

| 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 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. | Select one | Measure Submission Question Modify Candidate Measure Feedback | |

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|-----|-------------|-------|--|--------------|--|-----------------------|
| 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. 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.</p> <p>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.</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</p> <p>Prospective Payment System-Exempt</p> <p>Cancer Hospital Quality Reporting Program</p> <p>Skilled Nursing Facility Quality Reporting Program</p> <p>Skilled Nursing Facility Value-Based Purchasing Program</p> | |

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| 4 | What is the history or background for including this measure on the new MUC list? | Yes | Select only one reason | Select one | None New measure never used in a program Measure currently used in a CMS program being proposed as-is for a new or different program Measure currently used in a CMS program, but the measure is undergoing substantial change | |
| 5 | If currently used: | | | | | |
| 6 | Range of year(s) this measure has been used by CMS Program(s). | No | For example: Hospice Quality Reporting (2012-2017) | Free text | | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|---|-------|--|--------------|---|-----------------------|
| 7 | What other programs are currently using this measure? | No | Select as many as apply. These should be current use programs only, not proposed programs. | Multi-select | <ul style="list-style-type: none"> Ambulatory Surgical Center Quality Reporting Program End-Stage Renal Disease Quality Incentive Program Home Health Quality Reporting Program Hospice Quality Reporting Program Hospital-Acquired Condition Reduction Program Hospital Inpatient Quality Reporting Program Hospital Outpatient Quality Reporting Program Hospital Readmissions Reduction Program Hospital Value-Based Purchasing Program Inpatient Psychiatric Facility Quality Reporting Program Inpatient Rehabilitation Facility Quality Reporting Program Long-Term Care Hospital Quality Reporting Program Medicaid and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals Medicare Shared Savings Program Merit-based Incentive Payment System Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program Skilled Nursing Facility Quality Reporting Program Skilled Nursing Facility Value-Based Purchasing Program | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|---------------------|-------|---|--|-----------------|-----------------------|
| 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: Enter the NQF ID number and former MUC ID number (if applicable) in later fields. | Free text 255 characters max | | |
| 9 | Measure ID | No | Alphanumeric identifier (if applicable), such as a recognized program ID number for this measure (20 characters or less). Examples: 199 GPRO HF-5; ACO 28; CTM-3; PQI #08. Fields for the NQF ID number and previous year(s) Jira MUC ID number are provided in other data fields within this form. | Free text 20 characters max | | |
| 10 | Measure description | Yes | Provide a brief description of the measure (700 characters or less). When you paste text, any content over the limit will be truncated. | Free text 700 characters or less) | | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|---------------|-------|--|------------|---|-----------------------|
| 11 | Numerator | Yes | 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 | Can apply to the Numerator or the Denominator. | Free text | | |
| 14 | Measure Type* | Yes | Select only one type of measure. | Select one | None Composite Cost/Resource Use Efficiency Intermediate Outcome Outcome Patient Reported Outcome Process Structure Other (enter in Comments at far bottom of this form) | |

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|-----|--|-------|--|------------|--|-----------------------|
| 15 | Which clinical guideline(s)? | No | The measure should improve compliance with standard clinical guidelines. Provide a detailed description of which guideline the measure is based on and how the measure will enhance compliance with the clinical guidelines. | Free text | | |
| 16 | Is this measure similar to and/or competing with measure(s) already in a program? | Yes | Consider other measures with similar purposes. | Select one | Yes No | |
| 17 | If Yes: | | | | | |
| 18 | Which existing measure(s) is your measure similar to and/or competing with? | No | Identify the other measure(s) including title and any other unique identifier | Free text | | |
| 19 | Rationale for how this measure will add to the CMS program | No | Describe benefits of this measure, in comparison to existing measure(s). | Free text | | |
| 20 | How will this measure be distinguished from other similar and/or competing measures? | No | Describe key differences that set this measure apart from others. | Free text | | |
| 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 area of specialty best fits the measure? | Yes | Select the most applicable area of specialty. Use the scroll bar to view all available specialties. | Select one | See Appendix A.22 for list choices. | |

