Instructions:
1. Before accessing the CMS MERIT (Measures Under Consideration Entry/Review and Information Tool) online system, you are invited to 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.
3. For each row, the "Guidance" column provides details on how to complete the template and what kinds of data to include.
4. 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."
5. Row numbers are for convenience only and do not appear on the MERIT user interface.
6. Send any questions to MMSsupport@battelle.org.

PROPERTIES

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Measure Information	001	*Measure Title	Provide the measure title only (255 characters or less). Put any program-specific identification (ID) number under Characteristics, not in the title. Note: Do not enter the CMIT ID, consensus-based entity (endorsement) 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 name in the title (to prevent there being any otherwise duplicate titles) is helpful.	
Measure Information	002	*Measure description	Provide a brief description of the measure (700 characters or less).	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Measure Information	003	*Numerator	The upper portion of a fraction used to calculate a rate, proportion, or ratio. An 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. **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.	
Measure Information	004	*Numerator Exclusions	For additional information on exclusions/exceptions, see: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf. If not applicable, enter 'N/A.'	
Measure Information	005	*Denominator	The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given population that may be counted as eligible to meet a measure's inclusion requirements.	
Measure Information	006	*Denominator Exclusions	For additional information on exclusions/exceptions, see: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf. If not applicable, enter 'N/A.'	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Measure Information	007	*Denominator Exceptions	For additional information on exclusions/exceptions, see: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf. If not applicable, enter 'N/A.'	
Measure Information	008	*Briefly describe the peer reviewed evidence justifying this measure	Add description of evidence. If you have lengthy text, add the evidence as an attachment, named to clearly indicate the related form field. You may attach the completed CMS consensus-based entity "Evidence Attachment" if applicable.	
Measure Information	009	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 electronic clinical quality measures (eCQMs), attach feasibility scorecard or other quantitative evidence indicating measure can be reported by the intended reporting entities. If you have lengthy text, add the evidence as an attachment, named to clearly indicate the related form field.	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Burden	010	*Burden for Patient: Does the measure require survey data from the patient?	Select one	☐ Yes ☐ No
Burden	011	*If yes, what is the estimated time to complete the survey?	Enter time in minutes. If unknown, enter 0.	
Burden	012	*If yes, what is the frequency of requests for survey data per year?	Enter the number of requests per patient per year.	
Burden	013	*If yes, are the survey data to be collected during or outside of a visit?	Select all that apply	☐ Prior to visit ☐ During visit ☐ After visit

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Burden	014	*Burden for Provider: Was a provider workflow analysis conducted?	Select one	☐ Yes ☐ No
Burden	015	*If yes, how many sites were evaluated in the provider workflow analysis?	Enter the number of sites that were evaluated in the provider workflow analysis.	
Burden	016	*Did the provider workflow have to be modified to accommodate the new measure?	Select one	☐ Yes ☐ No
Burden	017	*If yes, how would you describe the degree of effort?	Select one	☐ 1 (little to no effort) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (substantial effort)
Burden	018	*Does the measure require manual abstraction?	Select one	☐ Yes ☐ No
Burden	019	*If yes, what is the estimated time per record to abstract data?	Enter time in minutes. If unknown, enter 0.	
Burden	020	*How many data elements will be collected for the measure?	Enter number of elements. If a data element has to be abstracted more than once per record (e.g., medication dose is abstracted once for each of the patient's medications), estimate the average number of times it would be abstracted per eligible case and include that in the total number of data elements.	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
State of Devel.	021	*State of Development	Select all that apply. Before selecting "Conceptualization" or "Specification," or "Field Testing," check program requirements.	☐ Conceptualization ☐ Specification ☐ Field Testing ☐ Fully Developed
State of Devel.	022	State of Development Details	If "Conceptualization," or "Specification," describe when testing is planned (i.e., specific dates), what type of testing is planned (e.g., alpha, beta) as well as the types of facilities in which the measure will be tested. If "Field Testing" or "Fully Developed," describe what testing (e.g., alpha, beta) has taken place in addition to the results of that testing. Summarize results from validity testing and reliability testing. For additional information, see: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf	
State of Devel.	023	*At what level(s) of analysis was the measure tested?	Select all that apply	☐ Clinician ☐ Group ☐ Facility ☐ Health plan ☐ Medicaid program (e.g., Health Home or 1115) ☐ State ☐ Not yet tested ☐ Other (enter here):

