

Instructions:

1. Complete the measure template below by entering your candidate measure information in the column titled “Add Your Content Here.”
2. All rows that have an asterisk symbol * in the Field Label require a response. These rows also appear unshaded.
3. All rows shaded in gray are optional. You are encouraged to complete all rows that are applicable to your measure.
4. For each row, the “Guidance” column provides details about how to complete the form and what kind of data to include in your response.
5. For check boxes, note whether the field is “select one” or “select all that apply.” You can click on the box to place or remove the “X.”
6. If you have lengthy text to insert, place the text at the bottom of the form, clearly indicating your intended row number or field label.
7. Send completed templates and any accompanying files (e.g., MIPS Peer Review Journal Article attachment, testing data, MAT information) **by June 30, 2020** to prerulemaking@battelle.org
8. If you need to submit a measure change, please use the “Review” tab in Word and select “Track Changes” or highlight any updates you made to the measure, then by September 4, 2020, send the revised template to prerulemaking@battelle.org

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
1	*Date MM/DD/YYYY	Enter the current date of submission or revision	
2	*Issue Type	Select Measure Submission to nominate a measure for the 2020 MUC list. Select Modify Candidate Measure to change a measure already submitted for 2020. Select only one.	<input type="checkbox"/> Measure Submission <input type="checkbox"/> Modify Candidate Measure

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
3	*CMS Program(s)	<p>Select the CMS program(s) for which the measure is being submitted. Select all that apply.</p> <p>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 MIPS-Cost only for measures that pertain to cost. Do not enter both MIPS-Quality and MIPS-Cost for the same measure.</p> <p>If you enter MIPS (either Quality or Cost), 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 send the completed form with your template by email to Prerulemaking@Battelle.org.</p>	<input type="checkbox"/> Ambulatory Surgical Center Quality Reporting Program <input type="checkbox"/> End-Stage Renal Disease Quality Incentive Program <input type="checkbox"/> Home Health Quality Reporting Program <input type="checkbox"/> Hospice Quality Reporting Program <input type="checkbox"/> Hospital-Acquired Condition Reduction Program <input type="checkbox"/> Hospital Inpatient Quality Reporting Program <input type="checkbox"/> Hospital Outpatient Quality Reporting Program <input type="checkbox"/> Hospital Readmissions Reduction Program <input type="checkbox"/> Hospital Value-Based Purchasing Program <input type="checkbox"/> Inpatient Psychiatric Facility Quality Reporting Program <input type="checkbox"/> Inpatient Rehabilitation Facility Quality Reporting Program <input type="checkbox"/> Long-Term Care Hospital Quality Reporting Program <input type="checkbox"/> Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs) <input type="checkbox"/> Medicare Shared Savings Program <input type="checkbox"/> Merit-based Incentive Payment System-Cost <input type="checkbox"/> Merit-based Incentive Payment System-Quality <input type="checkbox"/> Part C and D Star Ratings <input type="checkbox"/> Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program <input type="checkbox"/> Skilled Nursing Facility Quality Reporting Program <input type="checkbox"/> Skilled Nursing Facility Value-Based Purchasing Program
4	*What is the history or background for including this measure on the 2020 MUC list?	Select only one description	<input type="checkbox"/> New measure never reviewed by MAP Workgroup or used in a CMS program <input type="checkbox"/> Measure previously submitted to MAP, refined and resubmitted per MAP recommendation <input type="checkbox"/> Measure currently used in a CMS program being submitted as-is for a new or different program <input type="checkbox"/> 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).	For example: Hospice Quality Reporting (2012-2018)	

