li>Healthcare-associated infections</li> <li>Preventable healthcare harm</li> </ul> <p>If #23 is Strengthen person..., then choices are:</p> <ul style="list-style-type: none"> <li>Care is personalized and aligned with patient’s goals</li> <li>End of life care according to preferences</li> <li>Patient’s experience of care</li> <li>Patient reported functional outcomes</li> </ul> <p>If #23 is Promote effective communication..., then choices are:</p> <ul style="list-style-type: none"> <li>Medication management</li> <li>Admissions and readmissions to hospitals</li> <li>Transfer of health information and interoperability</li> </ul> <p>If #23 is Promote effective prevention..., then choices are:</p> <ul style="list-style-type: none"> <li>Preventive care</li> <li>Management of chronic conditions</li> <li>Prevention, treatment, and management of mental health</li> <li>Prevention and treatment of opioid and substance use disorders</li> </ul>	
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Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
					Risk adjusted mortality  If #23 is Work with communities..., then choices are:  Equity of care  Community engagement  If #23 is Make care affordable, then choices are:  Appropriate use of healthcare  Patient-focused episode of care  Risk adjusted total cost of care	
25	Briefly describe the peer reviewed evidence justifying this measure	Yes	Add description of evidence.	Free text		
26	What is the NQF status of the measure?	Yes	Select only one. Refer to <a href="http://www.qualityforum.org/QPS/">http://www.qualityforum.org/QPS/</a> for information on NQF endorsement, measure ID, and other information.	Select one	None Endorsed De-endorsed Submitted Failed endorsement Never submitted	
27	NQF ID number	Yes	Four-digit number with leading zeros if needed. If no NQF ID number is known, enter numerals 0000.	Four-digit ID value		

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

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



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

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
34	Year of next anticipated NQF CDP endorsement review	No	Select one	Select one	None 2018 2019 2020 2021 2022	
35	In what state of development is the measure?	Yes	Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	Early Development Field Testing Fully Developed	

36	State of Development Details	No	<p>Details are helpful to CMS in understanding where the measure is in the developmental cycle and will weigh heavily in determining whether or not the measure will be published on the MUC List.</p> <p>If you selected early development above, meaning testing is not currently underway, please describe when testing is planned (i.e., specific dates), what type of testing is planned (e.g., alpha, beta, etc.) as well as the types of facilities the measure will be tested in.</p> <p>If you selected field testing or fully developed above, please describe what testing (e.g., alpha, beta, etc.) has taken place in addition to the results of that testing.</p> <p>Related to testing, summarize results from validity testing including number of reporting entities and patients measured, and how validity was assessed. Summarize results from reliability testing including number of reporting entities</p>	Free text		
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Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
			and patients measured, and how reliability was assessed.			
37	In which setting was this measure tested?	Yes	Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	None Ambulatory surgery center Ambulatory/office-based care Community hospitals Dialysis facility Emergency department Hospital outpatient department (HOD) Home health Hospital inpatient Hospital/acute care facility Inpatient psychiatric facility Inpatient rehabilitation facility IP units within acute care hospitals Long-term care hospital Nursing home Post-acute care facility(s) PPS-exempt cancer hospital Psychiatric outpatient Veterans Health Administration facilities Other (enter in Comments at far bottom of this screen)	

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

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
39	What data sources are used for the measure?	Yes	<p>Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.</p> <p>If Non-Medicare Administrative Claims, then enter relevant parts in the field below.</p> <p>If EHR, then enter relevant parts in the field below.</p> <p>If Registry, then enter which registry in the field below.</p>	Multi-select	<p>Administrative claims</p> <p>Administrative clinical data</p> <p>Facility discharge data</p> <p>Chronic condition data warehouse (CCW)</p> <p>Claims</p> <p>CROWNWeb</p> <p>EHR</p> <p>Hybrid</p> <p>IRF-PAI</p> <p>LTCH CARE data set</p> <p>National Healthcare Safety Network</p> <p>OASIS-C1</p> <p>Paper medical record</p> <p>Prescription Drug Event Data Elements</p> <p>PROMIS</p> <p>Record review</p> <p>Registry</p> <p>Survey</p> <p>Other (enter in Comments at far bottom of this screen)</p> <p>None</p>	
40	If Registry:					

