

SUPPORTING STATEMENT

Part A

**CHIPRA Pediatric Quality Measures Program (PQMP)
Candidate Measure Submission Form**

Version: 08/28/2012

Agency for Healthcare Research and Quality (AHRQ)

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A. Justification

1. Circumstances that make the collection of information necessary

The mission of the Agency for Healthcare Research and Quality (AHRQ), set out in its authorizing legislation, The Healthcare Research and Quality Act of 1999, is to enhance the quality, appropriateness, and effectiveness of health services, and access to such services, through the establishment of a broad base of scientific research and through the promotion of improvements in clinical and health systems practices, including the prevention of diseases and other health conditions. AHRQ promotes health care quality improvement by conducting and supporting:

1. research that develops and presents scientific evidence regarding all aspects of health care; and
2. the synthesis and dissemination of available scientific evidence for use by patients, consumers, practitioners, providers, purchasers, policy makers, and educators; and
3. initiatives to advance private and public efforts to improve health care quality.

Also, AHRQ shall conduct and support research and evaluations, and support demonstration projects, with respect to (A) the delivery of health care in inner-city areas, and in rural areas (including frontier areas); and (B) health care for priority populations, which shall include (1) low-income groups, (2) minority groups, (3) women, (4) children, (5) the elderly, and (6) individuals with special health care needs, including individuals with disabilities and individuals who need chronic care or end-of-life health care.

Section 401(a) of the Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), Public Law 111-3, amended the Social Security Act ("the Act") to enact section 1139A (42 U.S.C. 1320b—9a). Section 1139A(b) charged the Department of Health and Human Services (HHS) with improving pediatric health care quality measures. Since CHIPRA was passed, AHRQ and the Centers for Medicare & Medicaid Services (CMS) have been working together to implement selected provisions of the legislation related to children's health care quality. An initial core measure set for voluntary use by Medicaid and Children's Health Insurance Programs (CHIP) was posted December 29, 2009 (<http://www.gpo.gov/fdsys/pkg/FR-2009-12-29/html/E9-30802.htm>). In February 2011, CMS released a State Health Official letter which outlined the initial core measure set and how these measures should be reported to CMS. The Technical Specifications and Resource Manual for the initial core measure set for federal fiscal year 2011 reporting is available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/InitialCoreSetResouceManual.pdf>.

As required by CHIPRA, by January 1, 2011, AHRQ and CMS established the CHIPRA Pediatric Quality Measures Program (PQMP) in accordance with section 1139A(b)(1) of the Act to enhance select children's health care quality measures and develop new measures (<http://www.ahrq.gov/chipra>). The PQMP is intended to develop evidence-based, consensus measures to improve the initial core set and increase the portfolio of measures available to other public and private purchasers of children's health care

services, providers, and consumers. HHS anticipates that measures ultimately included in the Improved Core Set will also be used by public and private purchasers to measure pediatric healthcare quality. The PQMP consists of the following:

- 1) Seven Centers of Excellence (CoEs) that are developing and/or enhancing children's health care quality measures through cooperative agreements with AHRQ in order to increase the portfolio of measures available to the public and private purchasers of children's health care services, providers and consumers (<http://www.ahrq.gov/chipra/pqmpfact.htm>);
- 2) CHIPRA Coordinating and Technical Assistance Center (CCTAC);
- 3) Two CHIPRA quality demonstration grantees (Illinois, a partner to the Florida grantee, and Massachusetts) funded by CMS to undertake new quality measure development as part of their grants http://www.insurekidsnow.gov/professionals/CHIPRA/grants_summary.html; and
- 4) The Subcommittee on Children's Healthcare Quality Measures of the AHRQ National Advisory Council on Healthcare Research and Quality (SNAC) that will review measures nominated through a public call for measures, as well as measures developed or enhanced by the CoEs, and make recommendations for an improved core set of children's health care quality measures and other CHIPRA purposes (<http://ahrq.gov/CHIPRA/qmsnaclist12.htm>).

Section 1139A of the Act provides that improved core sets of children's health care quality measures be identified beginning January 1, 2013 and annually thereafter for potential voluntary use by Medicaid and CHIP programs and other CHIPRA purposes. AHRQ intends to solicit nominations for children's health care quality measures for these purposes using a standard measure nomination form early in calendar years 2013 and 2014 through a public call for measures. These solicitations will be undertaken by AHRQ to identify children's health care quality measures for review by the SNAC.