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| 23 | What NQS priority applies to this measure? | Yes | National Quality Strategy priorities (also known as domains); select as many as apply. Hold down the Ctrl button while choosing to make multiple selections. | Multi-select | <p>Making care safer by reducing harm caused in the delivery of care</p> <p>Ensuring that each person and family is engaged as partners in their care</p> <p>Promoting effective communication and coordination of care</p> <p>Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease</p> <p>Working with communities to promote wide use of best practices to enable healthy living</p> <p>Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models</p> <p>Measure not able to be categorized</p> | |
| 24 | Briefly describe the peer reviewed evidence justifying this measure | Yes | Add description of evidence. | Free text | | |
| 25 | What is the NQF status of the measure? | Yes | Select only one | Select one | <p>None</p> <p>Endorsed</p> <p>De-endorsed</p> <p>Submitted</p> <p>Failed endorsement</p> <p>Never submitted</p> | |
| 26 | NQF ID number | Yes | Four-digit number with leading zeros if needed. If no NQF ID number is known, enter numerals 0000. | Four-digit ID value | | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|--|-------|---|--------------|--|-----------------------|
| 27 | Evidence that the measure can be operationalized | No | Provide evidence that the data source used by the measure is readily available to CMS. Summarize how CMS would operationalize the measure. For example, if the measure is based on registry data, the submitter must provide evidence that the majority of the hospitals in the program in which the measure will be used participate in the registry; if the measure is registry-based, the submitter must provide a plan for CMS to gain access to the registry data. | Free text | | |
| 28 | If endorsed: | | | | | |
| 29 | Is the measure being proposed exactly as endorsed by NQF? | No | Select only one | Radio button | Yes No | |
| 30 | If not exactly as endorsed, specify the locations of the differences | No | Which specification fields are different? Select as many as apply. | Multi-select | Measure title Description Numerator Denominator Exclusions Target Population Area of specialty Setting (for testing) Level of analysis Data source eCQM status Other (see next field) | |
| 31 | If not exactly as endorsed, describe the nature of the differences | No | Briefly describe the differences | Free text | | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|---|-------|--|--------------|--|-----------------------|
| 32 | Year of NQF Consensus Development Process (CDP) endorsement | No | Select one | Select one | None 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 | |
| 33 | Year of next scheduled NQF CDP endorsement review | No | Select one | Select one | None 2016 2017 2018 2019 2020 | |
| 34 | 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 | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|------------------------------|-------|---|-----------|-----------------|-----------------------|
| 35 | 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 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>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> | Free text | | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| 36 | 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) | |
| 37 | 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) | |

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| 38 | What data sources are used for the measure? | Yes | Select as many as apply. Hold down the Ctrl button while choosing to make multiple selections. | Multi-select | Administrative claims (non-Medicare; enter relevant parts in the field below) Administrative clinical data Facility discharge data Chronic condition data warehouse (CCW) Claims CROWNWeb EHR (enter relevant parts in the field below) Hybrid IRF-PAI LTCH CARE data set National Healthcare Safety Network OASIS-C1 Paper medical record Prescription Drug Event Data Elements PROMIS Record review Registry (enter which Registry in the field below) Survey Other (enter in Comments at far bottom of this screen) None | |
| 39 | If Registry: | | | | | |
| 40 | Specify the registry(ies) | No | Identify the registry using the proposed measure. Select as many as apply. Use the scroll bar to view all available registries. | Multi-select | See Appendix A.40 for list choices. | |

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| 41 | 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 | | |
| 42 | 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 | |
| 43 | If eCQM, enter Measure Authoring Tool (MAT) number | Yes | If not an eCQM, or if MAT number is not available, enter 0. | Free text | | |
| 44 | If eCQM, does the measure have a Health Quality Measures Format (HQMF) specification? | Yes | If not eCQM, enter No | Select one | Yes No | |

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| 45 | 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. | Free text | | |
| 46 | 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 | | |

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| 47 | Was this measure published on a previous year's Measures under Consideration list? | Yes | If yes , you are proposing the existing measure for expansion into additional CMS programs or the measure has substantially changed since originally published, then proceed to the following subset of data fields including (i.e., In what prior year(s) was this measure published?, What were the MUC IDs for the measure in each year?, Why was the measure not recommended by the MAP workgroups in those year(s)?, What were the programs that NQF MAP reviewed the measure for in each year?, List the NQF MAP workgroup(s) in each year, What was the NQF MAP decision each year?, and NQF MAP report page number being referenced for each year). If no , then skip these subset questions. | Select one | Yes No | |
| 48 | 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 Other (enter in Comments at far bottom of this screen) | |
| 49 | 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 | | |

