# MUC Data Template Crosswalk

# CY 2022 Final Versus CY 2023 Final

Burden Impact: The changes to this form do not reflect policies in the CY 2023 Physician Fee Scheduled (PFS) Final Rule for the Quality Payment Program. There are no impacts to burden as a result of any changes reflected here.

## Change #1

**Location:** Title (Page 1)

**Reason for Change:** Updated date of document.

**CY 2022 Final Rule text:**  Measures under Consideration 2021

**CY 2023 Final Rule text:**  Measures under Consideration 2022

## Change #2

**Location:** Instructions (Page 1)

**Reason for Change:** Changed the instructions to better fit with the current CY 2023 Final Rule text document and to reference the measure submission tool, CMS MERIT.

**CY 2022 Final Rule text:**

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](mailto:MMSsupport@battelle.org).

**CY 2023 Final Rule text:**

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. Unless otherwise specified the character limit for text fields in CMS MERIT is 8000 characteristics.
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. Numeric fields are noted, where applicable, in the “Add Your Content Here” column.
6. Note that CMS MERIT does not accommodate text formatting, including nested tables, carriage returns, and indented bulleted lists.
7. Row numbers are for convenience only and do not appear on the CMS MERIT user interface.
8. Send any questions to [MMSsupport@battelle.org](mailto:MMSsupport@battelle.org).

## Change #3

**Location:** Page 1, Measure Information, Row 001, Guidance column

**Reason for Change:** To provide additional information on measure title.

**CY 2022 Final Rule text:** N/A

**CY 2023 Final Rule text:** For additional information on measure title, see: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf>

## Change #4

**Location:** Whole Document – Add Your Content Here Column

**Reason for Change:** Added to provide guidance of where to add content

**CY 2022 Final Rule text:**  N/A

**CY 2023 Final Rule text:**  ADD YOUR CONTENT HERE

## Change #5

**Location:** Page 2, Measure Information, Row 002, Guidance

**Reason for Change:** Added to provide additional information on measure description.

**CY 2022 Final Rule text:** N/A

**CY 2023 Final Rule text:** For additional information on measure description, see: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf>

## Change #6

**Location:** Page 2, Measure Information, Row 003

**Reason for Change:** Relocated the program selection row to earlier in the template.

**CY 2022 Final Rule text:**

| **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 |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Measure Information | 003 | \*Select the CMS program(s) for which the measure is being submitted. | Select all that apply. Please note, measures specified and intended for use at more than one level of analysis must be submitted separately for each level of analysis (e.g., individual clinician, facility). If you choose multiple programs for this submission, please ensure the programs fall under the same level of analysis. If you choose multiple programs and need guidance as to whether your selection represents multiple levels of analysis, please contact [MMSSupport@battelle.org](mailto:MMSsupport@battelle.org). There is functionality within CMS MERIT to decrease the data entry process for multiple submissions of the same measure. Please reach out to MSSupport@battelle.org for guidance and support. If you are submitting for MIPS, there are two choices of program. Do NOT enter both MIPS-Quality and MIPS-Cost for the same measure. Choose MIPS-Quality for measures that pertain to quality and/or efficiency. Choose MIPS-Cost only for measures that pertain to cost. 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 |

## Change #7

**Location:** Page 2

**Reason for Change:** Added a row that becomes optional if you select “Merit-based Incentive Payment System-Quality” in row 003.

**CY 2022 Final Rule text:**  N/A

**CY 2023 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| n/a | n/a | *If you select “Merit-based Incentive Payment System -Quality” in Row 003, then Row 004 becomes an optional field.* | *n/a* | *This is not a data entry field.* |

## Change #8

**Location:** Page 3

**Reason for Change:** Relocated row to earlier in the template.

**CY 2022 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| 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. |  |

**CY 2023 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| Measure Information | 004 | 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. | *ADD YOUR CONTENT HERE* |

## Change #9

**Location:** Page 3

**Reason for Change:** Relocated row to earlier in the template

**CY 2022 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Measure Information | 005 | \*State of Development | Select one. Note that fully developed measures are highly preferred. See the definition of fully developed measure within CMS MERIT for guidance.For additional information regarding state of development, see: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf> | * Conceptualization * Specification * Field (Beta) Testing * Fully Developed |

## Change #10

**Location:** Page 3

**Reason for Change:** Added new conditional row that either allows you to skip row 006 if you select “Fully Developed” and requires row 006 if you select “Conceptualization” or “Field (Beta) Testing”.

**CY 2022 Final Rule text:**  N/A

**CY 2023 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| n/a | n/a | *If you select “Conceptualization,” “Specification”, or “Field (Beta) Testing” in Row 005, then Row 006 becomes a required field. If you select “Fully Developed” in Row 005, then skip to Row 007.* | *n/a* | *This is not a data entry field.* |

## Change #11

**Location:** Page 3

**Reason for Change:** Relocated row to earlier in the template.

**CY 2022 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| 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> |  |

**CY 2023 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| Measure Information | 006 | \*State of Development Details | If “Conceptualization,” “Specification,” or “Field (Beta) Testing,” 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. For additional information, see: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf> | *ADD YOUR CONTENT HERE* |

## Change #12

**Location:** Page 4

**Reason for Change:** Relocated row to earlier in the template.

**CY 2022 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| 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): |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Measure Information | 007 | \*Level of Analysis | Select the level of analysis at which the measure is specified and intended for use. If the measure is specified and intended for use at more than one level, submit the others separately. Any testing results provided in subsequent sections of this submission must be conducted at the level of analysis selected here. For MIPS submissions, you must report the results of individual clinician-level testing. If group-level testing is available, you may submit those results as an attachment. | * Clinician - Individual * Clinician - Group * Facility * Health plan * Medicaid program (e.g., Health Home or 1115) * State * Other (enter here): |

## Change #13

**Location:** Page 4

**Reason for Change:** Relocated row to earlier in the template.

**CY 2022 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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): |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Measure Information | 008 | \*In which setting(s) was this measure tested? | Select all that apply. | * Ambulatory surgery center * Ambulatory/office-based care * Behavioral health clinic * 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 * Not yet tested * Other (enter here): |

## Change #14

**Location:** Page 5

**Reason for Change:** New Row added

**CY 2022 Final Rule text:**  N/A

**CY 2023 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| Measure Information | 009 | \*Multiple Scores | Does the submitter recommend that more than one measure score be reported for this measure (e.g., 7- and 30-day rate, rates for different procedure types, etc.)? If yes, describe the different scores and rationale for reporting both. Note: If “Yes”, indicate which score will be described in this form. Submit separate attachments for each of the other scores. | * Yes (enter here): * No |

## Change #15

**Location:** Page 6

**Reason for Change:** Renumbered Numerator from row 3 to row 10 and added text to column,

**CY 2022 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. |  |

**CY 2023 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| Measure Information | 010 | \*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. | *ADD YOUR CONTENT HERE* |

## Change #16

**Location:** Page 6

**Reason for Change:** Renumbered Numerator Exclusions from row 4 to 11.

**CY 2022 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| 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.’ |  |

**CY 2023 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| Measure Information | 011 | \*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.’ | *ADD YOUR CONTENT HERE* |

## Change #17

**Location:** Page 6, Row 012

**Reason for Change:** Renumbered Denominator from row 5 to 12.

**CY 2022 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| 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. |  |

**CY 2023 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| Measure Information | 012 | \*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. | *ADD YOUR CONTENT HERE* |