Section 1139A(b)(2) of the Act requires that the measures in the improved core sets shall, at a minimum, be:

- (A) evidence-based and, where appropriate, risk adjusted;
- (B) designed to identify and eliminate racial and ethnic disparities in child health and the provision of health care;
- (C) designed to ensure that the data required for such measures is collected and reported in a standard format that permits comparison of quality and data at a State, plan, and provider level;
- (D) periodically updated; and
- (E) responsive to the child health needs, services, and domains of health care quality described in clauses (i), (ii), and (iii) of subsection (a)(6)(A).

Hence, AHRQ, CMS and PQMP developed a **C**HIPRA **P**ediatric Quality Measures Program (PQMP) **C**andidate Measure Submission **F**orm (Attachment A, hereinafter referred to as "CHIPRA PQMP Candidate Measure Submission Form"). The CHIPRA PQMP Candidate Measure Submission Form details the desirable attributes of measures and related definitions to provide operational guidance as specified in section 1139A(b)(2) of the Act. AHRQ intends to use this CHIPRA PQMP Candidate Measure Submission form to conduct a public call for measures early in calendar years 2013 and 2014 to solicit measures for consideration by the SNAC for the 2014 improved core sets of children's health care quality measures for voluntary use by Medicaid and CHIP programs.

The goals of the CHIPRA PQMP Candidate Measure Form project are to:

- 1) solicit nominations for children's health care quality measures early in calendar years 2013 and 2014 through public calls for measures, using a standardized data collection form (Attachment A);
- 2) use the information provided through the standardized data collection form to support SNAC review of children's health care quality measures nominated by the public and measures developed by the seven CoEs; and
- 3) identify measures for improved core sets of children's health care quality measures and for other CHIPRA purposes.

The process for review of the measures developed by the seven COEs will be the same as that for measures submitted in response to calls for public nominations. Respondents to these public calls for measures in 2013 and 2014 are expected to include pediatricians, researchers, measure developers and measure stewards of children's health care quality measures.

To achieve the goals of this project, AHRQ intends to solicit submission of measures from the members of the public using the CHIPRA PQMP Candidate Measure Submission Form, a standardized data collection tool (Attachment A). Data collection using the CHIPRA PQMP Candidate Measure Submission Form will be adequate to achieve the goals of the project. Below is an outline of the type of data collected through the CHIPRA PQMP Candidate Measure Submission Form and description of the information solicited from each nominator pursuant to section 1139A(b)(2) of the Act.

1. Basic measure information including: measure name, measure description, measure owner, National Quality Forum (NQF) identification number (if applicable; i.e., if the measure has been endorsed by NQF), whether part of a measure hierarchy (e.g., a collection of measures, a measure set, a measure subset as defined at <http://www.qualitymeasures.ahrq.gov/about/hierarchy.aspx>), numerator statement and numerator exclusions (as appropriate), denominator statement and denominator exclusions (as appropriate), and data sources.
2. Detailed measure specifications: Description of how a measure would be calculated from appropriate data sources.
3. Importance of the measure: Description of how the measure meets one or more of the following criteria for importance, citing scientific literature and providing references: evidence for general importance of the measure including potential for quality improvement and reduction of disparities in quality; health importance/prevalence of condition; health importance/severity and burden (including impact on children, families and societies); overall cost burden to patients, families, public and private payers, or society more generally currently and over the life span of the child; association of measure topic to children's current or future health; how the underlying concept of the measure changes in meaning and manifestation (if at all) across developmental stages; importance to Medicaid and/or CHIP program, including the extent to which the measure is understood to be sensitive to changes in Medicaid or CHIP (e.g., policy changes, quality improvement strategies), relevance to Early Periodic Screening, Diagnosis, and Treatment benefit in Medicaid and any other specific relevance to Medicaid/CHIP; and description of how the measure complements or improves on an existing measure in this topic area for the child or adult population or if it is intended to fill a specific gap in an existing measure category or topic.