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| 50 | Why was the measure not recommended by the MAP workgroups in those year(s)? | No | Briefly describe the reason(s) if known. | Free text | | |
| 51 | 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 | | |
| 52 | 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 | | |
| 53 | What was the NQF MAP decision in each year? | No | List the year(s), the program(s), and the associated decision(s) in each year. Decision options: Support; Do Not Support; Conditionally Support | Free text | | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| 54 | 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 2017).</p> <p>2017: Link currently unavailable</p> <p>2016: http://www.qualityforum.org/map/</p> <p>2015: http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=78711</p> <p>2014: http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report_2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx</p> <p>2013: http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx</p> <p>2012: http://www.qualityforum.org/Publications/2012/02/MAP_Pre-Rulemaking_Report_Input_on_Measures_Under_Consideration_by_HHS_for_2012_Rulemaking.aspx</p> <p>All major NQF reports going back to 2008 should be locatable here: http://www.qualityforum.org/Publications.aspx</p> | | | |
| 55 | 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 | | |
| 56 | If this measure is being proposed to meet a statutory requirement, please list the corresponding statute | No | List title and other identifying citation information. | Free text | | |
| 57 | 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.57-59 for list choices. | |
| 58 | Measure Steward Contact Information | Yes | Last name, First name; Affiliation (if different); Telephone number; Email address | Free text | | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| 59 | 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.57-59 for list choices. | |
| 60 | Long-Term Measure Steward Contact Information | No | If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address | Free text | | |
| 61 | Primary Submitter Contact Information | Yes | If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address | Free text | | |
| 62 | Secondary Submitter Contact Information | No | If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address | Free text | | |
| 63 | 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 | | |

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| 64 | Attachment(s) | No | <p>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.</p> <p>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/QualityMeasurements/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.</p> | Browse for files | | |
| 65 | 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
Addiction medicine
Allergy/immunology
Anesthesiology
Cardiac electrophysiology
Cardiac surgery
Cardiovascular disease (cardiology)
Chiropractic medicine
Colorectal surgery (proctology)
Critical care medicine (intensivists)
Dermatology
Diagnostic radiology
Electrophysiology
Emergency medicine
Endocrinology
Family practice
Gastroenterology
General practice
General surgery
Geriatric medicine
Gynecological oncology
Hand surgery
Hematology/oncology
Hospice and palliative care
Infectious disease
Internal medicine
Interventional pain management
Interventional radiology
Maxillofacial surgery
Medical oncology
Mental health professionals
Nephrology
Neurology
Neuropsychiatry
Neurosurgery
Nuclear medicine
Obstetrics/gynecology
Ophthalmology
Optometry
Oral surgery (dentists only)
Orthopedic surgery
Osteopathic manipulative medicine
Otolaryngology
Pain management
Palliative care
Pathology
Pediatric medicine
Peripheral vascular disease
Physical medicine and rehabilitation
Plastic and reconstructive surgery
Podiatry
Preventive medicine
Primary care
Psychiatry
Pulmonary disease
Pulmonology
Radiation oncology
Rheumatology
Sleep medicine
Sports medicine
Surgical oncology
Thoracic surgery
Urology
Vascular surgery
Other (enter in Comments at far bottom of this screen)

A.40 Choices for **Specify the registry(ies)**

None

CDC, NHSN (National Healthcare Safety Network)

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

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

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

American Heart Association's Get With the Guidelines Database

Alere Analytics Registry

American Board of Family Medicine Registry

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

American Health IT

American Osteopathic Association Clinical Assessment Program

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

Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry (NACOR)

Bayview Physician Services Registry

BMC Clinical Data Warehouse Registry

Care Coordination Institute Registry

CECity Registry ("PQRSwizard")

Cedaron Medical

Central Utah Informatics

CINA

Clinical Support Services

Clinicient

Clinigence

Conifer Value-Based Care

Corrora, LLC

Covisint Corporation Registry (formerly Docsite)

Crimson Care Registry

DC2 Healthcare (NOC2 Spine Registry and C3 Total Joint Registry)

Digital Medical Solutions Registry

DrexelMed Registry

E*HealthLine.com Inc

eClinicalWeb (eClinicalWorks) Registry

EVMS Academic Physicians and Surgeons Health Services Foundation

Falcon Registry

FORCE-TJR Registry QITM

FOTO PQRS Registry

Fresenius Medical Care CKD Data Registry

Geriatric Practice Management LTC Registry

Greenway Health PrimeDATA CLOUD PQRS Registry

HCA Physician Services PQRS Registry

HCFS Health Care Financial Services LLC (HCFS)

Health Focus Registry

ICLOPS

Ingenious Med, Inc.

