

MUC Data Template Crosswalk CY 2023 Final Versus CY 2024 Final

Burden Impact: The changes to this form do not reflect policies in the CY 2025 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 in title of the document.

CY 2023 Final Rule text: Measures Under Consideration Entry/Review and Information Tool 2023 Data Template for Candidate Measures

CY 2024 Final Rule text: Measures Under Consideration Entry/Review and Information Tool 2024 Data Template for Candidate Measures

Change #2

Location: Instructions (Page 1)

Reason for Change: Updated instructions for clarity.

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 characters.
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. Row numbers are for convenience only and do not appear on the CMS MERIT user interface.
7. Send any questions to MMSSupport@battelle.org.

CY 2024 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, unless otherwise indicated in the template.
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 characters.

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. For all fields, especially Numerator and Denominator, use plain text whenever possible. Please convert any special symbols, math expressions, or equations to plain text (keyboard alphanumeric, such as + - * /).
6. For all free-text fields: Be sure to spell out all abbreviations and define special terms at their first occurrence.
7. Numeric fields are noted, where applicable, in the “Add Your Content Here” column.
8. Row numbers are for convenience only and do not appear on the CMS MERIT user interface.
9. Send any questions to MMSSupport@battelle.org with the subject line “Pre-Rulemaking”.

Change #3

Location: Whole document, Footer

Reason for Change: Updated the year and date.

CY 2023 Final Rule text: 2023 CMS MERIT DATA TEMPLATE; 1/30/2023

CY 2024 Final Rule text: 2024 CMS MERIT DATA TEMPLATE; 1/31/2024

Change #4

Location: Whole document, ADD YOUR CONTENT HERE column

Reason for Change: To provide additional clarity to submitters.

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

CY 2024 Final Rule text: Free text field

Change #5

Location: Page 2, Measure Information, Row 002, Field Label column

Reason for Change: Capitalized the title.

CY 2023 Final Rule text: Measure description

CY 2024 Final Rule text: Measure Description

Change #6

Location: Page 3, Measure Information, Row 003

Reason for Change: Updated Guidance, selection options, and skip logic.

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. | <p>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. 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.</p> <p>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.</p> | <input type="checkbox"/> Ambulatory Surgical Center Quality Reporting Program <input type="checkbox"/> End-Stage Renal Disease (ESRD) Quality Incentive Program <input type="checkbox"/> Home Health Quality Reporting Program <input type="checkbox"/> Hospice Quality Reporting Program <input type="checkbox"/> Hospital Inpatient Quality Reporting Program <input type="checkbox"/> Hospital Outpatient Quality Reporting Program <input type="checkbox"/> Hospital Readmissions Reduction Program <input type="checkbox"/> Hospital Value-Based Purchasing Program <input type="checkbox"/> Hospital-Acquired Condition Reduction Program <input type="checkbox"/> Inpatient Psychiatric Facility Quality Reporting Program <input type="checkbox"/> Inpatient Rehabilitation Facility Quality Reporting Program <input type="checkbox"/> Long-Term Care (LTC) Hospital Quality Reporting Program <input type="checkbox"/> Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs) <input type="checkbox"/> Medicare Shared Savings Program <input type="checkbox"/> Merit-based Incentive Payment System-Cost <input type="checkbox"/> Merit-based Incentive Payment System-Quality <input type="checkbox"/> Part C & D Star Ratings [Medicare] <input type="checkbox"/> Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program <input type="checkbox"/> Rural Emergency Hospital Quality Reporting Program <input type="checkbox"/> Skilled Nursing Facility Quality Reporting Program <input type="checkbox"/> Skilled Nursing Facility Value-Based Purchasing Program |
| 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. |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|---|--|--|
| Measure Information | 003 | <p>*Select the CMS program(s) for which the measure is being submitted.</p> | <p>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).</p> <p>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. There is functionality within CMS MERIT to decrease the data entry process for multiple submissions of the same measure. Please reach out to MMSSupport@battelle.org for guidance and support.</p> <p>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.</p> | <p><input type="checkbox"/> Ambulatory Surgical Center Quality Reporting Program</p> <p><input type="checkbox"/> End-Stage Renal Disease (ESRD) Quality Incentive Program</p> <p><input type="checkbox"/> Home Health Quality Reporting Program</p> <p><input type="checkbox"/> Hospice Quality Reporting Program</p> <p><input type="checkbox"/> Hospital Inpatient Quality Reporting Program</p> <p><input type="checkbox"/> Hospital Outpatient Quality Reporting Program</p> <p><input type="checkbox"/> Hospital Readmissions Reduction Program</p> <p><input type="checkbox"/> Hospital Value-Based Purchasing Program</p> <p><input type="checkbox"/> Hospital-Acquired Condition Reduction Program</p> <p><input type="checkbox"/> Inpatient Psychiatric Facility Quality Reporting Program</p> <p><input type="checkbox"/> Inpatient Rehabilitation Facility Quality Reporting Program</p> <p><input type="checkbox"/> Long-Term Care (LTC) Hospital Quality Reporting Program</p> <p><input type="checkbox"/> Medicare Promoting Interoperability Program</p> <p><input type="checkbox"/> Medicare Shared Savings Program</p> <p><input type="checkbox"/> Merit-based Incentive Payment System-Cost</p> <p><input type="checkbox"/> Merit-based Incentive Payment System-Quality</p> <p><input type="checkbox"/> Part C Star Ratings</p> <p><input type="checkbox"/> Part D Star Ratings</p> <p><input type="checkbox"/> Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program</p> <p><input type="checkbox"/> Rural Emergency Hospital Quality Reporting Program</p> <p><input type="checkbox"/> Skilled Nursing Facility Quality Reporting Program</p> <p><input type="checkbox"/> Skilled Nursing Facility Value-Based Purchasing Program</p> |
| n/a | n/a | <p><i>If you select "Merit-based Incentive Payment System - Quality" in Row 003, then Row 004 becomes an optional field. If you do not select "Merit-based Incentive Payment System -Quality" in Row 003, then skip to Row 005.</i></p> | n/a | <p><i>This is not a data entry field.</i></p> |