## Change #18

**Location:** Page 6

**Reason for Change:** Renumbered Denominator Exclusions from 6 to 13.

**CY 2022 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| 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.’ |  |

**CY 2023 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| Measure Information | 013 | \*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.’ | *ADD YOUR CONTENT HERE* |

## Change #19

**Location:** Page 7

**Reason for Change:** Renumbered Denominator Exceptions from 7 to 14.

**CY 2022 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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.’ |  |

**CY 2023 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| Measure Information | 014 | \*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.’ | *ADD YOUR CONTENT HERE* |

## Change #20

**Location:** Page 6

**Reason for Change:** Row removed

**CY 2022 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| Below rows were deleted 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. |  |

**CY 2023 Final Rule text:** N/A

## Change #21

**Location:** Page 6

**Reason for Change:** Relocated Burden Section

**CY 2022 Final Rule text:**

| **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 |
| 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. |  |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Burden | 021 | \*Burden for Provider: Was a provider workflow analysis conducted? | Select one | * Yes * No |
| n/a | n/a | *If you select “Yes” in Row 021, then Row 022 and 023 become required fields. If you select “No” in Row 022, then skip to Row 024.* | *n/a* | *This is not a data entry field.* |
| Burden | 022 | \*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. | *Numeric field* |
| Burden | 023 | \*Did the provider workflow have to be modified to accommodate the new measure? | Select one | * Yes * No |

## Change #22

**Location:** Page 7

**Reason for Change:** Relocated from Data Sources section to Measure Implementation section

**CY 2022 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT 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 |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Measure Implementation | 015 | \*Feasibility of Data Elements | Select the extent to which the specified data elements are available in electronic fields. Select all that apply. For a PRO-PM, select the data collection format(s). Electronic fields should include a designated location and format for the data in claims, EHRs, registries, etc. | * ALL data elements are in defined fields in electronic sources * Some data elements are in defined fields in electronic sources * No data elements are in defined fields in electronic sources |

## Change #23

**Location:** Page 7

**Reason for Change:** Added new row.

**CY 2022 Final Rule text:** N/A

**CY 2023 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| Measure Implementation | 016 | \*Feasibility Assessment | Summarize how you evaluated the feasibility of the data elements included in your measure. For claims-based measures, indicate whether the codes included in the measure appear in the claims used to calculate the measure (e.g., if based on Medicare claims, does Medicare cover the services included in the measure?). For electronic clinical quality measures (eCQMs), attach the feasibility scorecard and other quantitative evidence (if available) indicating that the data required to calculate the measure can be feasibly obtained from the data source. For registry-based or other third-party measures, describe what testing was done to evaluate the feasibility of transferring the data between provider and the third-party. For manually abstracted measures, discuss whether abstractors were able to consistently locate the information required for the measure in the medical records | *ADD YOUR CONTENT HERE* |

## Change #24

**Location:** Page 8

**Reason for Change:** Added new row

**CY 2022 Final Rule text:**  N/A

**CY 2023 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| Measure Implementation | 017 | \*Method of measure calculation | Select the method used to calculate measure scores. If the measure can be calculated two or more ways, select all that apply (e.g., measure is fully specified as an eCQM for providers with EHRs and fully specified for manual abstraction for providers without an EHR). Please review guidance before making selections. Select “Claims” if the measure can be calculated entirely from claims data submitted for billing or other purposes. If the measure requires supplemental data codes to be submitted with claims (e.g., MIPS measures that require Part B quality data codes), select “Hybrid.” Select “eCQM" if the measure is specified entirely using accepted national standards for eCQMs (https://ecqi.healthit.gov/ecqm-standards). If the measure only uses some eCQM data elements (e.g., clinical eCQM data is merged with claims data), select “Hybrid.” Select “Other digital method” if the measure is not specified using accepted national standards for eCQMs but can be calculated electronically (e.g., registry, MDS, OASIS). If data needs to be manually abstracted prior to measure calculation (e.g., provider inputs data into registry or online portal manually), select “Hybrid.” Select “Manual abstraction” if all data elements in the measure require manual review of records prior to measure calculation. | * Claims * eCQM * Other digital method * Manual abstraction * Hybrid * Other (enter here): |

## Change #25

**Location:** Page 8-9

**Reason for Change:** Measure Implementation rows added

**CY 2022 Final Rule text:**  N/A

**CY 2023 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| Measure Implementation | n/a | *If you select “Hybrid” in Row 017, then Row 018 becomes an optional field.* | *n/a* | *This is not a data entry field.* |
| Measure Implementation | 018 | Hybrid measure: Methods of calculation | Select all methods that apply | * Claims * eCQM * Other digital method * Manual abstraction |
| Measure Implementation | 019 | \*How is the measure expected to be reported to the program? | This is the anticipated data submission method. Select all that apply. Use the ”Submitter 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): |
| Measure Implementation | 020 | \*Stratification | Does the submitter recommend that measure scores be stratified (e.g., by provider characteristics, by patient characteristics)? If “Yes”, describe the different strata and recommended method for stratifying the results. Note whether overall results will be reported in addition to stratified results. Note: If “Yes”, include the stratified results as an attachment | * Yes (enter here): * No |

## Change #26

**Location:** Page 9

**Reason for Change:** State of Development rows removed

**CY 2022 Final Rule text:**

| **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): |

**CY 2023 Final Rule text:** N/A

## Change #27

**Location:** Page 10-11

**Reason for Change:** Rows relocated, and language changed.

**CY 2022 Final Rule text:**

| **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. |  |
| 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. |  |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Measure Score Level (Accountable Entity Level) Testing | 024 | \*Reliability | Indicate whether reliability testing was conducted for the accountable entity-level measure scores. For more information on accountable entity level reliability testing, refer to the CMS Measures Management System Blueprint (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf>)  Note: This section refers to the reliability of the accountable entity level measure scores in the final performance measure. Refer to the Patient-Reported Data section for testing of surveys or patient reported tools.  Note: for MIPS submissions, please provide individual clinician-level results. If the measure was also tested at the clinician group level, you may include those results in an attachment. | * Yes * No |
| n/a | n/a | *If you select “Yes” in Row 024, then Row 025 becomes a required field. If you select “No” in Row 024, then skip to Row 038.* | *n/a* | *This is not a data entry field.* |
| Measure Score Level (Accountable Entity Level) Testing | 025 | \*Reliability: Type of analysis | Select all that apply.  Signal-to-noise (or inter-unit reliability) is the precision attributed to an actual construct versus random variation (e.g., ratio of between unit variance to total variance) (Adams J. The reliability of provider profiling: a tutorial. Santa Monica, CA: RAND; 2009. <http://www.rand.org/pubs/technical_reports/TR653.html>).  Random split-half correlation is the agreement between two measures of the same concept derived from split samples drawn from the same entity at a single point in time. | * Signal-to-Noise * Random Split-Half Correlation * Other (enter here): |
| n/a | n/a | *If you select “Signal-to-Noise,” in Row 025, then Rows 026-029 become required fields. If you select, “Random Split-Half Correlation,” in Row 025, then Rows 030-033 become required fields. If you select “Other” in Row 025, then Rows 034-037 become required fields.* | *n/a* | *This is not a data entry field.* |
| Measure Score Level (Accountable Entity Level) Testing | 026 | \*Signal-to-Noise: Name of statistic | Enter specific name of analysis that was conducted, as applicable. | *ADD YOUR CONTENT HERE* |
| Measure Score Level (Accountable Entity Level) Testing | 027 | \*Signal-to-Noise: Sample size | Indicate the number of accountable entities sampled to test the final performance measure. | *Numeric field* |
| Measure Score Level (Accountable Entity Level) Testing | 028 | \*Signal-to-Noise: Statistical result | Indicate the median result for the signal-to-noise analysis used to assess accountable entity level reliability. Results should range from 0.00 to 1.00. Calculate reliability as the measure is intended to be implemented (e.g., after applying minimum denominator requirements, appropriate type of setting, provider, etc.). | *Numeric field* |
| Measure Score Level (Accountable Entity Level) Testing | 029 | \*Signal-to-Noise: Interpretation of results | Describe the interpretation of the results (e.g., low, moderate, high). List accepted thresholds referenced and provide a citation. If applicable, include the precision of the statistical result (e.g., 95% confidence interval) and/or an assessment of statistical significance (e.g., p-value) | *ADD YOUR CONTENT HERE* |