Intelliscure, Inc

Intelligent Healthcare

iPatientCare Registry

IPC The Hospitalist Company Registry

IRISTM Registry

Johns Hopkins Disease Registry

Lumeris Registry

M2S Registry

Mankato Clinic Registry

Massachusetts General Physicians Organization Registry

McKesson Population Manager

MDinteractive

MDSync LLC

MedAmerica/CEP America Registry

Meditab Software, Inc

MedXpress Registry

MEGAS, LLC Alpha II Registry

Michigan Spine Surgery Improvement Collaborative

myCatalyst
Net Health Specialty Care Registry
Net.Orange cOS Registry
NeuroPoint Alliance (NPA)'s National Neurosurgery Quality & Outcomes Database (N2QOD)
NextGen Healthcare Solutions
NJ-HITEC Clinical Reporting Registry
OmniMD
Patient360
PMI Registry
PQRS Solutions
PQRS PRO NetHealth LLC
Pulse PQRS Registry
Quintiles PQRS Registry
ReportingMD Registry
RexRegistry by Prometheus Research
Solutions for Quality Improvement (SQI) Registry
Specialty Benchmarks Registry
SunCoast RHIO
SupportMed Data Analytics & Registry
Surgical Care and Outcomes Assessment Program (SCOAP)
SwedishAmerican Medical Group
TeamPraxis-Allscripts CQS
The Pain Center USA PLLC
Unlimited Systems Specialty Healthcare Registry
Venous Patient Outcome Registry
Vericle, Inc.
Webconsort LLC
WebOutcomes LLC
WebPT, Inc
Wellcentive, Inc
Wisconsin Collaborative for Health Care Quality Registry
AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity

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

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

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

Wisconsin Collaborative for Healthcare Quality

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

A.57-59 Choices for **Measure steward (57)** and **Long-Term Measure Steward (if different) (59)**

None

Agency for Healthcare Research & Quality

Alliance of Dedicated Cancer Centers

American Academy of Allergy, Asthma & Immunology (AAAAI)

American Academy of Dermatology

American Academy of Neurology

American Academy of Otolaryngology – Head and Neck Surgery (AAOHN)

American College of Cardiology

American College of Emergency Physicians

American College of Emergency Physicians (previous steward Partners-Brigham & Women's)

American College of Obstetricians and Gynecologists (ACOG)

American College of Radiology

American College of Rheumatology

American College of Surgeons

American Gastroenterological Association

American Medical Association

American Medical Association - Physician Consortium for Performance Improvement

American Medical Association - Physician Consortium for Performance Improvement/American College of Cardiology/American Heart Association

American Nurses Association

American Society for Gastrointestinal Endoscopy

American Society for Radiation Oncology

American Society of Addiction Medicine

American Society of Anesthesiologists

American Urogynecologic Society

American Urological Association (AUA)

ASC Quality Collaboration

Bridges to Excellence

Centers for Disease Control and Prevention

Centers for Medicare & Medicaid Services

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

Heart Rhythm Society (HRS)

Indian Health Service

Infectious Diseases Society of America (IDSA)

MN Community Measurement

National Committee for Quality Assurance

Office of the National Coordinator for Health Information Technology

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

Pharmacy Quality Alliance

Philip R. Lee Institute for Health Policy Studies

RAND Corporation

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

Society of Interventional Radiology

The Joint Commission

The Society for Vascular Surgery

University of Minnesota Rural Health Research Center

University of North Carolina- Chapel Hill

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

Template

Peer Reviewed Journal Article Requirement

Section 101(c)(1) of the MACRA requires submission of new measures for publication in applicable specialty-appropriate, peer-reviewed journals prior to implementing in MIPS. These measures will be submitted to a journal(s) before including any new measure in the final list of annual clinical quality measures (CQM) under MIPS. The measure owner shall provide the required information for article submission under the MACRA per CMS "Call for Measures" submission process.

Measure owners submitting measures into JIRA must complete the required information by the MUC deadline. Some of the information requested below may be listed in specific fields in the JIRA tool, however to ensure that CMS has all of the necessary information, please submit the information as an attached word document in JIRA. This includes, but is not limited to:

[Measure Title]
[Domain]

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| <p>Measure Owner: <i>[Name]</i> Measure Developer: <i>[Name]</i> Description:</p> |
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I. Statement

- *Background (Why is this measure important?)*
- *Environmental Scan (Are there existing measures in this area?)*

II. Gap Analysis

- *Evidence for Measure (What are the gaps and opportunities to improve care?)*
- *Expected Outcome (Patient care/patient health improvements, cost savings)*
- *Recommendation for Measure (Is it based on a study, consensus opinion, USPSTF recommendation etc.?)*

III. Reliability/Validity (If applicable)

- *Has it been tested? Please provide testing results.*
- *Is there a minimum sample size for reliability results?*

a. Other Information

- *Is it risk adjusted?*
- *Are there benchmarks?*

IV. Endorsement

- *NQF or other endorsing body (If measure is only endorsed for paper records, please note endorsement for only the data source being submitted)*

V. Summary

- *Alignment with CMS Quality Strategy or MACRA (If applicable)*
- *Importance to MIPS or other CMS programs*
- *Rationale: Use of measure for inclusion in program (specialty society, regional collaborative, other)*
- *Public reporting (if applicable)*
- *Preferable relevant Peer-Review Journal for publication*

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1314 (Expiration date: XX/XX/XXXX). The time required to complete this information collection is estimated to average 0.5 hours per organization to submit a measure to us, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. ****CMS Disclosure**** Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact QPP@cms.hhs.gov