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
41	Specify the registry(ies)	No	Identify the registry using the submitted measure. Select as many as apply. Use the scroll bar to view all available registries.	Multi-select	See Appendix A.41 for list choices.	
42	If EHR or Administrative Claims or Chart-Abstracted Data, description of parts related to these sources	No	Provide a brief, specific description of which parts of the measure are taken from EHR, administrative claims-based, or chart-abstracted (i.e., paper medical records) data sources.	Free text		
43	How is the measure expected to be reported to the program?	Yes	This differs from the data sources above. This is the anticipated data submission method. "Administrative Claims" is for CMS-developed measures only. Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	eCQM Registry Claims Administrative Claims Other (enter in Comments at far bottom of this screen)	
44	Is this measure an eCQM?	Yes	Is this an electronic clinical quality measure (eCQM)? Select only one. If your answer is yes, the Measure Authoring Tool (MAT) ID number must be provided below.	Select one	Yes No	
45	If eCQM = Yes					

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



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

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

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

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

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
57	NQF MAP report link for each year		<p>For your reference in completing this section, click on the links below or copy/paste the links into your browser to view each year's MAP pre-rulemaking report (2012 to 2018).</p> <p>2018: Link currently unavailable</p> <p>2017: <a href="http://www.qualityforum.org/map/">http://www.qualityforum.org/map/</a></p> <p>2016: <a href="http://www.qualityforum.org/map/">http://www.qualityforum.org/map/</a></p> <p>2015: <a href="http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&amp;ItemID=78711">http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&amp;ItemID=78711</a></p> <p>2014: <a href="http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report_2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx">http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report_2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx</a></p> <p>2013: <a href="http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx">http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx</a></p> <p>2012: <a href="http://www.qualityforum.org/Publications/2012/02/MAP_Pre-Rulemaking_Report_Input_on_Measures_Under_Consideration_by_HHS_for_2012_Rulemaking.aspx">http://www.qualityforum.org/Publications/2012/02/MAP_Pre-Rulemaking_Report_Input_on_Measures_Under_Consideration_by_HHS_for_2012_Rulemaking.aspx</a></p> <p>All major NQF reports going back to 2008 should be locatable here: <a href="http://www.qualityforum.org/Publications.aspx">http://www.qualityforum.org/Publications.aspx</a></p>			
58	NQF MAP report page number being referenced for each year	No	List both the year and the associated MAP report page number for each year.	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
59	If this measure is being submitted to meet a statutory requirement, please list the corresponding statute	No	List title and other identifying citation information.	Free text		
60	Measure steward	Yes	Select the current Measure Steward. Select as many as apply. Use the scroll bar to view all available stewards. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	See Appendix A.60-62 for list choices.	
61	Measure Steward Contact Information	Yes	Last name, First name; Affiliation (if different); Telephone number; Email address	Free text		
62	Long-Term Measure Steward (if different)	No	Entity or entities that will be the permanent measure steward(s), responsible for maintaining the measure and conducting NQF maintenance review. Use the scroll bar to view all available stewards. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	See Appendix A.60-62 for list choices.	
63	Long-Term Measure Steward Contact Information	No	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address	Free text		

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
64	Primary Submitter Contact Information	Yes	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address	Free text		
65	Secondary Submitter Contact Information	No	If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address	Free text		
66	Comments	No	Any notes, qualifiers, external references, or other information not specified above. For OTHER entries: please indicate the type of additional data you are providing, such as Measure Type, Setting, Level of Analysis, or Measure Steward.	Free text		

67	Attachment(s)	No	<p>The maximum file upload size is 10.00 MB. You are encouraged to attach measure information form (MIF) if available. This is a detailed description of the measure used by NQF during endorsement proceedings. If a MIF is not available, comprehensive measure methodology documents are encouraged.</p> <p>If you select MIPS, please navigate to the Additional Resources list at this web site:  <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasurements/Pre-Rule-Making.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasurements/Pre-Rule-Making.html</a>, download the “MIPS Peer Review Template and a Completed Sample,” and attach the completed form to your JIRA submission using the “Attachments” field at the bottom of this web page.</p> <p>If eCQM, you must attach Bonnie test cases for this measure, with 100% logic coverage (test cases should be appended), attestation that value sets are published in Value Set Authority</p>	Browse for files		
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Row						
			Center, and NQF feasibility scorecard.			
68	MIPS Journal Article Requirement	No	For those submitting measures to MIPS program, click "Yes" after you have attached your completed Peer Reviewed Journal Article Requirement form.	Radio button	Yes No	