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
State of Devel.	024	*In which setting was this measure tested?	Select all that apply.	☐ Ambulatory surgery center ☐ Ambulatory/office-based care ☐ Behavioral health clinic or inpatient psychiatric facility ☐ Community hospital ☐ Dialysis facility ☐ Emergency department ☐ Federally qualified health center (FQHC) ☐ Hospital outpatient department (HOD) ☐ Home health ☐ Hospice ☐ Hospital inpatient acute care facility ☐ Inpatient rehabilitation facility ☐ Long-term care hospital ☐ Nursing home ☐ PPS-exempt cancer hospital ☐ Skilled nursing facility ☐ Veterans Health Administration facility ☐ Other (enter here):

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Reliability Testing	025	*Type of Reliability Testing	Select all that apply	☐ Measure Score Reliability ☐ Data Element Reliability
Reliability Testing	026	*Reliability Testing: Type of Testing Analysis	Select all that apply	☐ Signal to Noise ☐ Random Split Half Correlation ☐ IRR (Inter-rater reliability) ☐ ICC (Intraclass correlation coefficient) ☐ Test-Retest ☐ Internal Consistency ☐ Other (enter here):
Reliability Testing	027	*Reliability testing sample size	For the reliability testing provided, indicate the number of measured entities sampled.	
Reliability Testing	028	*Reliability testing statistical result	For the reliability testing provided, indicate the statistical result(s) of the testing analysis. If data element reliability was conducted, provide the scores for the critical data elements tested. If signal-to-noise was conducted for measure score reliability, give the range of reliability scores for measured entities in addition to the mean.	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Reliability Testing	029	*Reliability testing interpretation of results	For the reliability testing provided, briefly describe the interpretation of results.	
Reliability Testing	030	Reliability Testing: Was a minimum number of denominator cases per measured entity established to achieve sufficient measure score reliability?	Select one	☐ Yes ☐ No
Reliability Testing	031	If yes, specify the number of cases and the percentage of providers	Enter the minimum number of denominator cases required for each measured entity to report on this measure. Also, specify the percentage of providers in the test sample that met the minimum denominator requirement.	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Validity Testing	032	* Type of Validity Testing	Select all that apply	☐ Measure Score Validity ☐ Data Element Validity
Validity Testing	033	*Validity Testing: Type of Validity Testing Analysis	Select all that apply	☐ Correlation ☐ Face Validity ☐ Construct Validity ☐ Gold Standard Comparison ☐ Internal Consistency ☐ Predictive Validity ☐ Structural Validity ☐ Other (enter here):
Validity Testing	034	*Validity testing sample size	For the validity testing provided, indicate the number of measured entities sampled.	
Validity Testing	035	*Validity testing statistical result	For the validity testing provided, indicate the statistical result(s) of the testing analysis. If data element validity was conducted, provide the scores for the critical data elements tested. If face validity was conducted, list the total number of voting members in addition to the percentage that voted in favor of the measure's face validity.	
Validity Testing	036	*Validity testing interpretation of results	For the validity testing provided, indicate the interpretation of results.	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Measure Performance	037	*Measure performance - type of score	Select one	☐ Proportion ☐ Ratio ☐ Mean ☐ Median ☐ Continuous Variable ☐ Other (enter here):
Measure Performance	038	*Measure performance score interpretation	Select one	☐ Higher score is better ☐ Lower score is better ☐ Score falling within a defined interval ☐ Passing Score ☐ Other (enter here):
Measure Performance	039	*Provide mean performance rate and standard deviation for each submission method a measure has or is anticipated to have	Provide the mean performance rate and standard deviation for the measure's submission method(s). If the measure has more than one submission method, provide all that are available, indicating which results correspond to which method.	
Measure Performance	040	*Benchmark, if applicable	Provide the benchmark for the measure's performance rate. If not applicable, type "not applicable."	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Impact	041	* Meaningful to Patients. Was input collected from patient and/or caregiver?	Select one	☐ Yes ☐ No
Impact	042	*If yes, choose all methods of obtaining patient/caregiver information.	Select all that apply	☐ Standard Technical Expert Panel (TEP) inclusive of patient/caregiver representatives ☐ TEP consisting of ONLY patients or family representatives ☐ Focus groups ☐ Working groups ☐ One-on-one interviews ☐ Surveys ☐ Virtual communities ☐ Other (enter here):