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
7	What other federal programs are currently using this measure?	Select all that apply. These should be current use programs only, not programs for the 2020 submittal.	<input type="checkbox"/> Ambulatory Surgical Center Quality Reporting Program <input type="checkbox"/> End-Stage Renal Disease Quality Incentive Program <input type="checkbox"/> Comprehensive Primary Care Plus (CPC+) <input type="checkbox"/> Health Homes Core Set <input type="checkbox"/> Home Health Quality Reporting Program <input type="checkbox"/> Hospice Quality Reporting Program <input type="checkbox"/> Hospital-Acquired Condition Reduction Program <input type="checkbox"/> Hospital Inpatient Quality Reporting Program <input type="checkbox"/> Hospital Outpatient Quality Reporting Program <input type="checkbox"/> Hospital Readmissions Reduction Program <input type="checkbox"/> Hospital Value-Based Purchasing Program <input type="checkbox"/> Inpatient Psychiatric Facility Quality Reporting Program <input type="checkbox"/> Inpatient Rehabilitation Facility Quality Reporting Program <input type="checkbox"/> Long-Term Care Hospital Quality Reporting Program <input type="checkbox"/> Medicaid Adult Core Set <input type="checkbox"/> Medicaid and CHIP Child Core Set <input type="checkbox"/> Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals <input type="checkbox"/> Medicare and Medicaid Promoting Interoperability Program for Eligible Professionals <input type="checkbox"/> Medicare Part C <input type="checkbox"/> Medicare Part D <input type="checkbox"/> Medicare Shared Savings Program <input type="checkbox"/> Merit-based Incentive Payment System <input type="checkbox"/> Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program <input type="checkbox"/> Quality Health Plan Quality Rating System <input type="checkbox"/> Skilled Nursing Facility Quality Reporting Program <input type="checkbox"/> Skilled Nursing Facility Value-Based Purchasing Program

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
8	*Measure Title	<p>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 other fields below). The CMS program name should not ordinarily be part of the measure title, because each measure record already has a required field that specifies the CMS program. An exception would be if there are several measures with otherwise identical titles that apply to different programs. In this case, including or imbedding a program identifier in the title (to prevent there being any otherwise duplicate titles) is helpful.</p>	
9	Measure ID	<p>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.</p> <p>Fields for the NQF ID number and previous year(s) JIRA MUC ID number are provided in other data fields within this form.</p>	
10	*Measure description	<p>Provide a brief description of the measure (700 characters or less).</p>	
11	*Numerator	<p>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.</p> <p>For all free-text fields: Be sure to spell out all abbreviations and define special terms at their first occurrence. This will save time and revision/editing cycles during clearance.</p>	

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
12	*Denominator	The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given patient population that may be counted as eligible to meet a measure's inclusion requirements.	
13	*Exclusions/ Exceptions	If applicable, specify Numerator Exclusion, Denominator Exclusion, or Denominator Exception.	
14	*Measure Type	Select only one type of measure. For definitions, visit this web site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html .	<input type="checkbox"/> Composite <input type="checkbox"/> Cost/Resource Use <input type="checkbox"/> Efficiency <input type="checkbox"/> Intermediate Outcome <input type="checkbox"/> Outcome <input type="checkbox"/> Patient Reported Outcome <input type="checkbox"/> Process <input type="checkbox"/> Structure <input type="checkbox"/> Other (enter here):
15	Which clinical guideline(s)?	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.	
16	*Is this measure similar to and/or competing with measure(s) already in a program?	Select either Yes or No. Consider other measures with similar purposes.	<input type="checkbox"/> Yes <input type="checkbox"/> No
17	If Yes:		
18	Which measure(s) already in a program is your measure similar to and/or competing with?	Identify the other measure(s) including title and any other unique identifier	

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
19	How will this measure add value to the CMS program?	Describe benefits of this measure, in comparison to measure(s) already in a program.	
20	How will this measure be distinguished from other similar and/or competing measures?	Describe key differences that set this measure apart from others.	
21	MIPS Quality: Identify any links with related Cost measures and Improvement Activities	For MIPS Quality measures only: Where available, provide description of linkages and a rationale that correlates this MIPS quality measure to other performance category measures and activities.	
22	*What is the target population of the measure?	What populations are included in this measure? e.g., Medicare Fee for Service, Medicare Advantage, Medicaid, CHIP, All Payer, etc.	
23	*What one area of specialty is the measure aimed to, or which specialty is most likely to report this measure?	Select the one most applicable area of specialty.	See Appendix A.23 for list choices. Copy/paste or enter your choice here:
24	*What one primary healthcare priority applies to this measure?	Healthcare priorities (also known as domains). Select the best one.	<input type="checkbox"/> Make care safer by reducing harm caused in the delivery of care <input type="checkbox"/> Strengthen person and family engagement as partners in their care <input type="checkbox"/> Promote effective communication and coordination of care <input type="checkbox"/> Promote effective prevention and treatment of chronic disease <input type="checkbox"/> Work with communities to promote best practices of healthy living <input type="checkbox"/> Make care affordable