## Appendix: Lengthy Drop-Down List Choices

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

None	Oral surgery (dentists only)
Addiction medicine	Orthopedic surgery
Allergy/immunology	Osteopathic manipulative medicine
Anesthesiology	Otolaryngology
Cardiac electrophysiology	Pain management
Cardiac surgery	Palliative care
Cardiovascular disease (cardiology)	Pathology
Chiropractic medicine	Pediatric medicine
Colorectal surgery (proctology)	Peripheral vascular disease
Critical care medicine (intensivists)	Physical medicine and rehabilitation
Dermatology	Plastic and reconstructive surgery
Diagnostic radiology	Podiatry
Electrophysiology	Preventive medicine
Emergency medicine	Primary care
Endocrinology	Psychiatry
Family practice	Pulmonary disease
Gastroenterology	Pulmonology
General practice	Radiation oncology
General surgery	Rheumatology
Geriatric medicine	Sleep medicine
Gynecological oncology	Sports medicine
Hand surgery	Surgical oncology
Hematology/oncology	Thoracic surgery
Hospice and palliative care	Urology
Infectious disease	Vascular surgery
Internal medicine	Other (enter in Comments at far bottom of this screen)
Interventional pain management	
Interventional radiology	
Maxillofacial surgery	
Medical oncology	
Mental health professionals	
Nephrology	
Neurology	
Neuropsychiatry	
Neurosurgery	
Nuclear medicine	
Obstetrics/gynecology	
Ophthalmology	
Optometry	

#### A.41 Choices for **Specify the registry(ies)**

- None
- AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity
- Alere Analytics Registry
- American Board of Family Medicine Registry
- American College of Cardiology Foundation FOCUS Registry
- American College of Cardiology Foundation PINNACLE Registry
- American College of Physicians Genesis Registry™ in collaboration with CECity
- American College of Radiology National Radiology Data Registry
- American College of Rheumatology Informatics System for Effectiveness
- American College of Surgeons (ACS) Surgeon Specific Registry (SSR)
- American College of Surgeons National Cancer Data Base (ASC NCDB)
- American College of Surgeons National Surgical Quality Improvement Program ASC NSQIP)
- American Gastroenterological Association Colorectal Cancer Screening and Surveillance Registry in collaboration with CECity
- American Gastroenterological Association Digestive Recognition Program Registry in collaboration with CECity
- American Health IT
- American Heart Association's Get With the Guidelines Database
- American Joint Replacement Registry
- American Nursing Association's National Database for Nursing Quality Indicators® (NDNQI®)
- American Osteopathic Association Clinical Assessment Program
- American Society of Breast Surgeons Mastery of Breast Surgery Program
- American Society of Clinical Oncology Quality Oncology Practice Initiative (QOPI)R
- American Society of Clinical Oncology's Quality Oncology Practice Initiative (QOPI)
- Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry (NACOR)
- Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry
- Bayview Physician Services Registry
- BMC Clinical Data Warehouse Registry
- Care Coordination Institute Registry
- CDC, NHSN (National Healthcare Safety Network)
- CECity Registry ("PQRSwizard")
- Cedaron Medical
- Central Utah Informatics
- Chronic Disease Registry, Inc
- CINA
- Clinical Support Services
- Clinicient
- Clinigence
- Conifer Value-Based Care
- Corrona, LLC
- Covisint Corporation Registry (formerly Docsite)
- Crimson Care Registry
- CUHSM.ORG
- DC2 Healthcare (NOC2 Spine Registry and C3 Total Joint Registry)
- Digital Medical Solutions Registry
- DrexelMed Registry
- E\*HealthLine.com Inc
- eClinicalWeb (eClinicalWorks) Registry
- EVMS Academic Physicians and Surgeons Health Services Foundation
- Faculty Practice Foundation, Inc. supported by BMC Clinical Data Warehouse Registry
- Falcon Registry
- FORCE-TJR Registry QITM
- FOTO PQRS Registry
- Fresenius Medical Care CKD Data Registry
- Geriatric Practice Management LTC Qualified Clinical Data Registry