Change #7

Location: Page 4, Measure Information, Row 005

Reason for Change: Updated Field Label, Guidance, selection options, and skip logic.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|---|---|---|
| Measure Information | 005 | *Stage of Development | <p>Select the measure’s current stage of development. A fully developed measure is a measure that has completed beta testing. Note that fully developed measures are highly preferred.</p> <p>For additional information regarding stage of development, see: https://mmshub.cms.gov/blueprint-measure-lifecycle-overview.</p> | <input type="checkbox"/> Conceptualization <input type="checkbox"/> Specification <input type="checkbox"/> Field (Beta) Testing <input type="checkbox"/> Fully Developed |
| n/a | n/a | <i>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.</i> | n/a | <i>This is not a data entry field.</i> |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|------------------------------------|--|---|
| Measure Information | 005 | *Completed Stage(s) of Development | <p>Select all stages of development that have been completed. There are five stages in the Measure Lifecycle: conceptualization; specification; testing; implementation; and use, continuing evaluation, and maintenance. Measure conceptualization is the first stage; however, the stages are not necessarily sequential. Instead, the stages are iterative and can occur concurrently.</p> <p>The measure conceptualization stage initiates information gathering and business case development.</p> <p>The measure specification stage involves establishing the basic elements of the measure, including the numerator, calculation algorithm, and data source identification.</p> <p>The measure testing stage examines the specifications, usually with a limited</p> | <input type="checkbox"/> Measure Conceptualization <input type="checkbox"/> Measure Specification <input type="checkbox"/> Measure Testing <input type="checkbox"/> Measure Use, Continuing Evaluation & Maintenance |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|---|--|
| | | | <p>number of real settings, to make sure the measure is scientifically acceptable and feasible.</p> <p>Measure specification and measure testing are iterative.</p> <p>For additional information regarding stage of development, see: https://mmshub.cms.gov/blueprint-measure-lifecycle-overview.</p> | |
| n/a | n/a | <i>If you select only "Measure Conceptualization" and/or "Measure Specification" in Row 005, then Row 006 becomes a required field. If your selections include "Measure Testing" or "Measure Use, Continuing Evaluation & Maintenance" in Row 005, then skip to Row 007.</i> | n/a | <i>This is not a data entry field.</i> |

Change #8

Location: Page 5, Measure Information, Row 006

Reason for Change: Updated Guidance.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|--------------------------------|--|-----------------------|
| Measure Information | 006 | * Stage of Development Details | <p>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.</p> <p>For additional information, see: https://mmshub.cms.gov/blueprint-measure-lifecycle-overview.</p> | ADD YOUR CONTENT HERE |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|-------------------------------|---|-----------------------|
| Measure Information | 006 | *Stage of Development Details | If testing is not yet completed, describe when testing is planned (i.e., specific dates), what type of testing is planned | Free text field |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|-------------|---|-----------------------|
| | | | <p>(e.g., alpha, beta) as well as the types of facilities in which the measure will be tested.</p> <p>For additional information, see: https://mmshub.cms.gov/blueprint-measure-lifecycle-overview.</p> | |