## Change #28

**Location:** Page 12 - 16

**Reason for Change:** Rows relocated with some language changed.

**CY 2022 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. |  |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Measure Score Level (Accountability Entity Level) Testing | 030 | \*Random Split-Half Correlation: Name of statistic | Enter specific name of analysis that was conducted, as applicable. | *ADD YOUR CONTENT HERE* |
| Measure Score Level (Accountability Entity Level) Testing | 031 | \*Random Split-Half Correlation: Sample size | Indicate the number of accountable entities sampled to test the final performance measure. If number varied by sample, use the largest number of measured entities. | *Numeric field* |
| Measure Score Level (Accountability Entity Level) Testing | 032 | \*Random Split-Half Correlation: Statistical result | Indicate the statistical result for the random split-half correlation analysis used to assess accountable entity level reliability. Results should range from -1.00 to 1.00. Calculate reliability as the measure is intended to be implemented (e.g., after applying minimum denominator requirements, appropriate type of setting, provider, etc.). | *Numeric field* |
| Measure Score Level (Accountability Entity Level) Testing | 033 | \*Random Split-Half Correlation: Interpretation of results | Describe the interpretation of the results (e.g., low, moderate, high). List accepted thresholds referenced and provide a citation. If applicable, include the precision of the statistical result (e.g., 95% confidence interval) and/or an assessment of statistical significance (e.g., p-value). | *ADD YOUR CONTENT HERE* |
| Measure Score Level (Accountability Entity Level) Testing | 034 | \*Other: Name of statistic | Enter specific name of statistic. | *ADD YOUR CONTENT HERE* |
| Measure Score Level (Accountability Entity Level) Testing | 035 | \*Other: Sample size | Indicate the number of accountable entities sampled to test the final performance measure. | *Numeric field* |
| Measure Score Level (Accountability Entity Level) Testing | 036 | \*Other: Statistical result | Indicate the statistical result for the analysis used to assess accountable entity level reliability. Calculate reliability as the measure is intended to be implemented (e.g., after applying minimum denominator requirements, appropriate type of setting, provider, etc.). | *Numeric field* |
| Measure Score Level (Accountability Entity Level) Testing | 037 | \*Other: Interpretation of results | Describe the interpretation of the results (e.g., low, moderate, high). List accepted thresholds referenced and provide a citation. If applicable, include the precision of the statistical result (e.g., 95% confidence interval) and/or an assessment of statistical significance (e.g., p-value). | *ADD YOUR CONTENT HERE* |
| Measure Score Level (Accountability Entity Level) Testing | 038 | \*Empiric Validity | Indicate whether empiric validity testing was conducted for the accountable entity-level measure scores. For more information on accountable entity level empiric validity testing, refer to the CMS Measures Management System Blueprint (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf>)  Note: This section refers to the empiric validity of the accountable entity level measure scores in the final performance measure. Refer to the Patient-Reported Data section for testing of surveys or patient reported tools.  Note: for MIPS submissions, please provide individual clinician-level results. If the measure was also tested at the clinician group level, you may include those results in an attachment. | * Yes * No |
| n/a | n/a | *If you select “Yes,” in Row 038, then Rows 039-043 become required fields. If you select “No” in Row 038, then skip to Row 044.* | *n/a* | *This is not a data entry field.* |
| Measure Score Level (Accountability Entity Level) Testing | 039 | \*Empiric Validity: Statistic name | Indicate the name for the statistic used to assess accountable entity level validity. Describe whether the result is a relative risk, odds ratio, relative difference in scores, etc.  If more than one test or comparison was conducted, describe the statistic that most strongly supported the validity of the measure and provide the full testing results under the “Methods and findings” question or as an attachment. | *ADD YOUR CONTENT HERE* |
| Measure Score Level (Accountability Entity Level) Testing | 040 | \* Empiric Validity: Sample size | Indicate the number of accountable entities sampled to test the final performance measure. | *ADD YOUR CONTENT HERE* |
| Measure Score Level (Accountability Entity Level) Testing | 041 | \*Empiric Validity: Statistical result | Indicate the statistical result. Calculate empiric validity as the measure is intended to be implemented (e.g., after applying minimum denominator requirements, etc.).  If more than one test or comparison was conducted, provide the result that most strongly supports the validity of the measure and provide the full testing results under the “Methods and findings” question or as an attachment. | *Numeric field* |
| Measure Score Level (Accountability Entity Level) Testing | 042 | \*Empiric Validity: Methods and findings | Describe the methods used to assess accountable entity level validity. Describe the comparison groups or constructs used to verify the validity of the measure scores, including hypothesized relationships (e.g., expected to be positively or negatively correlated). Describe your findings for each analysis conducted, including the statistical result provided above and the strongest and weakest results across analyses. If applicable, include the precision of the statistical result(s) (e.g., 95% confidence interval) and/or an assessment of statistical significance (e.g., p-value). If methods and results require more space, include as an attachment. | *ADD YOUR CONTENT HERE* |
| Measure Score Level (Accountable Entity Level) Testing | 043 | \*Empiric Validity: Interpretation of results | Indicate whether the statistical result affirmed the hypothesized relationship for the analysis conducted. | * Yes * No |
| Measure Score Level (Accountable Entity Level) Testing | 044 | \*Face validity | Indicate if a vote was conducted among experts and patients/caregivers on whether the final performance measure scores can be used to differentiate good from poor quality of care.  Select “No” if experts and patients/caregivers did not provide feedback on the final performance measure at the specified level of analysis or if the feedback was related to a property of the measure unrelated to its ability to differentiate performance among measured entities. | * Yes * No |
| n/a | n/a | *If you select “Yes” in Row 044, then Rows 045-046 become required fields. If you select “No” in Row 044, then skip to Row 047.* | *n/a* | *This is not a data entry field.* |
| Measure Score Level (Accountable Entity Level) Testing | 045 | \*Face validity: Number of voting experts and patients/caregivers | Indicate the number of experts and patients/caregivers who voted on face validity. | *Numeric field* |
| Measure Score Level (Accountable Entity Level) Testing | 046 | \*Face validity: Result | Indicate the number of experts and patients/caregivers who voted in agreement that the measure could differentiate good from poor quality care among accountable entities. If votes were conducted using a scale, sum all responses in agreement with the statement. Do not include neutral votes. If more than one question was asked of the experts and patients/caregivers, only provide results from the question relating to the ability of the final performance measure to differentiate good from poor quality care. | *Numeric field* |