Geriatric Practice Management LTC Registry	Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) QCDR
GI Quality Improvement Consortium's GIQuIC Registry	Michigan Bariatric Surgery Collaborative QCDR
Greenway Health PrimeDATA CLOUD PQRS Registry	Michigan Spine Surgery Improvement Collaborative
HCA Physician Services PQRS Registry	Michigan Urological Surgery Improvement Collaborative QCDR
HCFS Health Care Financial Services LLC (HCFS)	myCatalyst
Health Focus Registry	National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement Registry in collaboration with CECity
ICLOPS	Net Health Specialty Care Registry
Ingenious Med, Inc.	Net.Orange cOS Registry
Intellicure, Inc	NeuroPoint Alliance (NPA)'s National Neurosurgery Quality & Outcomes Database (N2QOD)
Intelligent Healthcare	NextGen Healthcare Solutions
iPatientCare Registry	NJ-HITEC Clinical Reporting Registry
IPC The Hospitalist Company Registry	OBBERD QCDR
IRISTM Registry	OmniMD
Johns Hopkins Disease Registry	Oncology Nursing Quality Improvement Registry in collaboration with CECity
Louisiana State University Health Care Quality Improvement Collaborative [Louisiana State University, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity]	Oncology Quality Improvement Collaborative (The US Oncology Network, McKesson Specialty Health, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity)
Lumeris Registry	Patient360
M2S Registry	Physician Health Partners QCDR
Mankato Clinic Registry	PMI Registry
Massachusetts eHealth Collaborative Quality Data Center QCDR	PQRS Solutions
Massachusetts General Physicians Organization Registry	PQRS PRO NetHealth LLC
McKesson Population Manager	Premier Healthcare Alliance Physician Registry™
MDinteractive	Pulse PQRS Registry
MDSync LLC	Quintiles PQRS Registry
MedAmerica/CEP America Registry	Renal Physicians Association Quality Improvement Registry in collaboration with CECity
Meditab Software, Inc	ReportingMD Registry
MedXpress Registry	RexRegistry by Prometheus Research
MEGAS, LLC Alpha II Registry	

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

A.60-62 Choices for **Measure steward (60)** and **Long-Term Measure Steward (if different) (62)**

None	American Society for Radiation Oncology
Agency for Healthcare Research & Quality	American Society of Addiction Medicine
Alliance of Dedicated Cancer Centers	American Society of Anesthesiologists
Ambulatory Surgical Center (ASC) Quality Collaboration	American Society of Clinical Oncology
American Academy of Allergy, Asthma & Immunology (AAAAI)	American Society of Clinical Oncology
American Academy of Dermatology	American Urogynecologic Society
American Academy of Neurology	American Urological Association (AUA)
American Academy of Ophthalmology	AQC/ASHA
American Academy of Otolaryngology – Head and Neck Surgery (AAOHN)	ASC Quality Collaboration
American College of Cardiology	Audiology Quality Consortium/American Speech Language Hearing Association
American College of Emergency Physicians	Bridges to Excellence
American College of Emergency Physicians (previous steward Partners-Brigham & Women's)	Centers for Disease Control and Prevention
American College of Obstetricians and Gynecologists (ACOG)	Centers for Medicare & Medicaid Services
American College of Radiology	Eugene Gastroenterology Consultants, PC Oregon Endoscopy Center, LLC
American College of Rheumatology	Health Resources and Services Administration (HRSA) - HIV/AIDS Bureau
American College of Surgeons	Heart Rhythm Society (HRS)
American Gastroenterological Association	IAC
American Health Care Association	Indian Health Service
American Medical Association	Infectious Diseases Society of America (IDSA)
American Medical Association - Physician Consortium for Performance Improvement	KCQA- Kidney Care Quality Alliance
American Medical Association - Physician Consortium for Performance Improvement/American College of Cardiology/American Heart Association	MN Community Measurement
American Nurses Association	National Committee for Quality Assurance
American Psychological Association	National Minority Quality Forum
American Society for Gastrointestinal Endoscopy	Office of the National Coordinator for Health Information Technology
	Office of the National Coordinator for Health Information Technology/Centers for Medicare & Medicaid Services
	Oregon Urology Institute

Oregon Urology Institute in collaboration with Large Urology Group Practice Association