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Impact	043	How many times and at what phase(s) of measure development was the patient/caregiver engaged?	Specify the number of times the patient/caregiver representatives were engaged and at what phases of measure development. For example, patient/caregivers were engaged a total of 2 times. Once during conceptualization and once at the conclusion of specification.	
Impact	044	*Total number of patients and/or caregivers consulted	Indicate number	
Impact	045	Specify the ratio of patients/caregivers to policy/clinician experts engaged in TEP or working groups	Number of patients/caregivers : number of policy/clinician experts. For example, 1:2	
Impact	046	*Total number of patients/caregivers who agreed that the measure information helps inform care and make decisions	Indicate number	
Impact	047	*Meaningful to Clinicians. Were clinicians and/or providers consulted?	Select one	☐ Yes ☐ No
Impact	048	*If yes, choose all methods that obtained clinician and/or provider input	Select all that apply	☐ Standard TEP ☐ TEP consisting of ONLY clinicians ☐ Focus groups ☐ Working groups ☐ One-on-one interviews ☐ Surveys ☐ Virtual communities ☐ Other (enter here)
Impact	049	*Total number of clinicians/providers consulted	Indicate number	
Impact	050	*Total number of clinicians/providers who agreed that the measure was actionable to improve quality of care	Indicate number	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Impact	051	*Estimated impact of the measure: Estimate of annual denominator size	Enter numerical value or "unable to determine."	
Impact	052	*Estimate of annual improvement in measure score	Enter numerical value or "not applicable." State the expected improvement in absolute terms in the units expressed by the measure, for example, percentage points or patients per 1000. Using the estimated annual denominator size and median measure scores from your test data, estimate the number of additional numerator events or outcomes that would be achieved during each performance period if measured entities below the median score achieved at least the median measure score. For inverse measures, estimate the number of additional numerator events or outcomes avoided if measured entities above the median score achieved the median measure score.	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Cost Factors	053	*Estimated Cost Avoided by the Measure: Estimate of average cost savings per event	Numeric dollar value, "not applicable," or "unable to determine." Enter the estimated average net cost avoided per event as a numeric dollar value. If there is no anticipated impact, state "none." If you are unable to estimate costs avoided, state "unable to determine." If costs avoided are not an appropriate metric for your measure focus (e.g., mortality), state "not applicable."	
Cost Factors	054	*Cost avoided annually by Medicare/Provider	Using the estimate for improvement and the estimated average cost savings per event, provide the costs that would be avoided by Medicare/provider annually as a numeric dollar value. If there is no anticipated impact, state "none." If you are unable to estimate costs avoided, state "unable to determine." If costs avoided are not an appropriate metric for your measure focus (e.g., mortality), state "not applicable."	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Cost Factors	055	*Source of estimate	Briefly describe the assumptions for your cost estimates and cite the sources of cost information. If you did not identify sources of cost information, state "none." If costs avoided are not an appropriate metric for your measure focus (e.g., mortality), state "not applicable."	
Cost Factors	056	*Year of cost literature cited	Provide the year of the cost estimate (e.g., 2016 dollars). If adjusted for inflation, provide the year the estimate was adjusted to (e.g., 2020 dollars after adjusting for inflation). If you did not identify sources of cost information, state "none." If costs avoided are not an appropriate metric for your measure focus (e.g., mortality), state "not applicable."	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Background Information	057	*What is the history or background for including this measure on the current year MUC list?	Select one	☐ New measure never reviewed by Measure Applications Partnership (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
Background Information	058	If currently used: Range of year(s) this measure has been used by CMS Program(s).	For example: Hospice Quality Reporting (2012-2018)	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Background Information	059	If currently used: What other federal programs are currently using this measure?	Select all that apply. These should be current use programs only, not programs for the upcoming year's submittal.	☐ 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 ☐ Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs) ☐ Medicare Shared Savings Program ☐ Merit-based Incentive Payment System ☐ Part C and D Star Ratings [Medicare] ☐ Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program ☐ Quality Health Plan Quality Rating System ☐ Skilled Nursing Facility Quality Reporting Program ☐ Skilled Nursing Facility Value-Based Purchasing Program ☐ Other (enter here):