Change #9

Location: Page 5, Measure Information, Row 007

Reason for Change: Updated Guidance and selection options.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|--------------------|---|--|
| Measure Information | 007 | *Level of Analysis | <p>Select one. 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 other levels separately. Any testing results provided in subsequent sections of this submission must be conducted at the level of analysis selected here.</p> <p>For submission to the MIPS-Quality program, you must report, at minimum, the results of individual clinician-level testing. If testing is performed at both clinician-individual and clinician-group levels of analysis, you may select “Clinician: Individual and Group (MIPS-Quality only).” Please submit results of individual clinician-level testing in this form and group-level testing results in an attachment.</p> <p>For submission to the MIPS-Cost program, clinician group-level testing is sufficient.</p> | <input type="checkbox"/> Clinician: Individual only <input type="checkbox"/> Clinician: Group/Practice only <input type="checkbox"/> Facility <input type="checkbox"/> Clinician: Individual and Group (MIPS-Quality only) <input type="checkbox"/> Health plan <input type="checkbox"/> Population: Regional and State <input type="checkbox"/> Accountable Care Organization |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|--------------------|---|---|
| Measure Information | 007 | *Level of Analysis | <p>Select one. 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 other levels separately. Any testing results provided in subsequent sections of this submission must be conducted at the level of analysis selected here.</p> | <input type="checkbox"/> Accountable Care Organization <input type="checkbox"/> Clinician: Group <input type="checkbox"/> Clinician: Individual <input type="checkbox"/> Clinician: Individual and Group <input type="checkbox"/> Facility <input type="checkbox"/> Health plan <input type="checkbox"/> Integrated Delivery System <input type="checkbox"/> Medicaid program (e.g., Health Home or 1115) <input type="checkbox"/> Population: Community, County or City <input type="checkbox"/> Population: Regional and State |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|-------------|---|-----------------------|
| | | | <p>For submission to the MIPS-Quality program, you must report, at minimum, the results of individual clinician-level testing. If testing is performed at both clinician-individual and clinician-group levels of analysis, you may select “Clinician: Individual and Group.” Please submit results of individual clinician-level testing in this form and group-level testing results in an attachment.</p> <p>For submission to the MIPS-Cost program, clinician group-level testing is sufficient.</p> | |

Change #10

Location: Page 6, Measure Information, Row 008

Reason for Change: Updated selection options.

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. | <input type="checkbox"/> Ambulatory surgery center <input type="checkbox"/> Ambulatory/office-based care <input type="checkbox"/> Behavioral health clinic <input type="checkbox"/> Inpatient psychiatric facility <input type="checkbox"/> Community hospital <input type="checkbox"/> Dialysis facility <input type="checkbox"/> Emergency department <input type="checkbox"/> Federally qualified health center (FQHC) <input type="checkbox"/> Health and drug plans <input type="checkbox"/> Hospital outpatient department (HOD) <input type="checkbox"/> Home health <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital inpatient acute care facility <input type="checkbox"/> Inpatient rehabilitation facility <input type="checkbox"/> Long-term care hospital <input type="checkbox"/> Nursing home <input type="checkbox"/> PPS-exempt cancer hospital <input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Veterans Health Administration facility <input type="checkbox"/> Not yet tested <input type="checkbox"/> Other (enter here): |

CY 2024 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. | <input type="checkbox"/> Ambulatory surgery center <input type="checkbox"/> Ambulatory/office-based care <input type="checkbox"/> Behavioral health clinic <input type="checkbox"/> Community hospital |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|-------------|----------|---|
| | | | | <input type="checkbox"/> Dialysis facility <input type="checkbox"/> Emergency department <input type="checkbox"/> Federally qualified health center (FQHC) <input type="checkbox"/> Health and Drug Plans <input type="checkbox"/> Hospital outpatient department (HOD) <input type="checkbox"/> Home health <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital inpatient acute care facility <input type="checkbox"/> Inpatient psychiatric facility <input type="checkbox"/> Inpatient rehabilitation facility <input type="checkbox"/> Long-term care hospital <input type="checkbox"/> Nursing home <input type="checkbox"/> PPS-exempt cancer hospital <input type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Veterans Health Administration facility <input type="checkbox"/> Not yet tested <input type="checkbox"/> Other (enter here): |

Change #11

Location: Page 6, Measure Information, Row 009, Guidance

Reason for Change: Updated Guidance and skip logic.