## Change #29

**Location:** Page 16

**Reason for Change:** Added new row to support collection of additional information, which included: Subsection, Row, Field Label, and Guidance

**CY 2022 Final Rule text:**  N/A

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Patient/Encounter Level (Data Element Level) Testing | 047 | \*Patient/Encounter Level Testing | Indicate whether patient/encounter level testing of the individual data elements in the final performance measure was conducted. Select “No” if testing was not conducted for each critical data element required to identify the denominator and numerator. If testing was conducted for a subset of critical data elements only, select “No” and submit these results as an attachment. Note: This section includes tests of both data element reliability and validity. Note: for MIPS submissions, please provide individual clinician-level results. If the measure was also tested at the clinician group level, you may include those results in an attachment. | * Yes * No |

## Change #30

**Location:** Page 16 - 21

**Reason for Change:** Added new rows to support collection of additional information.

**CY 2022 Final Rule text:**  N/A

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| n/a | n/a | *If you select “Yes” in Row 047, then Rows 048-052become required fields. If you select “No” in Row 047 then skip to Row 053.* | *n/a* | *This is not a data entry field.* |
| Patient/Encounter Level (Data Element Level) Testing | 048 | \*Type of Analysis | Select all that apply. For more information on patient/encounter level testing, refer to the CMS Measures Management System Blueprint (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf>)Note: This section refers to the patient/encounter level data elements in the final performance measure. Refer to the Patient-Reported Data section for testing of patient/encounter level data elements in surveys or patient reported tools. | * Agreement between two manual reviewers * Agreement between eCQM and manual reviewer * Agreement between other gold standard and manual reviewer * Other (enter here): |
| Patient/Encounter Level (Data Element Level) Testing | 049 | \*Sample Size | Indicate the number of patients/encounters sampled. | *Numeric field* |
| Patient/Encounter Level (Data Element Level) Testing | 050 | \*Statistic Name | Indicate the statistic used to assess agreement (e.g., percent agreement, kappa, positive predictive value, etc.). If more than one type of statistic was calculated, list the one that best depicts the reliability and/or validity of the data elements in your measure. | * Percent agreement * Kappa * ICC * Pearson correlation coefficient * Sensitivity * Positive Predictive Value * Other (enter here): |
| Patient/Encounter Level (Data Element Level) Testing | 051 | \*Statistical Results | Indicate the lowest critical data element result of the statistic selected above. | *Numeric field* |
| Patient/Encounter Level (Data Element Level) Testing | 052 | \*Interpretation of results | Briefly describe the interpretation of results including summary results for the overall denominator (with inclusion, exclusion, and exception criteria) and numerator. Include 95% confidence intervals for the overall denominator and numerator results, as applicable. If any data element has low reliability or validity, describe the anticipated impact and whether it could introduce bias to measure scores. If there is variation in reliability or validity scores across test sites/measured entities, describe how this variation impacts overall interpretation of the results. Include a list of all data elements tested that includes their frequency, statistical results, and 95% confidence intervals, as applicable. Provide results broken down by test site if reliability/validity varied between sites. If more room is needed, include as an attachment. | *ADD YOUR CONTENT HERE* |
| Patient-Reported Data | 053 | \*Does the performance measure use survey or patient-reported data? | Indicate whether the performance measure utilizes data from structured surveys or patient-reported tools. | * Yes * No |
| n/a | n/a | *If you select “Yes” in Row 053, then Rows 054-059 become required fields. If you select “No” in Row 053, then skip to Row 062.* | *n/a* | *This is not a data entry field.* |
| Patient-Reported Data | 054 | \*Surveys or patient-reported outcome tools | List each survey or patient-reported outcome tool accepted by the performance measure and indicate whether the tool(s) have been validated by a peer reviewed study or empirical testing. Indicate whether the tool(s) are being used as originally specified and tested or if modifications are required. If available provide each survey or tool as a link or attachment. Describe the mode(s) of administration available (e.g., electronic, phone, mail) and the number of languages the survey(s) or tool(s) are available in. Indicate whether any of the surveys or tools is proprietary requiring licenses or fees for use. | *ADD YOUR CONTENT HERE* |
| Patient-Reported Data | 055 | \*Meaningful to Patients: Number consulted | Indicate the number of patients and/or caregiver representatives who provided feedback on whether the survey or tool meaningfully informs the care they receive and/or helps them better understand their condition or treatment. If the measure uses an established survey or tool, include information from the original development of the survey or tool. If the measure uses a modified version of the survey or applies the survey to a new patient population, it is recommended to obtain patient feedback on the survey as it would be used for the purposes of the performance measure. If the measure allows for the use of more than one survey or tool, include the number of patients consulted on the most relevant or primary survey or tool in this field and provide feedback on the other tools as an attachment. | *Numeric field* |
| Patient-Reported Data | 056 | \*Meaningful to Patients: Number indicating survey/tool is meaningful | Indicate the number of patients and/or caregiver representatives who agreed the survey or tool meaningfully informs the care they receive and/or helps them better understand their condition or treatment. If the measure allows for the use of more than one survey or tool, include patient feedback on the most relevant or primary survey or tool in this field and provide feedback on the other tools as an attachment. | *Numeric field* |
| Patient-Reported Data | 057 | \*Meaningful to Clinicians: Number consulted | Indicate the number of clinicians who provided feedback on whether the survey or tool meaningfully informs the care they provide their patients. If the measure uses an established survey or tool, include information from the original development of the survey or tool. If the measure uses a modified version of the survey or applies the survey to a new patient population, it is recommended to obtain clinician feedback on the survey as it would be used for the purposes of the performance measure. If the measure allows for the use of more than one survey or tool, include the number of clinicians consulted on the most relevant or primary survey or tool in this field and provide feedback on the other tools as an attachment. | *Numeric field* |
| Patient-Reported Data | 058 | \*Meaningful to Clinicians: Number indicating survey/tool is meaningful | Indicate the number of clinicians who agreed that the survey or tool meaningfully informs the care they provide their patients. If the measure allows for the use of more than one survey or tool, include the number of clinicians consulted on the most relevant or primary survey or tool in this field and provide feedback on the other tools as an attachment. | *Numeric field* |
| Patient-Reported Data | 059 | \*Survey level testing | Indicate whether survey level testing was conducted. For a list of acceptable types of testing, please refer to the latest CMS Blueprint version (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf>).Select “yes” if you can provide relevant testing of the survey or tool conducted either prior to development of the performance measure or as part of the development of the performance measure. | * Yes * No |
| n/a | n/a | *If you select “Yes” in Row 059, then Rows 060-061 become required fields. If you select “No” in Row 059, then skip to Row 062.* | *n/a* | *This is not a data entry field.* |
| Patient-Reported Data | 060 | \*Type of testing analysis | Select all that apply. | * Internal Consistency * Construct Validity * Other (enter here): |
| Patient-Reported Data | 061 | \*Testing methodology and results | Briefly describe the method used to psychometrically test or validate the patient survey or patient-reported outcome tool. (e.g., Cronbach’s alpha, ICC, Pearson correlation coefficient, Kuder-Richardson test). If the survey or tool was developed prior to the development of the performance measure, describe how the intended use of the survey or tools for the performance measure aligns with the survey or tool as originally designed and tested. Indicate whether the measure uses all components within a tool, or only parts of the tool. Summarize the statistical results and briefly describe the interpretation of results. | *ADD YOUR CONTENT HERE* |