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Data Sources	060	*What data sources are used for the measure?	Select all that apply. Use the next field to specify or elaborate on the type of data source, if needed to define your measure.	☐ Administrative Data (non-claims) ☐ Claims Data ☐ Electronic Clinical Data (non-EHR) ☐ Electronic Health Record ☐ Paper Medical Records ☐ Standardized Patient Assessments ☐ Patient Reported Data and Surveys ☐ Registries ☐ Hybrid ☐ Other (enter here):

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Data Sources	061	If applicable, specify the data source(s)	Use this field to specify or elaborate on the type of data source, if needed, to define your measure.	
Data Sources	062	If EHR or Claims or Chart-Abstracted Data, description of parts related to these sources	Describe the parts or elements of the measure that are relevant to these data sources	
Data Sources	063	*How is the measure expected to be reported to the program?	This is the anticipated data submission method. Select all that apply. Use the 'Comments' field to specify or elaborate on the type of reporting data, if needed to define your measure.	☐ eCQM ☐ Clinical Quality Measure (CQM) Registry ☐ Claims ☐ Web interface ☐ Other (enter here):
Data Sources	064	*Feasibility of Data Elements	To what extent are the specified data elements available in electronically defined fields? Select all that apply. For a PRO-PM, select the data collection format(s).	☐ ALL data elements are in defined fields in administrative claims ☐ ALL data elements are in defined fields in electronic health records (EHRs) ☐ ALL data elements are in defined fields in electronic clinical data (e.g., clinical registry, nursing home minimum data set, or MDS, home health Outcome and Assessment Information Set, or OASIS) ☐ ALL data elements are in defined fields in a combination of electronic sources ☐ Some data elements are in defined fields in electronic sources ☐ No data elements are in defined fields in electronic sources ☐ Patient/family-reported information: electronic ☐ Patient/family-reported information: paper

STEWARD

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Steward Information	065	*Measure steward	Enter the current Measure Steward. Select all that apply.	**See Appendix A.065-067 for list choices. Copy/paste or enter your choices here:**
Steward Information	066	*Measure Steward Contact Information	Last name, First name; Affiliation (if different); Telephone number; Email address.	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Long-Term Steward Information	067	Long-Term Measure Steward (if different)	Entity or entities that will be the permanent measure steward(s), responsible for maintaining the measure and conducting endorsement maintenance review. Select all that apply.	**See Appendix A.065-067 for list choices. Copy/paste or enter your choices here:**
Long-Term Steward Information	068	Long-Term Measure Steward Contact Information	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address.	
Submitter Information	069	Is primary submitter the same as steward?	Select "Yes" or "No."	☐ Yes ☐ No
Submitter Information	070	*Primary Submitter Contact Information	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address. NOTE: The primary and secondary submitters entered here do not automatically have read/write/change access to modify this measure in MERIT. To request such access for others, when logged into the MERIT interface, navigate to "About" and "Contact Us," and indicate the name and e-mail address of the person(s) to be added.	
Submitter Information	071	Secondary Submitter Contact Information	If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address.	