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.)? Note: If “Yes”, please describe one score only in this form. Submit separate attachments for each of the other scores. Note: If “Yes”, indicate which score will be described in this form. Submit separate attachments for each of the other scores. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <i>If you select “Yes” in Row 009, then Row 010-012 becomes a required field. If you select, “No”, then skip to row 013.</i> | | |

CY 2024 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 separately reported for this measure (e.g., 7- and 30-day rate, rates for different procedure types, etc.)? This does not include index measures, where component measure scores result in one overall index score. Note: If "Yes", please describe one score only in this form. Submit separate attachments for each of the other scores. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "Yes" in Row 009, then Rows 010-012 become required fields. If you select, "No", then skip to Row 013.</i> | n/a | <i>This is not a data entry field.</i> |

Change #12

Location: Page 7, Row 013 and 014

Reason for Change: Combined composite and paired questions and updated skip logic.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|---|---|---|
| Measure Information | 013 | *Is the measure a composite? | Select one. A composite measure contains two or more individual measures, resulting in a single measure and a single score. If this measure is a composite measure, please enter data relevant to the overall composite into this form. Please attach any additional information pertaining to individual components. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Measure Information | 014 | *Is this a paired measure? | Select one. Paired measures have different measure scores, but results require them to be reported together to be interpreted appropriately. Note: Individual measures comprising a paired measure must be submitted individually. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "Yes" in Row 014, then Row 015-016 become required fields. If you select "No" in this field, then skip to row 017.</i> | | |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|--|--|--|
| Measure Information | 013 | *Is the measure a composite and/or a paired measure? | <p>Select all that apply.</p> <p>A composite measure contains two or more individual measures, resulting in a single measure and a single score. This includes index measures. If this measure is a composite measure, please enter data pertaining to the overall composite measure into this form. Please attach any additional information pertaining to individual components.</p> <p>Paired measures have different measure scores, but results require them to be reported together to be interpreted appropriately. Note: Individual measures comprising a paired measure must be submitted individually.</p> | <input type="checkbox"/> Yes, this is a composite measure <input type="checkbox"/> Yes, this is a paired measure <input type="checkbox"/> No, this is neither a composite nor a paired measure |
| n/a | n/a | <i>If you select "Yes, this is a paired measure" in Row 013, then Rows 014-015 become required fields. If you do not select "Yes, this is a paired measure" in this field, then skip to Row 016.</i> | n/a | <i>This is not a data entry field.</i> |

Change #13

Location: Page 7, Row 014

Reason for Change: Re-ordered row number.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|---|--|-----------------------|
| Measure Information | 015 | *How many measures are intended to be paired with this measure? | How many other measures are intended to be paired with this measure? Do not include this measure in the count. | Numeric field |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|---|--|-----------------------|
| Measure Information | 014 | *How many measures are intended to be paired with this measure? | How many other measures are intended to be paired with this measure? Do not include this measure in the count. | Numeric field |

Change #14**Location:** Page 7, Row 015**Reason for Change:** Re-ordered row number.**CY 2023 Final Rule text:**

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|---|---|-----------------------|
| Measure Information | 016 | *What are the titles of all measures that should be paired with this measure? | Please enter the measure titles for all other measures that should be paired with this measure. Do not include this measure in the list. Please enter the measure titles separated by a semicolon, and do not enter any additional information in this field. | Free text field |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|---|---|-----------------------|
| Measure Information | 015 | *What are the titles of all measures that should be paired with this measure? | Please enter the measure titles for all other measures that should be paired with this measure. Do not include this measure in the list. Please enter the measure titles separated by a semicolon, and do not enter any additional information in this field. | Free text field |

Change #15**Location:** Page 8, Row 016**Reason for Change:** Re-ordered row number and updated Guidance.**CY 2023 Final Rule text:**

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|-------------|---|-----------------------|
| Measure Information | 017 | *Numerator | <p>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.</p> <p>For all free-text fields: Be sure to spell out all abbreviations and define special terms at their first occurrence. This will save time and revision/editing cycles during clearance.</p> | ADD YOUR CONTENT HERE |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|-------------|--|-----------------------|
| Measure Information | 016 | *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. | Free text field |

Change #16**Location:** Page 8, Row 017**Reason for Change:** Re-ordered row number.**CY 2023 Final Rule text:**

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|-----------------------|---|-----------------------|
| Measure Information | 018 | *Numerator Exclusions | For additional information on exclusions/exceptions, see: https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions . If not applicable, enter 'N/A.' | ADD YOUR CONTENT HERE |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|-----------------------|---|-----------------------|
| Measure Information | 017 | *Numerator Exclusions | For additional information on exclusions/exceptions, see: https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions . If not applicable, enter 'N/A.' | Free text field |

Change #17**Location:** Page 8, Row 018**Reason for Change:** Re-ordered row number.**CY 2023 Final Rule text:**