## Change #31

**Location:** Page 20-21

**Reason for Change:** Relocated Measure Performance section

**CY 2022 Final Rule text:**

| **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.” |  |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Measure Performance | 062 | \*Measure performance - type of score | Select one | * Proportion * Ratio * Continuous Variable – Mean * Continuous Variable – Median * Other (enter here): |
| Measure Performance | 063 | \*Measure performance score interpretation | Select one | * Higher score is better * Lower score is better * Score falling within a defined interval * Passing score * Never event * Other (enter here): |
| Measure Performance | 064 | \*Mean performance score | Provide the mean performance score across accountable entities in the test sample that is relevant to the intended use of the measure.Note: for MIPS submissions, please provide individual clinician-level results. If the measure was also tested at the clinician group level, you may include those results in an attachment. | *Numeric field* |
| Measure Performance | 065 | \*Median performance score | Provide the median performance score for the testing sample that is relevant to the intended use of the measure. | *Numeric field* |
| Measure Performance | 066 | \*Minimum performance score | Provide the minimum performance score for the testing sample that is relevant to the intended use of the measure. | *Numeric field* |
| Measure Performance | 067 | \*Maximum performance score | Provide the maximum performance score for the testing sample that is relevant to the intended use of the measure. | *Numeric field* |
| Measure Performance | 068 | \*Standard deviation of performance scores | Provide the standard deviation of performance scores for the testing sample that is relevant to the intended use of the measure. | *Numeric field* |

## Change #32

**Location:** Page 21-23

**Reason for Change:** Relocated Impact Section

**CY 2022 Final Rule text:**

| **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): |
| 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 |  |
| 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. |  |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Impact | 069 | \* Meaningful to Patients. Was input on the final performance measure collected from patient and/or caregiver? | Select one | * Yes * No |
| n/a | n/a | *If you select “Yes” in Row 068, then Rows 069-070 become required fields. If you select “No” in Row 068, then skip to Row 071.* | *n/a* | *This is not a data entry field.* |
| Impact | 070 | \*Total number of patients and/or caregivers who responded to the question asking them whether the final performance measure helps inform care and decision making | Indicate number | *Numeric field* |
| Impact | 071 | \*Total number of patients/caregivers who agreed that the final performance measure information helps inform care and decision making | Indicate number using the total number of patients who responded. | *Numeric field* |
| Impact | 072 | \*Meaningful to Clinicians. Were clinicians and/or providers consulted on the final performance measure? | Select one | * Yes * No |
| n/a | n/a | *If you select “Yes” in Row 072, then Rows 073-074 become required fields. If you select “No” in Row 072, then skip to Row 075.* | *n/a* | *This is not a data entry field.* |
| Impact | 073 | \*Total number of clinicians/providers who responded when asked if the final performance measure was actionable to improve quality of care | Indicate number | *Numeric field* |
| Impact | 074 | \*Total number of clinicians/providers who agreed that the final performance measure was actionable to improve quality of care | Indicate the total number who responded. This is separate from any face validity testing conducted. | *Numeric field* |
| Impact | 075 | \*Estimated impact of the measure: Estimate of annual denominator size | Enter the numerical value of the estimated annual denominator size across accountable entities eligible to report the measure. This can be estimated from the average entity-level denominator in the test sample multiplied by the approximate number of eligible entities that may report the measure. If the measure requires a multi-year denominator, divide the estimate to report the estimated number of denominator cases per year rather than for the full denominator period. If it is not possible to estimate based on the testing sample and other publicly available information, enter 0000. | *Numeric field* |

## Change #33

**Location:** Page 24

**Reason for Change:** Relocated Cost Factors and updated language

**CY 2022 Final Rule text:**

| **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.” |  |
| 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.” |  |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Cost Factors | 076 | Cost estimate completed | Indicate whether an estimate of the impact on healthcare costs was completed as part of the business case or development process. | * Yes * No |
| n/a | n/a | *If you select “Yes” in Row 076, then Row 077 becomes an optional field.* | *n/a* | *This is not a data entry field.* |
| Cost Factors | 077 | Cost estimate methods and results | Briefly describe the methods and assumptions for your cost estimates and cite the sources of cost information. 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). Summarize the range of healthcare cost impacts based on your analysis. | *ADD YOUR CONTENT HERE* |

## Change #34

**Location:** Page 24-26

**Reason for Change:** Relocated Background Information and updated language

**CY 2022 Final Rule text:**

| **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) |  |
| 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): |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Background Information | 078 | \*What is the history or background for including this measure on the current year MUC List? | Select one | * New measure never previously submitted to the MUC List, reviewed by Measure Applications Partnership (MAP) Workgroup, or used in a CMS program * Measure previously submitted but not included on the MUC List * 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 |
| n/a | n/a | *If you select “New measure never previously submitted to the MUC List, reviewed by Measure Applications Partnership (MAP) Workgroup, or used in a CMS Program” in Row 078 then skip to Row 081. If you select “Measure currently used in a CMS program being submitted as-is for a new or different program” or Measure currently used in a CMS program, but the measure is undergoing substantial change” then Rows 079-080 become required fields.* | *n/a* | *This is not a data entry field.* |
| Background Information | 079 | \*Range of year(s) this measure has been used by CMS Program(s). | For example: Hospice Quality Reporting (2012-2018) | *ADD YOUR CONTENT HERE* |
| Background Information | 080 | \*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): |

## Change #35

**Location:** Page 26

**Reason for Change:** Relocated Data Sources section and updated language

**CY 2022 Final Rule text:**

| **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): |
| 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 |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Data Sources | 081 | \*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 * Other (enter here): |
| Data Sources | 082 | If applicable, specify the data source | Use this field to specify or elaborate on the type of data source, if needed, to define your measure. | *ADD YOUR CONTENT HERE* |
| Data Sources | 083 | Description of parts related to each data source | Describe the parts or elements of the measure that are relevant to the selected data sources | *ADD YOUR CONTENT HERE* |

## Change #36

**Location:** Page 26-28

**Reason for Change:** Relocated STEWARD section.

**CY 2022 Final Rule text:**

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. |  |
| 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. |  |

**CY 2023 Final Rule text:**

STEWARD

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Steward Information | 084 | \*Measure Steward | Enter the current Measure Steward. | **See Appendix A.084-086 for list choices. Copy/paste or enter your choices here:** |
| Steward Information | 085 | \*Measure Steward Contact Information | Please provide the contact information of the measure steward. | *ADD YOUR CONTENT HERE* |
| Long-Term Steward Information | 086 | Long-Term Measure Steward (if different) | Entity or entities that will be the permanent measure steward(s), responsible for maintaining the measure and conducting CBE endorsement maintenance review. Select all that apply. | **See Appendix A. 084-086 for list choices. Copy/paste or enter your choices here:** |
| Long-Term Steward Information | 087 | Long-Term Measure Steward Contact Information | If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address. | *ADD YOUR CONTENT HERE* |
| Submitter Information | 088 | Is primary submitter the same as steward? | Select “Yes” or “No.” | * Yes * No |
| Submitter Information | 089 | \*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 CMS MERIT. To request such access for others, when logged into the CMS MERIT interface, navigate to “About” and “Contact Us,” and indicate the name and e-mail address of the person(s) to be added. | *ADD YOUR CONTENT HERE* |
| Submitter Information | 090 | Secondary Submitter Contact Information | If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address. | *ADD YOUR CONTENT HERE* |