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

Pharmacy Quality Alliance

Philip R. Lee Institute for Health Policy Studies

PPRNet

RAND Corporation

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

Seattle Cancer Care Alliance

Society of Gynecologic Oncology

Society of Interventional Radiology

The Academy of Nutrition and Dietetics

The Joint Commission

The Society for Vascular Surgery

The University of Texas MD Anderson Cancer Center

University of Minnesota Rural Health Research Center

University of North Carolina- Chapel Hill

Wisconsin Collaborative for Healthcare Quality (WCHQ)

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

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

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
1	Auto Date (no user input required)					
2	Issue Type	Yes	Select Measure Submission to nominate a measure for the 2018 MUC list. Select Question to ask a question on the MUC process. Select Modify Candidate Measure to change a measure already submitted for 2018. Select Feedback to leave feedback about the 2018 MUC process.	Select one	Measure Submission Question Modify Candidate Measure Feedback	Measure Submission



<p>3</p>	<p>Component/s</p>	<p>Yes</p>	<p>Start typing to get a list of possible matches or press down to select. Enter CMS program(s) for which the measure is being submitted.</p> <p>New for 2018: If you are submitting for MIPS, there are two choices of program. Choose MIPS-Quality for measures that pertain to quality and/or efficiency. Choose the new program MIPS-Cost only for measures that pertain to cost. Do not select both MIPS-Quality and MIPS-Cost for the same measure.</p> <p>If you select MIPS (either Quality or Cost), please navigate to the Additional Resources list at this web site:  <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasurements/Pre-Rule-Making.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasurements/Pre-Rule-Making.html</a>, download the "MIPS Peer Review Template and a Completed Sample," and attach the completed form to your JIRA submission using the "Attachments" field at the bottom of this web page.</p>	<p>Multi-select</p>	<p>Ambulatory Surgical Center Quality Reporting Program</p> <p>End-Stage Renal Disease Quality Incentive Program</p> <p>Home Health Quality Reporting Program</p> <p>Hospice Quality Reporting Program</p> <p>Hospital-Acquired Condition Reduction Program</p> <p>Hospital Inpatient Quality Reporting Program</p> <p>Hospital Outpatient Quality Reporting Program</p> <p>Hospital Readmissions Reduction Program</p> <p>Hospital Value-Based Purchasing Program</p> <p>Inpatient Psychiatric Facility Quality Reporting Program</p> <p>Inpatient Rehabilitation Facility Quality Reporting Program</p> <p>Long-Term Care Hospital Quality Reporting Program</p> <p>Medicaid and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals</p> <p>Medicare Shared Savings Program</p> <p>Merit-based Incentive Payment System-Cost</p> <p>Merit-based Incentive Payment System-Quality</p> <p>Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program</p> <p>Skilled Nursing Facility Quality Reporting Program</p>	<p>Hospital Inpatient Quality Reporting Program</p> <p>Hospital Value-Based Purchasing Program</p>
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Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
					Skilled Nursing Facility Value-Based Purchasing Program	
4	What is the history or background for including this measure on the 2018 MUC list?	Yes	Select only one reason	Select one	<p>None</p> <p>New measure never reviewed by MAP Workgroup or used in a CMS program</p> <p>Measure previously submitted to MAP, refined and resubmitted per MAP recommendation</p> <p>Measure currently used in a CMS program being submitted as-is for a new or different program</p> <p>Measure currently used in a CMS program, but the measure is undergoing substantial change</p>	Measure currently used in a CMS program being proposed as-is for a new or different program
5	If currently used:					
6	Range of year(s) this measure has been used by CMS Program(s).	No	For example: Hospice Quality Reporting (2012-2017)	Free text		Hospital Outpatient Quality Reporting Program (2012-2016)