4. Measure Categories addressed by the measure: CHIPRA asks that the improved core set, taken together, cover all settings, services, and topics of health care relevant to children. Moreover, the legislation requires the core set to address the needs of children across all ages including services to promote healthy birth. Regardless of the eventual use of the measure, nominators will need to provide information on all settings, services, measure topics, and populations that a measure addresses.
5. Evidence or other justification for the focus of the measure: The evidence base for the focus of the measures included in the January 1, 2014 and January 1, 2015 improved core sets will be made explicit and transparent; thus, it is critical for nominations to specify the scientific evidence or other basis for the focus of the measure, including a brief description of the evidence base or rationale for the relationship between the measure and a significant structure, process, or outcome that influences children's health and health care.
6. Scientific soundness of the measure: Explanation of methods to determine the scientific soundness of the measure itself, including results of all tests of validity and reliability, including description(s) of the study sample(s) and methods used to arrive at the results. Also, information on how characteristics of the data system/data sources may affect validity and reliability of the measure.
7. Identification of disparities: CHIPRA requires that quality measures be able to identify disparities by race and ethnicity, and be responsive to domains of health care quality such as socioeconomic status and special health care needs. Nominations will provide evidence (if available) from testing of measures with diverse populations (considering that diversity may include race, ethnicity, special health care needs, socioeconomic status, rural populations, inner city populations, and Limited English Proficiency populations to assess measure's performance for disparities identification.
8. Feasibility: Description of the measure's feasibility, including: availability of data in existing data systems; opportunities/pathways for implementation; extent to which the measure has been used or is in use (or has not been used), including settings in which it has been used; data collection methods that have been used; eligible populations and results of testing in the eligible populations, including an estimation of the population size required to gain adequate numbers of observations for reliable comparisons, such as estimates of the required population sizes to gain adequate numbers for stratification by race, ethnicity, special health care need, and socioeconomic status.
9. Levels of aggregation: CHIPRA states that data used in quality measures must be collected and reported in a standard format that permits comparison (at minimum) at State, health plan, and provider levels. Nominations will provide information on all levels of aggregation at which the measure is primarily intended to apply e.g., State (Medicaid and CHIP populations), health plan, hospital, practice, provider, patient) and at which the measure has been tested.
10. Understandability: CHIPRA states that the core set should allow purchasers, families, and health care providers to understand the quality of care for children. Nominations will include a description of the usefulness of the measure to purchasers, families, and health care providers and present results from efforts to assess the understandability of the measure.
11. Health Information Technology: Nominations will provide information on health information technology (HIT) that has been or could be incorporated into the measure calculation.

12. Limitations of the measure: Nominations will provide brief description of any limitations of the measure related to the attributes included in the form.
13. Summary Statement: Nominations will provide a summary rationale for why the measure should be selected for use, taking into account a balance among desirable attributes and limitations of the measure.
14. Identifying information for the measure submitter: All nominations will include contact information for the measure submitter, including: a) Name, b) Title, c) Organization, d) Mailing address, e) Telephone number, and f) e-mail address. Further, all nominations will include a written statement disclosing the proprietary and/or confidentiality status of the measure and full measure specifications, as described in the Public Disclosure Requirements. This statement must be signed by the applicable rights holder(s) or an individual authorized to act on its behalf for each submitted measure or instrument. If signed by an authorized individual, the statement must describe the basis for such authorization. Submitters are encouraged to disclose the terms under which the measure and full measure specifications are currently made available to interested parties—for example, a standard license and/or nondisclosure agreement, or a statement describing the terms thereof. Should HHS accept the measure for the 2014 and/or 2015 Improved Core Measure Sets, full measure specifications for the accepted measure will be subject to public disclosure (e.g., on the AHRQ and/or CMS websites). In addition, AHRQ expects that measures and full measure specifications will be made reasonably available to all interested parties.
15. Opportunity to upload supplementary material: Nominations will have opportunity to upload attachments including graphics, tables, diagrams, and any other supplemental material. This information supports the review of the measure.
16. Glossary of Terms: The glossary of terms details the definitions for key desirable attributes of measures in the PQMP Candidate Measure Submission Form.

This project is being conducted by AHRQ pursuant to AHRQ's statutory authority under Title IX of the Public Health Service Act to conduct and support research to improve health care quality and to fulfill a number of requirements under Title IV of CHIPRA, including requirements to identify candidate measures for public posting of an improved core set of children's health care quality measures by January 1, 2014 and January 1, 2015.

2. Purpose and Use of Information

The information resulting from this data collection will be used to: a) improve and strengthen the initial core set of measures of health care quality established under CHIPRA (<http://www.gpo.gov/fdsys/pkg/FR-2009-12-29/html/E9-30802.htm>), b) expand on existing pediatric quality measures used by public and private health care purchasers, and c) increase the portfolio of evidence-based consensus pediatric quality measures available to public and private purchasers of children's health care services, providers, and consumers.