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
25	*What one primary meaningful measure area applies to this measure?	Select the best one. The meaningful measure area choices depend on your selection of primary healthcare priority above.	<p>If #24 is Make care safer..., then choices are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Healthcare-associated infections <input type="checkbox"/> Preventable healthcare harm <p>If #24 is Strengthen person..., then choices are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Care is personalized and aligned with patient's goals <input type="checkbox"/> End of life care according to preferences <input type="checkbox"/> Patient's experience of care <input type="checkbox"/> Functional outcomes <p>If #24 is Promote effective communication..., then choices are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medication management <input type="checkbox"/> Admissions and readmissions to hospitals <input type="checkbox"/> Transfer of health information and interoperability <p>If #24 is Promote effective prevention..., then choices are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preventive care <input type="checkbox"/> Management of chronic conditions <input type="checkbox"/> Prevention, treatment, and management of mental health <input type="checkbox"/> Prevention and treatment of opioid and substance use disorders <input type="checkbox"/> Risk adjusted mortality <p>If #24 is Work with communities..., then choices are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Equity of care <input type="checkbox"/> Community engagement <p>If #24 is Make care affordable, then choices are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appropriate use of healthcare <input type="checkbox"/> Patient-focused episode of care <input type="checkbox"/> Risk adjusted total cost of care
26	What secondary healthcare priority applies to this measure?	Healthcare priorities (also known as domains). Select one alternate or secondary priority only if applicable.	<ul style="list-style-type: none"> <input type="checkbox"/> Make care safer by reducing harm caused in the delivery of care <input type="checkbox"/> Strengthen person and family engagement as partners in their care <input type="checkbox"/> Promote effective communication and coordination of care <input type="checkbox"/> Promote effective prevention and treatment of chronic disease <input type="checkbox"/> Work with communities to promote best practices of healthy living <input type="checkbox"/> Make care affordable

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
27	What secondary meaningful measure area applies to this measure?	Select one alternate or secondary area only if applicable. The meaningful measure area choices depend on your selection of secondary healthcare priority above.	<p>If #26 is Make care safer..., then choices are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Healthcare-associated infections <input type="checkbox"/> Preventable healthcare harm <p>If #26 is Strengthen person..., then choices are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Care is personalized and aligned with patient’s goals <input type="checkbox"/> End of life care according to preferences <input type="checkbox"/> Patient’s experience of care <input type="checkbox"/> Functional outcomes <p>If #26 is Promote effective communication..., then choices are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Medication management <input type="checkbox"/> Admissions and readmissions to hospitals <input type="checkbox"/> Transfer of health information and interoperability <p>If #26 is Promote effective prevention..., then choices are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Preventive care <input type="checkbox"/> Management of chronic conditions <input type="checkbox"/> Prevention, treatment, and management of mental health <input type="checkbox"/> Prevention and treatment of opioid and substance use disorders <input type="checkbox"/> Risk adjusted mortality <p>If #26 is Work with communities..., then choices are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Equity of care <input type="checkbox"/> Community engagement <p>If #26 is Make care affordable, then choices are:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Appropriate use of healthcare <input type="checkbox"/> Patient-focused episode of care <input type="checkbox"/> Risk adjusted total cost of care
28	*Briefly describe the peer reviewed evidence justifying this measure	Add description of evidence. If you have lengthy text to insert, place the text at the bottom of this form, clearly indicating row number 28.	
29	*What is the NQF status of the measure?	Select only one. Refer to http://www.qualityforum.org/QPS/ for information on NQF endorsement, measure ID, and other information.	<ul style="list-style-type: none"> <input type="checkbox"/> Endorsed <input type="checkbox"/> Endorsement Removed <input type="checkbox"/> Submitted <input type="checkbox"/> Failed endorsement <input type="checkbox"/> Never submitted
30	*NQF ID	Four- or five-digit identifier with leading zeros and following letter if needed. If no NQF ID number is known, enter numerals 0000. Place zeros ahead of ID if necessary (e.g., 0064). Add a letter after the ID if necessary (e.g., 0064e).	