## Change #37

**Location:** Page 27-28

**Reason for Change:** Relocated CHARACTERISTICS section.

**CY 2022 Final Rule text:**

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. |  |
| 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. |  |

**CY 2023 Final Rule text:**

CHARACTERISTICS

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| General Characteristics | 091 | \*Measure Type | Select only one type of measure. For definitions, see:  <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf>. | * Cost/Resource Use * Efficiency * Intermediate Outcome * Outcome * Outcome - (PRO-PM) * Process * Structure * Other (enter here): |
| n/a | n/a | If you select “Outcome” or “Outcome – (PRO-PM)" in Row 091 then Row 121 in the Evidence section becomes a required field. Continue to complete required General Characteristics and Evidence questions. | n/a | This is not a data entry field. |
| General Characteristics | 092 | \*Is the measure a composite or component of a composite? | Select one | * Composite measure * Component of a composite measure * Not a composite or component of a composite measure |
| General Characteristics | 093 | \*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 |
| n/a | n/a | If you select “Yes” in Row 093 then Row 094becomes a required field. | n/a | This is not a data entry field. |
| General Characteristics | 094 | \*CMIT ID | If the measure is currently in CMIT, enter the CMIT ID in the format #####-X-XXXXXXX. Current measures and CMIT IDs can be found at <https://cmit.cms.gov/CMIT_public/ListMeasures> | ADD YOUR CONTENT HERE |
| General Characteristics | 095 | 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. | ADD YOUR CONTENT HERE |
| General Characteristics | 096 | \*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. | ADD YOUR CONTENT HERE |
| General Characteristics | 097 | \*What one area of specialty the measure is aimed to, or which specialty is most likely to report this measure? | Select one. | See Appendix A.097 for list choices. Copy/paste or enter your choice(s) here: |
| General Characteristics | 098 | \*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. | ADD YOUR CONTENT HERE |
| General Characteristics | 099 | \*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. | ADD YOUR CONTENT HERE |

## Change #38

**Location:** Page 29-38

**Reason for Change:** Relocated Evidence section and added rows with updated language

**CY 2022 Final Rule text:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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. |  |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Evidence | 100 | \*Type of evidence to support the measure | Select all that apply. Refer to the latest CMS Blueprint version (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf>) and the supplementary material related to evidence review (<https://www.cms.gov/files/document/blueprint-environmental-scans.pdf>) to obtain updated guidance. | * Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines * Peer-Reviewed Systematic Review * Empirical data * Other (enter here): |
| n/a | n/a | *If you select “Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines in Row 100, then Rows 101-102 become required fields. If you select “Systematic Review” in Row 100, then Rows 115-116 become required fields. If you select “Empirical data” in Row 100, then Rows 117-118 become required fields. If you select “Other” in Row 100, then Rows 119-120 become required fields.* | *n/a* | *This is not a data entry field.* |
| Evidence | 101 | \*Number of clinical guidelines, including USPSTF guidelines that address this topic | Enter a numerical value of ≥1. Count all guidelines that are relevant to this measure topic including those that offer contradictory guidance. | *Numeric field* |
| Evidence | 102 | \*Outline the clinical guideline(s) supporting this measure | Provide a detailed description of which guideline(s) support the measure and indicate for each, whether they are evidence-based or consensus-based. Summarize the meaning/rationale of the guideline statements that are being referenced, their relation to the measure concept and how they support the measure whether directly or indirectly, and how the guideline statement(s) relate to the measure’s intended accountable entity. Describe the body of evidence that supports the statement(s) by describing the quantity, quality and consistency of the studies that are pertinent to the guideline statements/sentence. Quantity of studies represent the number of studies and not the number of publications associated with a study. If the statement is advised by 3 publications reporting outcomes from the same RCT at 3 different time points, this is considered a single study and not 3 studies.If referencing a standard norm which may or may not be driven by evidence, provide the description and rationale for this norm or threshold as reasoned by the guideline panel.If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a link between at least one process, structure, or intervention and the outcome. Document the criteria used to assess the quality of the clinical guidelines such as those proposed by the Institute of Medicine or ECRI Guideline’s Trust (see CMS Blueprint version (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf> and the supplementary material related to evidence review. (<https://www.cms.gov/files/document/blueprint-environmental-scans.pdf>)If there is lengthy text, describe the guidelines in an evidence attachment, named to clearly indicate the related form field. | *ADD YOUR CONTENT HERE* |
| Evidence | 103 | \*Name the guideline developer/entity | If the response to the Number of clinical guidelines, including USPSTF guidelines, that address this measure topic is >1, identify the guideline that most closely aligns with and supports your measure concept. This is now referred to as the primary clinical guideline. Spell out the primary clinical guideline entity’s name followed by the appropriate acronym, if available.  For example: United States Preventive Services Task Force (USPSTF) | *ADD YOUR CONTENT HERE* |
| Evidence | 104 | \*Publication year | Provide the publication year for the primary clinical guideline.  Use the 4-digit format (e.g., 2016). | *Numeric field (4-digit year)* |
| Evidence | 105 | \*Full citation +/- URL | Provide the full citation for the primary clinical guideline in any established citation style (e.g., AMA, APA, Chicago, Vancouver, etc.) and the accompanying URL, if available. | *ADD YOUR CONTENT HERE* |
| Evidence | 106 | \*Is this an evidence-based clinical guideline | There are disparate methods of developing clinical guidance documents. An evidence-based guideline is one which uses evidence to inform the development of their recommendations. The evidence must be reviewed in a deliberate, systematic manner. To determine this, the developer must have provided a description of a systematic search of literature and their search strategy which includes the dates of the literature covered, databases consulted, and a screening, review and data extraction process. Select “No” for clinical guidelines that are based purely on expert consensus with or without supplementation with a narrative literature review (non-systematic). | * Yes * No |
| Evidence | 107 | \*Is the guideline graded? | A graded guideline is one which explicitly provides evidence rating and recommendation grading conventions in the document itself. Grades are usually found next to each recommendation statement. Select one. | * Yes * No |
| n/a | n/a | *If you select “Yes” in Row 107, then Rows 108-113 become required fields. If you select “No” in Row 107, then skip to Row 114.* | *n/a* | *This is not a data entry field.* |
| Evidence | 108 | \*List the guideline statement that most closely aligns with the measure concept. | If there are more than one statement from this clinical guideline that may be relevant to this measure concept, document the statement that most closely aligns with the measure concept as it is written in the guideline document. For example, Statement 1: In patients aged 65 years and older who have prediabetes, we recommend a lifestyle program similar to the Diabetes Prevention Program to delay progression to diabetes.No more than one statement should be written in the text box. All other relevant statements should be submitted in a separate evidence attachment. | *ADD YOUR CONTENT HERE* |
| Evidence | 109 | \*What evidence grading system did the guideline use to describe strength of recommendation? | Select the evidence grading system used by the clinical guideline. (e.g., GRADE or USPSTF) to describe the guideline statement’s strength of recommendation. | * GRADE method * Modified GRADE * USPSTF * Other (enter here) |
| Evidence | 110 | \*List all categories and corresponding definitions for the evidence grading system used to describe strength of recommendation in the guideline? | Insert the complete list of grading categories and their definitions. | *ADD YOUR CONTENT HERE* |
| Evidence | 111 | \*For the guideline statement that most closely aligns with the measure concept, what is the associated strength of recommendation? | Select the associated strength of recommendation using the convention used by the guideline developer. Select one. | * USPSTF Grade A, Strong recommendation or similar * USPSTF Grade B or D, Moderate recommendation or similar * USPSTF Grade C or I, Conditional/weak recommendation or similar * Expert Opinion * Other (enter here) |
| Evidence | 112 | \*List all categories and corresponding definitions for the evidence grading system used to describe level of evidence or level of certainty in the evidence? | Insert the complete list of grading categories and their definitions. | *ADD YOUR CONTENT HERE* |
| Evidence | 113 | \*For the guideline statement that most closely aligns with the measure concept, what is the associated level of evidence or level of certainty in the evidence? | Select the associated level of evidence or certainty of evidence using the convention used by the guideline developer. Select one. | * High or similar * Moderate or similar * Low, Very Low or similar * Other (enter here) |
| Evidence | 114 | \*List the guideline statement that most closely aligns with the measure concept. | If there are more than one statement from this clinical guideline that may be relevant to this measure concept, document the statement that most closely aligns with the measure concept as it is written in the guideline document. For example, Statement 1: In patients aged 65 years and older who have prediabetes, we recommend a lifestyle program similar to the Diabetes Prevention Program to delay progression to diabetes. No more than one statement should be written in the text box. All other relevant statements should be submitted in a separate evidence attachment. | *ADD YOUR CONTENT HERE* |
| Evidence | 115 | \*Number of systematic reviews that inform this measure concept | Insert the number of peer reviewed systematic reviews that addresses this measure topic. This includes systematic reviews that address the same intervention/ process/ structure but may have conflicting conclusions. Enter a numerical value of greater than or equal to 1. | *Numeric field* |
| Evidence | 116 | \*Briefly summarize the peer-reviewed systematic review(s) that inform this measure concept | Summarize the peer-reviewed systematic review(s) that address this measure concept. For each systematic review, provide the number of studies within the systematic review that addressed the specifics defined in this measure concept, indicate whether a study-specific risk of bias/quality assessment was performed for each study, and describe the consistency of findings. Number of studies is not equivalent to the number of publications. If there are three publications from a single cohort study cited in the systematic review, report one when indicating the number of studies. For every systematic review cited, provide full citations using any established citation style. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a link between at least one process, structure, or intervention with the outcome. If there is lengthy text, submit details via an evidence attachment. | *ADD YOUR CONTENT HERE* |
| Evidence | 117 | \*Source of empirical data | Select all that apply | * Published, peer-reviewed original research * Published and publicly available reports (e.g., from agencies) * Internal data analysis * Other (enter here) |
| Evidence | 118 | \*Summarize the empirical data | Provide a summary of the empirical data and how it informs this measure concept. Describe the limitations of the data and provide a full citation for each source of empirical data in any established citation style. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a link between at least one process, structure, or intervention with the outcome. If there is lengthy text, include details in a separate evidence attachment. | *ADD YOUR CONTENT HERE* |
| Evidence | 119 | \*Name evidence type | If citing evidence other than clinical guidelines, peer-reviewed systematic reviews and empirical data, state the type of evidence referenced to inform this measure concept. | *ADD YOUR CONTENT HERE* |
| Evidence | 120 | \*Summarize the evidence | Provide a summary of the other type(s) of evidence used to inform this measure concept. Describe the limitations of the data and provide a full citation for piece of evidence cited in any established citation style. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a link between at least one process, structure, or intervention with the outcome. If there is lengthy text, include details in a separate evidence attachment. | *ADD YOUR CONTENT HERE* |
| Evidence | 121 | \*Does the evidence discuss a link between at least one process, structure, or intervention with the outcome? | Select “Yes” if the evidence that was discussed in the evidence section demonstrate a link between at least one process, structure, or intervention with the outcome. | * Yes * No |