Each measure nominated by members of the public will be reviewed by members of SNAC using the categories of desirable attributes detailed in the CHIPRA PQMP Candidate Measure Submission Form. The SNAC will make recommendations to NAC which in turn make recommendations to the AHRQ Director for consideration of select measures for inclusion in the public posting of an improved core set by January 1, 2014

and January 1, 2015 for voluntary use by Medicaid and CHIP programs and other CHIPRA purposes.

3. Use of Improved Information Technology

Members of the public will be able to submit measures of children's health care quality using an online version of the CHIPRA PQMP Candidate Measure Submission Form (URL TBD) (Attachment A). The online submission format will facilitate AHRQ's receipt of measure submissions in a standardized format with sufficient information to evaluate the measures. The online submission process will also ensure consistent and streamlined communication with members of the public about the information required for each measure to ensure its consideration for the 2014 and 2015 improved core sets and other CHIPRA purposes, thus assisting the transparency and fairness of the measure submission and review process. Further, the online format will also enhance the consistency and completeness of information submitted by each respondent; this, in turn, will facilitate SNAC's use of a standardized assessment process and a priori measure evaluation criteria to review measures and identify measures for consideration for the improved core sets for public posting by January 1, 2014 and January 1, 2015.

4. Efforts to Identify Duplication

No other Federal agencies have the statutory authority to develop or enhance children's health care quality measures for voluntary use by Medicaid or CHIP programs and other CHIPRA purposes. Thus, this is the only effort to solicit submission of measures from members of the public for 2014 and 2015 improved core measure sets and other CHIPRA purposes.

5. Involvement of Small Entities

Because children's health care quality measures will be solicited through a public call for measures, small businesses or small organizations may participate in this data collection effort if they choose to nominate measures.

6. Consequences if Information Collected Less Frequently

Measures will be solicited through two public calls early in calendar years 2013 and 2014, respectively, to identify measures for consideration by the SNAC for the January 1, 2014 and January 1, 2015 improved core sets and other CHIPRA purposes.

7. Special Circumstances

This request is consistent with the general information collection guidelines of 5 CFR 1320.5(d) (2). No special circumstances apply.

8. Federal Register Notice and Outside Consultations

8.a. Federal Register Notice

As required by 5 CFR 1320.8(d), notice was published in the Federal Register on April 18th, 2012 for 60 days, and again on September 20th, 2012 for 30 days (see Attachment B). Two comments were received (see Attachments C and D). AHRQ's responses to these comments are included in Attachment E.

8.b. Outside Consultations

Input from the 2011 Expert Panel (to be referred to as the SNAC after November 4, 2011), the CoEs and the CCTAC comprise outside consultations for this project. The members of the 2011 Expert Panel participated in an in-person meeting in Bethesda, MD on September 18, 2011 and subsequent consultations to contribute to the review and revisions of the initial draft of the CHIPRA PQMP Candidate Measure Submission Form. The CoEs and the CCTAC assisted AHRQ in development and revision of the CHIPRA PQMP Candidate Measure Form in regular consultations beginning in April 2011 through January 2012. Since the publication of 60-day notice, PQMP stakeholders including the CoEs, CCTAC, and SNAC assisted AHRQ with further review and feedback. This feedback informed revisions of the CHIPRA PQMP Candidate Measure Form to improve the flow, scientific content, consistency, clarity, and usability of the CPCF. See Attachment C for summary of changes to the CPCF in light of public comments and PQMP feedback. See Attachment D for a track change version of the CHIPRA PQMP Candidate Measure Form showing changes between 60-day FRN version of CHIPRA PQMP Candidate Measure Form (Attachment A) and 30-day FRN version of CHIPRA PQMP Candidate Measure Form (Attachment E). See Attachment F for CHIPRA PQMP Candidate Measure Form User's Guide: Directions for Access to Online CPCF at <http://chipra.rti.org> and Submission Guidelines for Measure Nomination during 2013 and 2014.

9. Payments/Gifts to Respondents

None.