CHARACTERISTICS

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
General Characteristics	072	*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 .	☐ Access ☐ Communication and Care Coordination ☐ Composite ☐ Cost/Resource ☐ Cost/Resource Use ☐ Efficiency ☐ Intermediate Outcome ☐ Not Specified ☐ Outcome ☐ Patient Engagement/Experience ☐ Patient Perspective ☐ Patient Reported Outcome ☐ Process ☐ Structure ☐ Other (enter here):
General Characteristics	073	*Is the measure a composite or component of a composite?	Select one	☐ Yes ☐ No
General Characteristics	074	*Is this measure in the CMS Measures Inventory Tool (CMIT)?	Select Yes or No. Current measures can be found at https://cmit.cms.gov/CMIT_public/ListMeasures	☐ Yes ☐ No
General Characteristics	075	*If yes, enter the CMIT ID	If the measure is currently in CMIT, enter the 4-digit CMIT ID. Current measures and CMIT IDs can be found at https://cmit.cms.gov/CMIT_public/ListMeasures	
General Characteristics	076	Alternate Measure ID	DO NOT enter consensus-based entity (endorsement) ID, CMIT ID, or previous year MUC ID in this field. This is an 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.	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
General Characteristics	077	Outline the clinical guideline(s) supporting this measure. Also see note at Rows 082 and 083 below.	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.	
General Characteristics	078	*What is the target population of the measure?	What populations are included in this measure? e.g., Medicare Fee for Service, Medicare Advantage, Medicaid, Children's Health Insurance Program (CHIP), All Payer, etc.	
General Characteristics	079	*Select ALL areas of specialty the measure is aimed to, or which specialties are most likely to report this measure	Select all areas of specialty that apply.	**See Appendix A.079 for list choices. Copy/paste or enter your choice(s) here:**
General Characteristics	080	*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. If you have lengthy text add the evidence as an attachment, named to clearly indicate the related form field.	
General Characteristics	081	*Unintended consequences	Summary of potential unintended consequences if the measure is implemented. Information can be taken from the CMS consensus-based entity Consensus Development Process (CDP) manuscripts or documents. If referencing CDP documents, you must submit the document or a link to the document, and the page being referenced.	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Evidence	082	*Type of evidence to support the measure	Select all that apply	☐ Clinical Guidelines ☐ USPSTF (U.S. Preventive Services Task Force) Guidelines ☐ Systematic Review ☐ Empirical data ☐ Other (enter here):
Evidence	083	*If you select Clinical Guidelines and/or USPSTF Guidelines in Row 082 above, then Row 077 (Outline the Clinical Guidelines) becomes a required field.*	n/a	This is not a data entry field.
Evidence	084	*Were the guidelines graded?	Select one	☐ Yes ☐ No
Evidence	085	*If yes, who graded the guidelines?	Specify the agency or organization(s) that graded the guidelines.	
Evidence	086	*If yes, what was the grade?	Specify the grade that was assigned to the guidelines.	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Risk Adjustment	087	*Is the measure risk adjusted, stratified, or both?	Select as many as apply.	☐ Risk adjusted ☐ Stratified ☐ None
Risk Adjustment	088	*Are social determinants of health built into the risk adjustment model?	Select one. If it was determined that risk adjustment for social determinants of health was not appropriate for the risk model used, select "not applicable." If risk adjustments for social determinants of health were appropriate but are not currently built in, select "no."	☐ Yes ☐ No ☐ Not Applicable

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Healthcare Domain	089	*What one healthcare domain applies to this measure?	Select the ONE most applicable healthcare domain. For more information, see: https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization	☐ Person-Centered Care ☐ Equity ☐ Safety ☐ Affordability and Efficiency ☐ Chronic Conditions ☐ Wellness and Prevention ☐ Seamless Care Coordination ☐ Behavioral Health