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
31	Evidence that the measure can be operationalized	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. If you have lengthy text to insert, place the text at the bottom of this form, clearly indicating row number 31.	
32	If endorsed:		
33	Is the measure being submitted exactly as endorsed by NQF?	Select Yes or No	<input type="checkbox"/> Yes <input type="checkbox"/> No
34	If not exactly as endorsed, specify the locations of the differences	Which specification fields are different? Select all that apply.	<input type="checkbox"/> Measure title <input type="checkbox"/> Description <input type="checkbox"/> Numerator <input type="checkbox"/> Denominator <input type="checkbox"/> Exclusions <input type="checkbox"/> Target Population <input type="checkbox"/> Setting (for testing) <input type="checkbox"/> Level of analysis <input type="checkbox"/> Data source <input type="checkbox"/> eQm status <input type="checkbox"/> Other (enter here and see next field):
35	If not exactly as endorsed, describe the nature of the differences	Briefly describe the differences	

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
36	Year of most recent NQF Consensus Development Process (CDP) endorsement	Select one	<input type="checkbox"/> None <input type="checkbox"/> 1999 <input type="checkbox"/> 2000 <input type="checkbox"/> 2001 <input type="checkbox"/> 2002 <input type="checkbox"/> 2003 <input type="checkbox"/> 2004 <input type="checkbox"/> 2005 <input type="checkbox"/> 2006 <input type="checkbox"/> 2007 <input type="checkbox"/> 2008 <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input type="checkbox"/> 2019 <input type="checkbox"/> 2020
37	Year of next anticipated NQF CDP endorsement review	Select one	<input type="checkbox"/> None <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024
38	*In what state of development is the measure?	Select all that apply.	<input type="checkbox"/> Early Development <input type="checkbox"/> Field Testing <input type="checkbox"/> Fully Developed

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
39	State of Development Details	<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 entered 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 in which the measure will be tested.</p> <p>If you entered 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>	

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
40	*In which setting was this measure tested?	Select all that apply.	<input type="checkbox"/> Ambulatory surgery center <input type="checkbox"/> Ambulatory/office-based care <input type="checkbox"/> Behavioral health clinic or inpatient psychiatric facility <input type="checkbox"/> Community hospitals <input type="checkbox"/> Dialysis facility <input type="checkbox"/> Emergency department <input type="checkbox"/> Federally qualified health center (FQHC) <input type="checkbox"/> Hospital outpatient department (HOD) <input type="checkbox"/> Home health <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital inpatient acute care facility <input type="checkbox"/> Inpatient rehabilitation facility <input type="checkbox"/> Long-term care hospital <input type="checkbox"/> Nursing home <input type="checkbox"/> PPS-exempt cancer hospital <input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Veterans Health Administration facilities <input type="checkbox"/> Other (enter here):
41	*At what level of analysis was the measure tested?	Select all that apply	<input type="checkbox"/> Clinician <input type="checkbox"/> Group <input type="checkbox"/> Facility <input type="checkbox"/> Health plan <input type="checkbox"/> Medicaid program (e.g., Health Home or 1115) <input type="checkbox"/> State <input type="checkbox"/> Not yet tested <input type="checkbox"/> Other (enter here):

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
42	*What data sources are used for the measure?	<p>Select all that apply.</p> <p>If Claims, then enter relevant parts in the field below.</p> <p>If EHR, then enter relevant parts in the field below.</p> <p>If Registry, then enter which registry in the field below.</p> <p>Use the “Comments” field at Row 69 to specify or elaborate on the type of data source, if needed to define your measure.</p>	<input type="checkbox"/> Administrative clinical data <input type="checkbox"/> Facility discharge data <input type="checkbox"/> Chronic condition data warehouse (CCW) <input type="checkbox"/> Claims <input type="checkbox"/> CROWNWeb <input type="checkbox"/> EHR <input type="checkbox"/> Hybrid <input type="checkbox"/> IRF-PAI <input type="checkbox"/> LTCH CARE data set <input type="checkbox"/> National Healthcare Safety Network <input type="checkbox"/> OASIS-C1 <input type="checkbox"/> Paper medical record <input type="checkbox"/> Prescription Drug Event Data Elements <input type="checkbox"/> PROMIS <input type="checkbox"/> Record review <input type="checkbox"/> Registry <input type="checkbox"/> Survey <input type="checkbox"/> State Vital Records <input type="checkbox"/> Other (enter here):
43	If Registry:		
44	Specify the registry(ies)	Identify the registry using the submitted measure. Select all that apply.	See Appendix A.44 for list choices. Copy/paste or enter your choices here:
45	If EHR or Claims or Chart-Abstracted Data, description of parts related to these sources	Provide a brief, specific description of which parts of the measure are taken from EHR, claims-based, or chart-abstracted (i.e., paper medical records) data sources.	
46	*How is the measure expected to be reported to the program?	This differs from the data sources above. This is the anticipated data submission method. Select all that apply. Use the “Comments” field at Row 69 to specify or elaborate on the type of reporting data, if needed to define your measure.	<input type="checkbox"/> eCQM <input type="checkbox"/> CQM (Registry) <input type="checkbox"/> Claims <input type="checkbox"/> Web interface <input type="checkbox"/> Other (enter here):
47	*Is this measure an eCQM?	Is this an electronic clinical quality measure (eCQM)? Select Yes or No. If your answer is yes, the Measure Authoring Tool (MAT) ID number must be provided below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
48	If eCQM = Yes		