## Change #39

**Location:** Page 35-38

**Reason for Change:** Relocated Risk Adjustment section and added rows with updated language

**CY 2022 Final Rule text:**

| **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 |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Risk Adjustment | 122 | \*Is the measure risk adjusted? | Select one. | * Yes * No |
| n/a | n/a | *If you select “Yes” in Row 122, then Rows 123-124 become required fields and you should not answer Row 125. If you select “Yes” in Row 122 you are also encouraged to upload documentation about your risk adjustment model as an attachment. If you select “No” in Row 122, then skip to Row 125.* | *n/a* | *This is not a data entry field.* |
| Risk Adjustment | 123 | \*Risk adjustment variables | Select ALL risk adjustment variable types that are included in your final risk model. For more information on how to select risk factors for accountability measures, refer to the CMS Measures Management System Blueprint (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf> Select “Patient-level demographics” if the measure uses information related to each patient’s age, sex, race/ethnicity, etc. Select “Patient-level health status & clinical conditions” if the measure uses information specific to each individual patient about their health status prior to the start of care (e.g., case-mix adjustment).Select “Patient functional status” if the measure uses information specific to each individual patient’s functional status prior to the start of care (e.g., body function, ability to perform activities of daily living, etc.)Select “Patient-level social risk factors” if the measure uses patient-reported information related to their individual social risks (e.g., income, living alone, etc.)Select “Proxy social risk factors” if the measure uses data related to characteristics of the people in the patient’s community (e.g., neighborhood level income from the census)Select “Patient community characteristic” if the measure uses information about the patient’s community (e.g., percent of vacant houses, crime rate).Select “Other” if the risk factor is related to the healthcare provider, health system, or other factor that is not related to the patient. | * Patient-level demographics * Patient-level health status & clinical conditions * Patient functional status * Patient-level social risk factors * Proxy social risk factors * Patient community characteristics * Other (enter here): |
| Risk Adjustment | n/a | *If you select “Patient Demographics” in Row 123, then Row 124 becomes a required field. If you select “Patient-level health status & clinical conditions” in Row 123, then Row 125 becomes a required field. If you select “Patient functional status” in Row 123, then Row 126 becomes a required field. If you select “Patient-level social risk factors” in Row 123, then Row 127 becomes a required field. If you select “Proxy social risk factors” in Row 123, then Row 128 becomes a required field. If you select “Patient community characteristics” in Row 123, then Row 129 becomes a required field.* | *n/a* | *This is not a data entry field.* |
| Risk Adjustment | 124 | \*Patient-level demographics: please select all that apply | Select all that apply | * Age * Sex * Gender * Race/ethnicity * Other (enter here): |
| Risk Adjustment | 125 | \*Patient-level health status & clinical conditions: please select all that apply | Select all that apply | * Case-Mix Adjustment * Severity Illness * Health behaviors/health choices * Other (enter here): |
| Risk Adjustment | 126 | \*Patient functional status: please select all that apply | Select all that apply | * Body Function * Ability to perform activities of daily living * Other (enter here): |
| Risk Adjustment | 127 | \*Patient-level social risk factors: please select all that apply | Select all that apply | * Income * Education * Wealth * Living Alone * Social Support * Other (enter here): |
| Risk Adjustment | 128 | \*Proxy social risk factors: please select all that apply | Select all that apply | * Neighborhood Level Income from the Census * Dual Eligibility for Medicare and Medicaid * Other (enter here): |
| Risk Adjustment | 129 | \*Patient community characteristics: please select all that apply | Select all that apply | * Percent of Vacant Houses * Crime Rate * Urban/Rural * Other (enter here): |
| Risk Adjustment | 130 | \*Risk model performance | Provide empirical evidence that the risk model adequately accounts for confounding factors (e.g., c-statistics). Describe your interpretation of the results. | *ADD YOUR CONTENT HERE* |
| Risk Adjustment | 131 | \*Rationale for not using risk adjustment | Select ALL reasons for not implementing a risk adjustment model in the measure. For more information on measure types that do not require risk adjustment, refer to the CMS Measures Management System Blueprint (<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/MMS/Downloads/Blueprint.pdf> | * Addressed through exclusions (e.g., process measures) * Addressed through stratification of results * Not conceptually or empirically indicated (enter here): * Other (enter here): |