<p>7</p>	<p>What other federal programs are currently using this measure?</p>	<p>No</p>	<p>Select as many as apply. These should be current use programs only, not programs for the 2018 submittal.</p>	<p>Multi-select</p>	<p>Ambulatory Surgical Center Quality Reporting Program            End-Stage Renal Disease Quality Incentive Program            Comprehensive Primary Care Plus (CPC+)            Home Health Quality Reporting Program            Hospice Quality Reporting Program            Hospital-Acquired Condition Reduction Program            Hospital Inpatient Quality Reporting Program            Hospital Outpatient Quality Reporting Program            Hospital Readmissions Reduction Program            Hospital Value-Based Purchasing Program            Inpatient Psychiatric Facility Quality Reporting Program            Inpatient Rehabilitation Facility Quality Reporting Program            Long-Term Care Hospital Quality Reporting Program            Medicaid Adult Core Set            Medicaid and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals            Medicare Shared Savings Program            Merit-based Incentive Payment System-Cost            Merit-based Incentive Payment System-Quality</p>	<p>Hospital Outpatient Quality Reporting Program</p>
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Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
					Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program  Skilled Nursing Facility Quality Reporting Program  Skilled Nursing Facility Value-Based Purchasing Program	
8	Summary	Yes	Provide the measure title only (255 characters or less). Put program-specific ID number in the next field, not in the title. Note: Do not enter the NQF ID, former JIRA MUC ID number, or any other ID numbers here (see below).	Free text 255 characters max		Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Vascular Procedures
9	Measure ID	No	Alphanumeric identifier (if applicable), such as a recognized program ID number for this measure (20 characters or less). Examples: 199 GPRO HF-5; ACO 28; CTM-3; PQI #08.  Fields for the NQF ID number and previous year(s) JIRA MUC ID number are provided in other data fields within this form.	Free text 20 characters max		NMZAB5222
10	Measure description	Yes	Provide a brief description of the measure (700 characters or less). When you paste text, any content over the limit will be truncated.	Free text 700 characters or less)		Hospital risk-standardized 30-day unplanned readmission rates following hospital stays with one or more qualifying vascular procedure.

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
11	Numerator	Yes	The upper portion of a fraction used to calculate a rate, proportion, or ratio. A clinical action to be counted as meeting a measure's requirements. For all fields, especially Numerator and Denominator, use plain text whenever possible. If needed, convert any special symbols, math expressions, or equations to plain text (keyboard alphanumeric, such as + - * /). This will help reduce errors and speed up data conversion, team evaluation, and MUC report formatting.	Free text		The outcome for this measure is 30-day all-cause unplanned readmission following a qualifying index hospital stay. We define a readmission as a subsequent hospital inpatient admission within 30 days of either the discharge date (for inpatients) or claim end date (for outpatients – hereafter referred to as "discharge date") following a qualifying hospital stay.
12	Denominator	Yes	The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given patient population that may be counted as eligible to meet a measure's inclusion requirements.	Free text		The target population for this measure includes inpatient and outpatient hospital stays for patients at least 65 years of age who receive one or more qualifying vascular procedure.
13	Exclusions	Yes	If applicable, specify Numerator Exclusion, Denominator Exclusion, or Denominator Exception.	Free text		Hospital stays for patients without at least 30 days of post-discharge information Hospital stays for patients who leave the hospital against medical advice Hospital stays with a qualifying vascular procedure that occur within 30 days of a previous hospital stay with a qualifying vascular procedure.

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
14	Measure Type	Yes	Select only one type of measure. For definitions, visit this web site: <a href="https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html</a> and link to the user guide under The JIRA System.	Select one	None Composite Cost/Resource Use Efficiency Intermediate Outcome Outcome Patient Reported Outcome Process Structure Other (enter in Comments at far bottom of this form)	Outcome
15	Which clinical guideline(s)?	No	The measure should improve compliance with standard clinical guidelines. Provide a detailed description of which guideline supports the measure and how the measure will enhance compliance with the clinical guidelines. Indicate whether the guideline is evidence-based or consensus-based.	Free text		National Clinical Guideline Centre. Lower limb peripheral vascular disease: diagnosis and management. London (UK): National Institute for Health and Clinical Excellence (NICE); 2015 Aug. 28 p. 888 (Clinical guideline; no. 999).
16	Is this measure similar to and/or competing with measure(s) already in a program?	Yes	Consider other measures with similar purposes.	Select one	Yes No	Yes
17	If Yes:					

