

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	

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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.</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/QualityMeasures/Pre-Rule-Making.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/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> <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 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		

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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	<ul style="list-style-type: none"> <li>Ambulatory Surgical Center Quality Reporting Program</li> <li>End-Stage Renal Disease Quality Incentive Program</li> <li>Comprehensive Primary Care Plus (CPC+)</li> <li>Home Health Quality Reporting Program</li> <li>Hospice Quality Reporting Program</li> <li>Hospital-Acquired Condition Reduction Program</li> <li>Hospital Inpatient Quality Reporting Program</li> <li>Hospital Outpatient Quality Reporting Program</li> <li>Hospital Readmissions Reduction Program</li> <li>Hospital Value-Based Purchasing Program</li> <li>Inpatient Psychiatric Facility Quality Reporting Program</li> <li>Inpatient Rehabilitation Facility Quality Reporting Program</li> <li>Long-Term Care Hospital Quality Reporting Program</li> <li>Medicaid Adult Core Set</li> <li>Medicaid and Medicare EHR Incentive Program for Eligible Hospitals and Critical Access Hospitals</li> <li>Medicare Shared Savings Program</li> <li>Merit-based Incentive Payment System-Cost</li> <li>Merit-based Incentive Payment System-Quality</li> <li>Prospective Payment System-Exempt</li> <li>Cancer Hospital Quality Reporting Program</li> <li>Skilled Nursing Facility Quality Reporting Program</li> <li>Skilled Nursing Facility Value-Based Purchasing Program</li> </ul>	

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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)		

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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/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)	
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:					
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		

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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>	
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>	



Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
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> <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> <li>Community engagement</li> </ul> <p>If #23 is Make care affordable, then choices are:</p> <ul style="list-style-type: none"> <li>Appropriate use of healthcare</li> <li>Patient-focused episode of care</li> <li>Risk adjusted total cost of care</li> </ul>	

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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		
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	

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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		
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	

Row	Field Label	Req'd	Screen Guidance	Data Form	Possible Values	Add Your Content Here
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 and patients measured, and how reliability was assessed.</p>	Free text		

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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)	
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)	

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39	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.  If Non-Medicare Administrative Claims, then enter relevant parts in the field below.  If EHR, then enter relevant parts in the field below.  If Registry, then enter which registry in the field below.	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	
40	If Registry:					
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	<b>See Appendix A.41 for list choices.</b>	
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		

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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					
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	



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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		
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		

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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	
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		

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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		
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		

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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		
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		

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

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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/QualityMeasures/Pre-Rule-Making.html">https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/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 Center, and NQF feasibility scorecard.</p>	Browse for files		

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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  
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.41 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

Corrona, 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 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.60-62 Choices for **Measure steward (57)** and **Long-Term Measure Steward (if different) (59)**

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

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