10. Assurance of Confidentiality

No assurance of confidentiality will be provided to the respondents since the measures nominated in response to the 2013 and 2014 public call for measures would be reviewed and collated by the CCTAC for review by the SNAC. These measures will be reviewed and discussed at a public meeting of the SNAC in September 2013 and September 2014. Further, the measures will be considered for inclusion in public posting of improved core sets of child health care quality measures for January 1, 2014 and January 1, 2015 as required by CHIPRA legislation. Hence, members of the public submitting a measure using the CHIPRA PQMP Candidate Measure Submission Form will include contact information and a written statement agreeing that, should the measure be accepted by the U.S. Department of Health and Human Services for one of the 2014 Improved Core Measure Set, full measure specifications for the nominated measure will be subject to public disclosure and dissemination (e.g., on the AHRQ or CMS websites), except that potential measure users will not be permitted to use the measure for commercial use (see Attachment E, Section XIV. for full text for this statement for Public Disclosure Requirements).

11. Questions of a Sensitive Nature

The information collection does not require response to questions of a sensitive nature.

12. Estimates of Annualized Burden Hours and Costs

Exhibit 1 shows the estimated annualized burden hours for members of the public who will nominate measures through use of the online CHIPRA PQMP Candidate Measure Submission Form. We anticipate a maximum of 75 nominations each year with each nomination requiring 3.25 hours. The total burden is estimated to be 244 hours annually.

Exhibit 2 shows the estimated annualized cost burden for respondents' to complete the online submission form for the public call for measures. The total cost burden is estimated to be \$19,195 annually.

Exhibit 1. Estimated annualized burden hours

Data Collection	Number of Nominations	Number of responses per nomination	Hours per response	Total Burden hours
CHIPRA PQMP Candidate Measure Submission Form	75	1	3.25	244

Exhibit 2. Estimated annualized cost burden

Data Collection	Number of Nominations	Total Burden hours	Average Hourly Wage Rate*	Total Cost Burden
CHIPRA PQMP Candidate Measure Submission Form	75	244	\$78.67	\$19,195

*Based upon the mean of the average wages for 29-1065 (Pediatricians, General), \$78.67 per hour, National Compensation Survey: Occupational wages in the United States May 2009, "U.S. Department of Labor, Bureau of Labor Statistics." Although the measure nominations will be solicited from the general public, AHRQ is using the wage rate for pediatricians since our expectation is that respondents to the 2013 and 2014 public call for measures will primarily be pediatricians who will be measure developers or measure stewards of children's health care quality measures.

13. Estimates of Annualized Respondent Capital and Maintenance Costs

Capital and maintenance costs include the purchase of equipment, computers or computer software or services, or storage facilities for records, as a result of complying with this data collection. There are no capital and maintenance costs to the respondents other than their time to complete the form.

14. Estimates of Annualized Cost to the Government

Exhibit 3 shows the estimated total and annualized cost over 3 years to the government for conducting this project. The total cost is estimated to be \$275,270.

Exhibit 3. Estimated Total and Annualized Cost

Cost Component	Total Cost	Annualized Cost
Project Development	\$16,205	\$5,402
Data Collection Activities	\$46,553	\$15,518
Data Processing and Analysis	\$43,190	\$14,397
Publication of Results	\$53,938	\$17,979
Project Management	\$22,620	\$7,540
Overhead	\$92,764	\$30,921
Total	\$275,270	\$91,757

15. Changes in Hour Burden

This is a new collection of information. In light of the revisions to the CHIPRA PQMP Candidate Measure Form resulting from public comments to 60-day FRN and outside consultations with CoEs, CCTAC and SNAC since the publication of 60-day FRN, AHRQ has updated the burden to 3.25 hours per response (in place of 3 hours per response). Further, based on AHRQ's experience with public call for measures in 2012, AHRQ has increased number of nominations to be 75 (in place of 50). Hence, we have revised estimated annualized burden hours and estimated annualized cost burden.

16. Time Schedule, Publication and Analysis Plans

Exhibit 4 presents project timeline for data collection and analysis through public call for measures in 2013 and 2014 to identify measures for 2014 and 2015 improved core sets and other CHIPRA purposes.

Exhibit 4. Time Schedule for Proposed Data Collection and Analysis

Task Description	Performance Period	
	Start	End
Finalize CHIPRA PQMP Candidate Measure Submission Form	07/01/2011	02/09/2012
Prepare PRA package (including Federal Register notice (FRN) (with 60-day comment period) for public input on CHIPRA PQMP Candidate Measure Submission Form	01/10/2012	03/19/2012
Publication of FRN with 60-day comment period	04/18/2012	06/18/2012
AHRQ and CCTAC to review public comments, prepare response to public comments, revise CHIPRA PQMP Candidate Measure Submission Form (if need be) and submit comment responses to AHRQ for PRA package (including FRN with 30-day notice)	06/19/2012	08/13/2012
AHRQ to submit PRA package for clearance and publication (including FRN with 30-day notice to OMB for public input on CHIPRA PQMP Candidate Measure Submission Form)		08/29/2012