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Endorsement Characteristics	090	*What is the endorsement status of the measure?	Select only one. For information on consensus-based entity (CMS contractor) endorsement, measure ID, and other information, refer to: http://www.qualityforum.org/QPS/	☐ Endorsed ☐ Endorsement Removed ☐ Submitted ☐ Failed endorsement ☐ Never submitted
Endorsement Characteristics	091	*CBE ID (CMS consensus-based entity, or endorsement ID)	Four- or five-character identifier with leading zeros and following letter if needed. Add a letter after the ID (e.g., 0064e) and place zeros ahead of ID if necessary (e.g., 0064). If no CBE ID number is known, enter numerals 9999.	
Endorsement Characteristics	092	If endorsed: Is the measure being submitted **exactly** as endorsed by the CMS CBE?	Select 'Yes' or 'No'. Note that 'Yes' should only be selected if the submission is an EXACT match to the CBE-endorsed measure.	☐ Yes ☐ No
Endorsement Characteristics	093	If not exactly as endorsed, specify the locations of the differences	Indicate which specification fields are different. Select all that apply.	☐ Measure title ☐ Description ☐ Numerator ☐ Denominator ☐ Exclusions ☐ Target Population ☐ Setting (for testing) ☐ Level of analysis ☐ Data source ☐ eCQM status ☐ Other (enter here and see next field):
Endorsement Characteristics	094	If not exactly as endorsed, describe the nature of the differences	Briefly describe the differences	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Endorsement Characteristics	095	If endorsed: Year of most recent CDP endorsement	Select one	☐ None ☐ 2017 ☐ 2018 ☐ 2019 ☐ 2020 ☐ 2021
Endorsement Characteristics	096	Year of next anticipated CDP endorsement review	Select one. If you are submitting for initial endorsement, select the anticipated year.	☐ None ☐ 2021 ☐ 2022 ☐ 2023 ☐ 2024 ☐ 2025

GROUPS

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
N/A	097	*Is this measure 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. For more information on eCQMs, see: https://www.emeasuretool.cms.gov/	☐ Yes ☐ No
N/A	098	*If eCQM: 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 (VSAC), and feasibility scorecard. If not an eCQM, or if MAT number is not available, enter 0.	
N/A	099	* If eCQM, does the measure have a Health Quality Measures Format (HQMF) specification in alignment with the latest HQMF and eCQM standards, and does the measure align with Clinical Quality Language (CQL) and Quality Data Model (QDM)?	Select 'Yes' or 'No'. For additional information on HQMF standards, see: https://ecqi.healthit.gov/tool/hqmf	☐ Yes ☐ No

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Burden	100	* If this measure is an eCQM, does any electronic health record (EHR) system tested need to be modified?	Select one	☐ Yes ☐ No
Burden	101	*If yes, how would you describe the degree of effort?	Select one	☐ 1 (little to no effort) ☐ 2 ☐ 3 ☐ 4 ☐ 5 (substantial effort)

PROGRAMS

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
N/A	102	*Select the CMS program(s) for which the measure is being submitted.	Select all that apply. 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. Because you selected MIPS, you are required to download the MIPS Peer Reviewed Journal Article Template and attach the completed form to your submission using the "Attachments" page.	☐ Ambulatory Surgical Center Quality Reporting Program ☐ End-Stage Renal Disease (ESRD) 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 (LTC) Hospital Quality Reporting Program ☐ Medicare and Medicaid Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs) ☐ Medicare Shared Savings Program ☐ Merit-based Incentive Payment System-Cost ☐ Merit-based Incentive Payment System-Quality ☐ Part C and D Star Ratings [Medicare] ☐ Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program ☐ Skilled Nursing Facility Quality Reporting Program ☐ Skilled Nursing Facility Value-Based Purchasing Program
N/A	103	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.	

SIMILAR MEASURES

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Similar In-Use Measures	104	*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.	☐ Yes ☐ No
Similar In-Use Measures	105	If Yes: 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.	
Similar In-Use Measures	106	If Yes: How will this measure add value to the CMS program?	Describe benefits of this measure, in comparison to measure(s) already in a program.	
Similar In-Use Measures	107	If Yes: How will this measure be distinguished from other similar and/or competing measures?	Describe key differences that set this measure apart from others.	

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Previous Measures	108	*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.	☐ Yes ☐ No
Previous Measures	109	In what prior year(s) was this measure published?	Select all that apply. NOTE: If your measure was published on more than one prior annual MUC List, as you use the MERIT interface, click "Add Another Measure" and complete the information section for each of those years.	☐ None ☐ 2011 ☐ 2012 ☐ 2013 ☐ 2014 ☐ 2015 ☐ 2016 ☐ 2017 ☐ 2018 ☐ 2019 ☐ 2020 ☐ Other (enter here):

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
Previous Measures	110	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.	
Previous Measures	111	List the CMS CBE 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."	
Previous Measures	112	What were the programs that MAP reviewed the measure for in each year?	List both the year and the associated program name in each year.	
Previous Measures	113	What was the 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.	
Previous Measures	114	Why was the measure not recommended by the MAP workgroups in those year(s)?	Briefly describe the reason(s) if known.	
Previous Measures	115	MAP report page number being referenced for each year	List both the year and the associated MAP report page number for each year.	
Previous Measures	116	If this measure is being submitted to meet a statutory requirement, list the corresponding statute	List title and other identifying citation information.	