## Change #40

**Location:** Page 39

**Reason for Change:** Relocated Healthcare Domain section

**CY 2022 Final Rule text:**

| **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 |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Healthcare Domain | 132 | \*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 |

## Change #41

**Location:** Page 39-40

**Reason for Change:** Relocated Endorsement Characteristics section with updated language

**CY 2022 Final Rule text:**

| **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 |  |
| 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 |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Endorsement Characteristics | 133 | \*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 | 134 | \*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. | *ADD YOUR CONTENT HERE* |
| Endorsement Characteristics | 135 | 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 |
| n/a | n/a | *If you select “No” in Row 135, then Rows 136-137 become required fields.* | *n/a* | *This is not a data entry field.* |
| Endorsement Characteristics | 136 | 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 | 137 | If not exactly as endorsed, describe the nature of the differences | Briefly describe the differences | *ADD YOUR CONTENT HERE* |
| Endorsement Characteristics | 138 | If endorsed: Year of most recent CDP endorsement | Select one | * None * 2018 * 2019 * 2020 * 2021 * 2022 |
| Endorsement Characteristics | 139 | Year of next anticipated CDP endorsement review | Select one. If you are submitting for initial endorsement, select the anticipated year. | * None * 2022 * 2023 * 2024 * 2025 * 2026 |

## Change #42

**Location:** Page 40-41

**Reason for Change:** Relocated GROUPS section with added rows and language

**CY 2022 Final Rule text:**

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 |
| 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) |

**CY 2023 Final Rule text:**

GROUPS

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| n/a | 140 | \*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 | n/a | *If you select “Yes” in Row 140, then Rows 141-143 become required fields. If you select “No” in Row 140, then skip to Row 144.* | *n/a* | *This is not a data entry field.* |
| n/a | 141 | \* 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. | *ADD YOUR CONTENT HERE* |
| n/a | 142 | \* 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 |
| n/a | 143 | \* If eCQM, does any electronic health record (EHR) system tested need to be modified? | Select “Yes” if any of the EHR systems tested had to modify how data were entered by providers or stored to facilitate calculation of the eCQM. Select “No” if the data needed to calculate the eCQM were already included in structured fields in the EHR systems tested and none of them needed to be modified. | * Yes * No |

## Change #43

**Location:** Page 41-42

**Reason for Change:** Relocated Similar Measures section with added language

**CY 2022 Final Rule text:**

| **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. |  |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Similar In-Use Measures | 144 | \*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 |
| n/a | n/a | *If you select “Yes” in Row 144 then Rows 145-147 become required fields. If you select “No” in Row 137, then skip to Row 148.* | *n/a* | *This is not a data entry field.* |
| Similar In-Use Measures | 145 | 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. | *ADD YOUR CONTENT HERE* |
| Similar In-Use Measures | 146 | 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. | *ADD YOUR CONTENT HERE* |
| Similar In-Use Measures | 147 | 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. | *ADD YOUR CONTENT HERE* |

## Change #44

**Location:** Page 42-43

**Reason for Change:** Relocated Previous measures section and added language

**CY 2022 Final Rule text:**

| **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): |
| 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. |  |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| Previous Measures | 148 | \*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 |
| n/a | n/a | *If you select “Yes” in Row 147 then Rows 148-148 become required fields. If you select “No” in Row 147, then skip to Row 155.* | *n/a* | *This is not a data entry field.* |
| Previous Measures | 149 | \*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 * 2012 * 2013 * 2014 * 2015 * 2016 * 2017 * 2018 * 2019 * 2020 * 2021 * Other (enter here): |
| Previous Measures | 150 | \*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. | *ADD YOUR CONTENT HERE* |
| Previous Measures | 151 | \*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." | *ADD YOUR CONTENT HERE* |
| Previous Measures | 152 | \*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. | *ADD YOUR CONTENT HERE* |
| Previous Measures | 153 | \*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. | *ADD YOUR CONTENT HERE* |
| Previous Measures | 154 | \*Why was the measure not recommended by the MAP workgroups in those year(s)? | Briefly describe the reason(s) if known. | *ADD YOUR CONTENT HERE* |
| Previous Measures | 155 | \*MAP report page number being referenced for each year | List both the year and the associated MAP report page number for each year. | *ADD YOUR CONTENT HERE* |
| Previous Measures | 156 | \*If this measure is being submitted to meet a statutory requirement, list the corresponding statute | List title and other identifying citation information. | *ADD YOUR CONTENT HERE* |

## Change #45

**Location:** Page 44

**Reason for Change:** Relocated Attachment section with additional language

**CY 2022 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| N/A | 157 | 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 your measure is risk adjusted, you are encouraged to attach documentation that provides additional detail about the measure risk adjustment model such as variables included, associated code system codes, and risk adjustment model coefficients 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. | *ADD YOUR CONTENT HERE* |
| N/A | 158 | 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 |

**CY 2023 Final Rule text:**

| **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 |

## Change #46

**Location:** Page 44

**Reason for Change:** Relocated COMMENTS section

**CY 2022 Final Rule text:**

| **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. |  |

**CY 2023 Final Rule text:**

| **Subsection** | **Row** | **Field Label** | **Guidance** | **ADD YOUR CONTENT HERE** |
| --- | --- | --- | --- | --- |
| N/A | 159 | Submitter Comments | Any notes, qualifiers, external references, or other information not specified above. | *ADD YOUR CONTENT HERE* |

## Change #47

**Location:** Pages 45 - 46, Appendix

**Reason for Change:** Renumbered choices for Measure Steward and Long-Term Measure Steward.

**CY 2022 Final Rule text:**  A.065-067 Choices for Measure Steward (065) and Long-Term Measure Steward (if different) (067)

**CY 2023 Final Rule text:**  A. 084-086 Choices for Measure Steward (084) and Long-Term Measure Steward (if different) (086)

## Change #48

**Location:** Page 46, Appendix – Choices for Areas of Specialty

**Reason for Change:** Renumbered choices for areas of specialty.

**CY 2022 Final Rule text:**  A.079 Choices for Areas of specialty (079)

**CY 2023 Final Rule text:**  A.097 Choices for Areas of specialty (097)

## Change #49

**Location:** Page 46, Row 96

**Reason for Change:** Changed expiration date from 1/31/2022 to 1/31/2025

**CY 2022 Final Rule text:**  According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1314 (Expiration date: 01/31/2022). The time required to complete this information collection is estimated to average 3.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact QPP at qpp@cms.hhs.gov

**CY 2023 Final Rule text** : According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1314 (Expiration date: 01/31/2025). The time required to complete this information collection is estimated to average 3.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850. \*\*\*\*CMS Disclosure\*\*\*\* Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Please note that any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact QPP at qpp@cms.hhs.gov