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
49	* If eCQM, enter Measure Authoring Tool (MAT) number	You must attach Bonnie test cases for this measure, with 100% logic coverage (test cases should be appended), attestation that value sets are published in Value Set Authority Center, and NQF feasibility scorecard. If not an eCQM, or if MAT number is not available, enter 0.	
50	* If eCQM, does the measure have a Health Quality Measures Format (HQMF) specification in alignment with the latest HQMF standards?	Select Yes or No. If not eCQM, enter No	<input type="checkbox"/> Yes <input type="checkbox"/> No
51	* Evidence of performance gap	Evidence of a performance gap among the units of analysis in which the measure will be implemented. Provide analytic evidence that the units of analysis have room for improvement and, therefore, that the implementation of the measure would be meaningful. 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. If you have lengthy text to insert, place the text at the bottom of this form, clearly indicating row number 51.	
52	Unintended consequences	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.	

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
53	*Was this measure published on a previous year's Measures under Consideration list?	Select Yes or No. If yes , you are submitting an existing measure for expansion into additional CMS programs or the measure has substantially changed since originally published, then answer the following questions: 54 through 59 and 61. If no , then skip these subset questions.	<input type="checkbox"/> Yes <input type="checkbox"/> No
54	In what prior year(s) was this measure published?	Select all that apply.	<input type="checkbox"/> None <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input type="checkbox"/> 2019 <input type="checkbox"/> Other (enter here):
55	What were the MUC IDs for the measure in each year?	List both the year and the associated MUC ID number in each year. If unknown, enter N/A.	
56	List the NQF MAP workgroup(s) in each year	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"	
57	What were the programs that NQF MAP reviewed the measure for in each year?	List both the year and the associated program name in each year.	
58	What was the NQF MAP recommendation in each year?	List the year(s), the program(s), and the associated recommendation(s) in each year. Options: Support; Do Not Support; Conditionally Support; Refine and Resubmit	
59	Why was the measure not recommended by the MAP workgroups in those year(s)?	Briefly describe the reason(s) if known.	

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
60	NQF MAP report link for each year	See reference link information at right.	<p>For your reference in completing this section, follow the links below or copy/paste the links into your browser to view each year's MAP pre-rulemaking report (2012 to 2019). This is not a data entry field.</p> <p>2016-19: 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>
61	NQF MAP report page number being referenced for each year	List both the year and the associated MAP report page number for each year.	
62	If this measure is being submitted to meet a statutory requirement, please list the corresponding statute	List title and other identifying citation information.	
63	*Measure steward	Enter the current Measure Steward. Select all that apply.	See Appendix A.63-65 for list choices. Copy/paste or enter your choices here:
64	*Measure Steward Contact Information	Last name, First name; Affiliation (if different); Telephone number; Email address	
65	Long-Term Measure Steward (if different)	Entity or entities that will be the permanent measure steward(s), responsible for maintaining the measure and conducting NQF maintenance review. Select all that apply.	See Appendix A.63-65 for list choices. Copy/paste or enter your choices here:
66	Long-Term Measure Steward Contact Information	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address	