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

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



<p>24</p>	<p>What one meaningful measure applies to this measure?</p>	<p>Yes</p>	<p>Select one. The meaningful measure choices depend on your selection of healthcare priority above.</p>	<p>Select one</p>	<p>If #23 is Make care safer..., then choices are:</p> <ul style="list-style-type: none"> <li>Healthcare-associated infections</li> <li>Preventable healthcare harm</li> </ul> <p>If #23 is Strengthen person..., then choices are:</p> <ul style="list-style-type: none"> <li>Care is personalized and aligned with patient’s goals</li> <li>End of life care according to preferences</li> <li>Patient’s experience of care</li> <li>Patient reported functional outcomes</li> </ul> <p>If #23 is Promote effective communication..., then choices are:</p> <ul style="list-style-type: none"> <li>Medication management</li> <li>Admissions and readmissions to hospitals</li> <li>Transfer of health information and interoperability</li> </ul> <p>If #23 is Promote effective prevention..., then choices are:</p> <ul style="list-style-type: none"> <li>Preventive care</li> <li>Management of chronic conditions</li> <li>Prevention, treatment, and management of mental health</li> <li>Prevention and treatment of opioid and substance use disorders</li> <li>Risk adjusted mortality</li> </ul> <p>If #23 is Work with communities..., then choices are:</p> <ul style="list-style-type: none"> <li>Equity of care</li> </ul>	<p>Admissions and readmissions to hospitals</p>
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Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
					<p>Community engagement</p> <p>If #23 is Make care affordable, then choices are:</p> <p>Appropriate use of healthcare</p> <p>Patient-focused episode of care</p> <p>Risk adjusted total cost of care</p>	
25	Briefly describe the peer reviewed evidence justifying this measure	Yes	Add description of evidence.	Free text		Report to the Congress: Promoting Greater Efficiency in Medicare. 2007, Medicare Payment Advisory Commission (MEDPAC). Boutwell, A.S., Effective Interventions to Reduce Rehospitalizations: A Survey of the Published Evidence. 2009, Institute for Healthcare Improvement: Cambridge, MA. p. 1-18.
26	What is the NQF status of the measure?	Yes	Select only one. Refer to <a href="http://www.qualityforum.org/QPS/">http://www.qualityforum.org/QPS/</a> for information on NQF endorsement, measure ID, and other information.	Select one	<p>None</p> <p>Endorsed</p> <p>De-endorsed</p> <p>Submitted</p> <p>Failed endorsement</p> <p>Never submitted</p>	Endorsed
27	NQF ID number	Yes	Four-digit number with leading zeros if needed. If no NQF ID number is known, enter numerals 0000.	Four-digit ID value		7777

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

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

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

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
34	Year of next anticipated NQF CDP endorsement review	No	Select one	Select one	None 2018 2019 2020 2021 2022	2020
35	In what state of development is the measure?	Yes	Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	Early Development Field Testing Fully Developed	Fully Developed

<p>36</p>	<p>State of Development Details</p>	<p>No</p>	<p>Details are helpful to CMS in understanding where the measure is in the developmental cycle and will weigh heavily in determining whether or not the measure will be published on the MUC List.</p> <p>If you selected early development above, meaning testing is not currently underway, please describe when testing is planned (i.e., specific dates), what type of testing is planned (e.g., alpha, beta, etc.) as well as the types of facilities the measure will be tested in.</p> <p>If you selected field testing or fully developed above, please describe what testing (e.g., alpha, beta, etc.) has taken place in addition to the results of that testing.</p> <p>Related to testing, summarize results from validity testing including number of reporting entities and patients measured, and how validity was assessed. Summarize results from reliability testing including number of reporting entities</p>	<p>Free text</p>		<p>Beta testing has been completed as of 2017, and results from settings XX, YY, and ZZ were uniformly positive. The measure was rated as “valuable” or “extremely valuable” by more than 90 percent of respondents in a survey of 2,200 hospital administrators and clinical staff.</p>
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Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
			and patients measured, and how reliability was assessed.			
37	In which setting was this measure tested?	Yes	Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	None Ambulatory surgery center Ambulatory/office-based care Community hospitals Dialysis facility Emergency department Hospital outpatient department (HOD) Home health Hospital inpatient Hospital/acute care facility Inpatient psychiatric facility Inpatient rehabilitation facility IP units within acute care hospitals Long-term care hospital Nursing home Post-acute care facility(s) PPS-exempt cancer hospital Psychiatric outpatient Veterans Health Administration facilities Other (enter in Comments at far bottom of this screen)	Hospital inpatient Hospital outpatient department (HOD)



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

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
39	What data sources are used for the measure?	Yes	<p>Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.</p> <p>If Non-Medicare Administrative Claims, then enter relevant parts in the field below.</p> <p>If EHR, then enter relevant parts in the field below.</p> <p>If Registry, then enter which registry in the field below.</p>	Multi-select	Administrative claims Administrative clinical data Facility discharge data Chronic condition data warehouse (CCW) Claims CROWNWeb EHR Hybrid IRF-PAI LTCH CARE data set National Healthcare Safety Network OASIS-C1 Paper medical record Prescription Drug Event Data Elements PROMIS Record review Registry Survey Other (enter in Comments at far bottom of this screen) None	Administrative claims
40	If Registry:					