Task Description	Performance Period	
	Start	End
Publication of 30-day notice PRA FRN Notice with 30-day comment period	09/12/2012	10/12/2012
AHRQ and CCTAC to review public comments, prepare response to public comments, revise CHIPRA PQMP Candidate Measure Submission Form (if need be) and submit comment responses for OMB	10/12/2012	10/19/2012
Testing and 508C of online version of CHIPRA PQMP Candidate Measure Submission Form by AHRQ and CCTAC	10/19/2012	11/30/2012
OMB approval of CHIPRA PQMP Candidate Measure Submission Form for online data collection for 2013 and 2014 public call for measures (can be requested 60 days from the date of publication of FRN with 30-day notice)		12/19/2012
Draft FRN for 2013 public call for measures	11/01/2012	11/30/2012
Publication of FRN for 2013 public call for measures		01/01/2013
Measure nomination by respondents using the online CHIPRA PQMP Candidate Measure Submission Form in response to 2013 public call for measures*	01/01/2013	03/30/2013
Compilation of 2013 measure nominations by CCTAC for SNAC review	04/01/2013	05/17/2013
SNAC review and scoring of 2013 measure nominations	05/20/2013	09/30/2013
CCTAC prepares report for AHRQ and CMS with SNAC recommendations for January 1, 2014 improved core set and other CHIPRA purposes	10/1/2013	11/15/2013
Publication of improved core measure set by January 1, 2014	12/31/2013	01/01/2014
Publication of FRN for 2014 public call for measures		01/01/2014
Measure nomination by respondents using the online CHIPRA PQMP Candidate Measure Submission Form in response to 2014 public call for measures*	01/01/2014	03/30/2014
Compilation of 2013 measure nominations by CCTAC for SNAC review	04/01/2014	05/17/2014
SNAC review and scoring of 2013 measure nominations	05/20/2014	09/30/2014
CCTAC prepares report for AHRQ and CMS with	10/1/2014	11/15/2014

Task Description	Performance Period	
	Start	End
SNAC recommendations for January 1, 2015 improved core set and other CHIPRA purposes		
Publication of improved core measure set by January 1, 2015		01/01/2015

*Data collection and subsequent dates are contingent upon the receipt of OMB approval for use of the CHIPRA PQMP Candidate Measure Submission Form for online data collection for the 2013 and 2014 public call for measures.

Analysis Plan:

Each measure nominated by respondents in 2013 will be reviewed by the SNAC at the September 2013 public meeting for consideration for the CHIPRA improved core set and other CHIPRA purposes. Prior to this meeting, the CCTAC will compile measures received through the public solicitation and share these with the SNAC. The members of the SNAC will assess all measures through a Delphi process. Each SNAC member will score each measure using criteria based on desirable attributes of the measure -- general importance, validity, feasibility, importance of the measure to Medicaid and/or CHIP, research evidence for underlying focus of the measure, clinical or other rationale supporting the focus of the measure, identification of disparities, health information technology, and understandability -- detailed in the CHIPRA PQMP Candidate Measure Submission Form. Each SNAC member will also score each measure to provide global rating for the measure for inclusion in the improved core set and other CHIPRA purposes. Analysis of SNAC scores will inform the identification of a subset of measures for further review at the in-person public meeting of the SNAC in September 2013. Members of the SNAC will vote on the subset of measures at this public meeting. The CCTAC will prepare a report on the deliberations of the SNAC with SNAC recommendations for a list of measures for the improved core set for January 1, 2014. AHRQ and CMS will review SNAC recommendations and identify measures for consideration by the Secretary for the improved core set for public posting by January 1, 2014.

This process of analysis will be replicated for the measures nominated by members of the public in response to 2014 public call for measures. It will result in a report with SNAC recommendations for review by AHRQ and CMS and identification of measures for consideration by the Secretary for the improved core set for public posting by January 1, 2015.

17. Exemption for Display of Expiration Date

AHRQ does not seek this exemption.

List of Attachments:

Attachment A: CHIPRA PQMP Candidate Measure Submission Form, 60-day FRN version

Attachment B: Federal Register Notice

Attachment C: Public Comments from NASN

Attachment D: Public Comments from the American Optometric Assoc

Attachment E: Responses to Public Comments