Row	Field Label	Guidance	ADD YOUR CONTENT HERE
67	*Primary Submitter Contact Information	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address	
68	Secondary Submitter Contact Information	If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address	
69	Comments	Any notes, qualifiers, external references, or other information not specified above. For OTHER entries: please indicate the type of additional data you are providing, such as Measure Type, Setting, Level of Analysis, or Measure Steward.	
70	Attachment(s)	<p>You are encouraged to attach the measure information form (MIF) if available. This is a detailed description of the measure used by NQF during endorsement proceedings. If a MIF is not available, comprehensive measure methodology documents are encouraged.</p> <p>If you enter 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 send the completed form with your measure submission by email to Prerulemaking@Battelle.org</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>	Please enter all attachment filename(s) here for completeness and cross-check purposes:
71	MIPS Journal Article Requirement	Select Yes or No. For those submitting measures to MIPS program, enter “Yes.” Send your completed Peer Reviewed Journal Article Requirement form with your measure submission by email to Prerulemaking@Battelle.org .	<input type="checkbox"/> Yes <input type="checkbox"/> No

Send any questions or your completed form and any accompanying files to prerulemaking@battelle.org

Appendix: Lengthy Drop-Down List Choices

A.23 Choices for **What area of specialty best fits the measure?**

Addiction medicine	Occupational therapy
Allergy/immunology	Ophthalmology
Anesthesiology	Optometry
Cardiac electrophysiology	Oral surgery (dentists only)
Cardiac surgery	Orthopedic surgery
Cardiovascular disease (cardiology)	Osteopathic manipulative medicine
Chiropractic medicine	Otolaryngology
Colorectal surgery (proctology)	Pain management
Critical care medicine (intensivists)	Palliative care
Dermatology	Pathology
Diagnostic radiology	Pediatric medicine
Electrophysiology	Peripheral vascular disease
Emergency medicine	Physical medicine and rehabilitation
Endocrinology	Physical therapy
Family practice	Plastic and reconstructive surgery
Gastroenterology	Podiatry
General practice	Preventive medicine
General surgery	Primary care
Geriatric medicine	Psychiatry
Gynecological oncology	Pulmonary disease
Hand surgery	Pulmonology
Hematology/oncology	Radiation oncology
Hospice and palliative care	Rheumatology
Infectious disease	Sleep medicine
Internal medicine	Speech therapy
Interventional pain management	Sports medicine
Interventional radiology	Surgical oncology
Maxillofacial surgery	Thoracic surgery
Medical oncology	Urology
Mental health professionals	Vascular surgery
Nephrology	Other (enter in Row 23)
Neurology	
Neuropsychiatry	
Neurosurgery	
Nuclear medicine	
Nursing	
Obstetrics/gynecology	

A.44 Choices for **Specify the registry(ies)**

AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity
Alere Analytics Registry
American Board of Family Medicine Registry
American College of Cardiology Foundation FOCUS Registry
American College of Cardiology Foundation PINNACLE Registry
American College of Physicians Genesis Registry™ in collaboration with CECity
American College of Radiology National Radiology Data Registry
American College of Rheumatology Informatics System for Effectiveness
American College of Surgeons (ACS) Surgeon Specific Registry (SSR)
American College of Surgeons National Cancer Data Base (ASC NCDB)
American College of Surgeons National Surgical Quality Improvement Program ASC NSQIP)
American Gastroenterological Association Colorectal Cancer Screening and Surveillance Registry in collaboration with CECity
American Gastroenterological Association Digestive Recognition Program Registry in collaboration with CECity
American Health IT
American Heart Association's Get With the Guidelines Database
American Joint Replacement Registry
American Nursing Association's National Database for Nursing Quality Indicators® (NDNQI®)
American Osteopathic Association Clinical Assessment Program
American Society of Breast Surgeons Mastery of Breast Surgery Program
American Society of Clinical Oncology Quality Oncology Practice Initiative (QOPI)R
American Society of Clinical Oncology's Quality Oncology Practice Initiative (QOPI)
Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry (NACOR)
Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry
Bayview Physician Services Registry
BMC Clinical Data Warehouse Registry
Care Coordination Institute Registry
CDC, NHSN (National Healthcare Safety Network)
CECity Registry ("PQRSwizard")
Cedaron Medical
Central Utah Informatics
Chronic Disease Registry, Inc.
CINA
Clinical Support Services
Clinicient
Clinigence