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
41	Specify the registry(ies)	No	Identify the registry using the submitted measure. Select as many as apply. Use the scroll bar to view all available registries.	Multi-select	See Appendix A.41 for list choices.	N/A
42	If EHR or Administrative Claims or Chart-Abstracted Data, description of parts related to these sources	No	Provide a brief, specific description of which parts of the measure are taken from EHR, administrative claims-based, or chart-abstracted (i.e., paper medical records) data sources.	Free text		All data elements for the measure are taken from the EHR (i.e., initial population, denominator, denominator exceptions and exclusions, numerator)
43	How is the measure expected to be reported to the program?	Yes	This differs from the data sources above. This is the anticipated data submission method. "Administrative Claims" is for CMS-developed measures only. Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	eCQM Registry Claims Administrative Claims Other (enter in Comments at far bottom of this screen)	eCQM
44	Is this measure an eCQM?	Yes	Is this an electronic clinical quality measure (eCQM)? Select only one. If your answer is yes, the Measure Authoring Tool (MAT) ID number must be provided below.	Select one	Yes No	Yes
45	If eCQM = Yes					

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

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

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

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

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



Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
57	NQF MAP report link for each year		<p>For your reference in completing this section, click on the links below or copy/paste the links into your browser to view each year's MAP pre-rulemaking report (2012 to 2018).</p> <p>2018: Link currently unavailable</p> <p>2017: <a href="http://www.qualityforum.org/map/">http://www.qualityforum.org/map/</a></p> <p>2016: <a href="http://www.qualityforum.org/map/">http://www.qualityforum.org/map/</a></p> <p>2015: <a href="http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&amp;ItemID=78711">http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&amp;ItemID=78711</a></p> <p>2014: <a href="http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report_2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx">http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report_2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx</a></p> <p>2013: <a href="http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx">http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx</a></p> <p>2012: <a href="http://www.qualityforum.org/Publications/2012/02/MAP_Pre-Rulemaking_Report_Input_on_Measures_Under_Consideration_by_HHS_for_2012_Rulemaking.aspx">http://www.qualityforum.org/Publications/2012/02/MAP_Pre-Rulemaking_Report_Input_on_Measures_Under_Consideration_by_HHS_for_2012_Rulemaking.aspx</a></p> <p>All major NQF reports going back to 2008 should be locatable here: <a href="http://www.qualityforum.org/Publications.aspx">http://www.qualityforum.org/Publications.aspx</a></p>			
58	NQF MAP report page number being referenced for each year	No	List both the year and the associated MAP report page number for each year.	Free text		N/A

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
59	If this measure is being submitted to meet a statutory requirement, please list the corresponding statute	No	List title and other identifying citation information.	Free text		N/A
60	Measure steward	Yes	Select the current Measure Steward. Select as many as apply. Use the scroll bar to view all available stewards. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	See Appendix A.60-62 for list choices.	Centers for Medicare & Medicaid Services
61	Measure Steward Contact Information	Yes	Last name, First name; Affiliation (if different); Telephone number; Email address	Free text		Bre, Marie, 555-359-4240 bre@betatest.org
62	Long-Term Measure Steward (if different)	No	Entity or entities that will be the permanent measure steward(s), responsible for maintaining the measure and conducting NQF maintenance review. Use the scroll bar to view all available stewards. Hold down the Ctrl button while choosing to make multiple selections.	Multi-select	See Appendix A.60-62 for list choices.	N/A
63	Long-Term Measure Steward Contact Information	No	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address	Free text		N/A

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
64	Primary Submitter Contact Information	Yes	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address	Free text		Sabine, Roman; Betatest Company; 777-777-7777 sabine@betatest.org
65	Secondary Submitter Contact Information	No	If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address	Free text		Line, John; Betatest Company; 777-777-1234 line@betatest.org
66	Comments	No	Any notes, qualifiers, external references, or other information not specified above. For OTHER entries: please indicate the type of additional data you are providing, such as Measure Type, Setting, Level of Analysis, or Measure Steward.	Free text		Location of differences from NQF endorsed version: Clinical Guidelines

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