ATTACHMENTS

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
N/A	117	Attachment(s)	You are encouraged to attach the measure information form (MIF) if available. This is a detailed description of the measure used by the CMS consensus-based entity (CBE) during endorsement proceedings. If a MIF is not available, comprehensive measure methodology documents are encouraged. If you are submitting for MIPS (either Quality or Cost), you are required to download the MIPS Peer Reviewed Journal Article Template and attach the completed form to your submission using the "Attachments" feature. See https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rulemaking If eCQM, you must attach MAT Output/HQMF, Bonnie test cases for this measure, with 100% logic coverage (test cases should be appended), attestation that value sets are published in VSAC, and feasibility scorecard.	
N/A	118	MIPS Peer Reviewed Journal Article Template	Select Yes or No. For those submitting measures to MIPS program, enter "Yes." Attach your completed Peer Reviewed Journal Article Template.	☐ Yes ☐ No

COMMENTS

Subsection	Row	Field Label	Guidance	[ADD YOUR CONTENT HERE]
N/A	119	Submitter Comments	Any notes, qualifiers, external references, or other information not specified above.	

Send any questions to MMSsupport@battelle.org

Appendix: Lengthy Lists of Choices

A.065-067　　　Choices for **Measure Steward (065)** and **Long-Term Measure Steward (if different) (067)**

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 Cardiology/American Heart Association

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 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)

Audiology Quality Consortium/American Speech-Language-Hearing Association (AQC/ASHA)

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)

Indian Health Service

Infectious Diseases Society of America (IDSA)

Intersocietal Accreditation Commission (IAC)

KCQA- Kidney Care Quality Alliance

Minnesota (MN) Community Measurement

National Committee for Quality Assurance

National Minority Quality Forum

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

Pharmacy Quality Alliance

Philip R. Lee Institute for Health Policy Studies

Primary (care) Practice Research Network (PPRNet)

RAND Corporation

Renal Physicians Association; joint copyright with American Medical Association -

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)

Other (enter in Row 065 and/or Row 067)

A.079   Choices for **Areas of specialty (079)**

Addiction medicine	Infectious disease	Pediatric medicine
Allergy/immunology	Internal medicine	Peripheral vascular disease
Anesthesiology	Interventional pain management	Physical medicine and rehabilitation
Behavioral health	Interventional radiology	Physical therapy
Cardiac electrophysiology	Maxillofacial surgery	Plastic and reconstructive surgery
Cardiac surgery	Medical oncology	Podiatry
Cardiovascular disease (cardiology)	Nephrology	Preventive medicine
Chiropractic medicine	Neurology	Primary care
Colorectal surgery (proctology)	Neuropsychiatry	Psychiatry
Critical care medicine (intensivists)	Neurosurgery	Public and/or population health
Dermatology	Nuclear medicine	Pulmonary disease
Diagnostic radiology	Nursing	Pulmonology
Electrophysiology	Nursing homes	Radiation oncology
Emergency medicine	Obstetrics/gynecology	Rheumatology
Endocrinology	Occupational therapy	Sleep medicine
Family practice	Ophthalmology	Speech therapy
Gastroenterology	Optometry	Sports medicine
General practice	Oral surgery (dentists only)	Surgical oncology
General surgery	Orthopedic surgery	Thoracic surgery
Geriatric medicine	Osteopathic manipulative medicine	Urology
Gynecological oncology	Otolaryngology	Vascular surgery
Hand surgery	Pain management	Other (enter in Row 079)
Hematology/oncology	Palliative care	
Hospice and palliative care	Pathology	

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