Conifer Value-Based Care
Corrona, LLC
Covisint Corporation Registry (formerly Docsite)
Crimson Care Registry
CUHSM.ORG
DC2 Healthcare (NOC2 Spine Registry and C3 Total Joint Registry)
Digital Medical Solutions Registry
DrexelMed Registry
E*HealthLine.com Inc.
eClinicalWeb (eClinicalWorks) Registry
EVMS Academic Physicians and Surgeons Health Services Foundation
Faculty Practice Foundation, Inc. supported by BMC Clinical Data Warehouse Registry
Falcon Registry
FORCE-TJR Registry QITM
FOTO PQRS Registry
Fresenius Medical Care CKD Data Registry
Geriatric Practice Management LTC Qualified Clinical Data Registry
Geriatric Practice Management LTC Registry
GI Quality Improvement Consortium's GIQuIC 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.
Intellisure, Inc.
Intelligent Healthcare
iPatientCare Registry
IPC The Hospitalist Company Registry
IRISTM Registry
Johns Hopkins Disease Registry
Louisiana State University Health Care Quality Improvement Collaborative [Louisiana State University, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity]
Lumeris Registry
M2S Registry
Mankato Clinic Registry
Massachusetts eHealth Collaborative Quality Data Center QCDR
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
Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) QCDR
Michigan Bariatric Surgery Collaborative QCDR
Michigan Spine Surgery Improvement Collaborative
Michigan Urological Surgery Improvement Collaborative QCDR
myCatalyst
National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement Registry in collaboration with CECity
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
None
OBERD QCDR
OmniMD
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)
Patient360
Physician Health Partners QCDR
PMI Registry
PQRS Solutions
PQRSPRO NetHealth LLC
Premier Healthcare Alliance Physician Registry™
Pulse PQRS Registry
Quintiles PQRS Registry
Renal Physicians Association Quality Improvement Registry in collaboration with CECity
ReportingMD Registry
RexRegistry by Prometheus Research
Society of Thoracic Surgeons National Database
Solutions for Quality Improvement (SQI) Registry
Specialty Benchmarks Registry
SunCoast RHIO

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

A.63-65 Choices for **Measure Steward (63)** and **Long-Term Measure Steward (if different) (65)**

Agency for Healthcare Research & Quality
Alliance of Dedicated Cancer Centers
Ambulatory Surgical Center (ASC) Quality Collaboration
American Academy of Allergy, Asthma & Immunology (AAAAI)
American Academy of Dermatology
American Academy of Neurology
American Academy of Ophthalmology
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 Health Care 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 Psychological Association
American Society for Gastrointestinal Endoscopy
American Society for Radiation Oncology
American Society of Addiction Medicine
American Society of Anesthesiologists
American Society of Clinical Oncology
American Society of Clinical Oncology
American Urogynecologic Society
American Urological Association (AUA)
AQC/ASHA
ASC Quality Collaboration
Audiology Quality Consortium/American Speech Language Hearing Association

Bridges to Excellence
Centers for Disease Control and Prevention
Centers for Medicare & Medicaid Services
Eugene Gastroenterology Consultants, PC Oregon Endoscopy Center, LLC
Health Resources and Services Administration (HRSA) - HIV/AIDS Bureau
Heart Rhythm Society (HRS)
IAC
Indian Health Service
Infectious Diseases Society of America (IDSA)
KCQA- Kidney Care Quality Alliance
MN Community Measurement
National Committee for Quality Assurance
National Minority Quality Forum
Office of the National Coordinator for Health Information Technology
Office of the National Coordinator for Health Information Technology/Centers for Medicare & Medicaid Services
Oregon Urology Institute
Oregon Urology Institute in collaboration with Large Urology Group Practice Association
Other (enter in Row 63 or Row 65)
Pharmacy Quality Alliance
Philip R. Lee Institute for Health Policy Studies
PPRNet
RAND Corporation
Renal Physicians Association; joint copyright with American Medical Association - Physician Consortium for Performance Improvement
Seattle Cancer Care Alliance
Society of Gynecologic Oncology
Society of Interventional Radiology
The Academy of Nutrition and Dietetics
The Joint Commission
The Society for Vascular Surgery
The University of Texas MD Anderson Cancer Center
University of Minnesota Rural Health Research Center
University of North Carolina- Chapel Hill
Wisconsin Collaborative for Healthcare Quality (WCHQ)

Space for Placing Lengthy Text (If Applicable)

If you have lengthy text to insert, place it below here, clearly indicating for each answer the intended row number and/or field label from the template above.

Send any questions or your completed form and any accompanying files to prerulemaking@battelle.org

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