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|--------------|--|-----------------------|
| Measure Information | 019 | *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 |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|--------------|--|-----------------------|
| Measure Information | 018 | *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. | Free text field |

Change #18**Location:** Page 8, Row 019**Reason for Change:** Re-ordered row number.**CY 2023 Final Rule text:**

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|-------------------------|---|-----------------------|
| Measure Information | 020 | *Denominator Exclusions | For additional information on exclusions/exceptions, see: https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions . If not applicable, enter 'N/A.' | ADD YOUR CONTENT HERE |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|-------------------------|---|-----------------------|
| Measure Information | 019 | *Denominator Exclusions | For additional information on exclusions/exceptions, see: https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions . If not applicable, enter 'N/A.' | Free text field |

Change #19**Location:** Page 8, Row 020**Reason for Change:** Re-ordered row number.**CY 2023 Final Rule text:**

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|-------------------------|---|-----------------------|
| Measure Information | 021 | *Denominator Exceptions | For additional information on exclusions/exceptions, see: https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions . If not applicable, enter 'N/A.' | ADD YOUR CONTENT HERE |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|-------------------------|---|-----------------------|
| Measure Information | 020 | *Denominator Exceptions | For additional information on exclusions/exceptions, see: https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions . If not applicable, enter 'N/A.' | Free text field |

Change #20

Location: Page 8, Row 021

Reason for Change: Re-ordered row number.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|---|---|-----------------------|
| Measure Information | 022 | *Briefly describe the rationale for the measure | Briefly describe the rationale for the measure and/or the impact the measure is anticipated to achieve. Details about the evidence to support the measure will be captured in the Evidence section. | ADD YOUR CONTENT HERE |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|---|---|-----------------------|
| Measure Information | 021 | *Briefly describe the rationale for the measure | Briefly describe the rationale for the measure and/or the impact the measure is anticipated to achieve. Details about the evidence to support the measure will be captured in the Evidence section. | Free text field |

Change #21

Location: Page 9, Measure Implementation, Row 022

Reason for Change: Re-ordered row number. Updated Guidance, selection options, and skip logic.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|-------------------------------|---|---|
| Measure Implementation | 023 | *Feasibility of Data Elements | <p>Select one. Select the extent to which the specified data elements are available in electronic fields. Electronic fields should include a designated location and format for the data in claims, EHRs, registries, etc.</p> <ul style="list-style-type: none"> • Select “ALL data elements are in defined fields in electronic sources” if the data elements needed to calculate the measure are all available in discrete and electronically defined fields. • Select “Some data elements are in defined fields in electronic sources” if the data elements needed to calculate the measure are not all available in discrete and electronically defined fields. • Select “No data elements are in defined fields in electronic sources” if none of the data elements needed | <input type="checkbox"/> ALL data elements are in defined fields in electronic sources <input type="checkbox"/> Some data elements are in defined fields in electronic sources <input type="checkbox"/> No data elements are in defined fields in electronic sources <input type="checkbox"/> Not applicable |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|-------------|--|-----------------------|
| | | | <p>to calculate the measure are available in discrete and electronically defined fields.</p> <ul style="list-style-type: none"> • Select “Not applicable” ONLY for measures that are not fully developed OR for CAHPS measures. <p>For a PRO-PM, select the most appropriate option based on the data collection format(s).</p> | |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|---|--|---|
| Measure Implementation | 022 | * Feasibility of Data Elements | <p>Select one. Select the extent to which the specified data elements are available in electronic fields. Electronic fields should include a designated location and format for the data in claims, EHRs, registries, etc.</p> <ul style="list-style-type: none"> • Select “ALL data elements are in defined fields in electronic sources” if the data elements needed to calculate the measure are all available in discrete and electronically defined fields. • Select “Some data elements are in defined fields in electronic sources” if the data elements needed to calculate the measure are not all available in discrete and electronically defined fields. • Select “No data elements are in defined fields in electronic sources” if none of the data elements needed to calculate the measure are available in discrete and electronically defined fields. • Select “Not applicable” ONLY for CAHPS measures. • Select “Unable to Determine” ONLY if a feasibility assessment has not yet been completed. <p>For a PRO-PM, select the most appropriate option based on the data collection format(s).</p> | <input type="checkbox"/> ALL data elements are in defined fields in electronic sources <input type="checkbox"/> Some data elements are in defined fields in electronic sources <input type="checkbox"/> No data elements are in defined fields in electronic sources <input type="checkbox"/> Not applicable (applies only for CAHPS measures) <input type="checkbox"/> Unable to determine (applies only if a feasibility assessment has not yet been completed) |
| n/a | n/a | <i>If you select “ALL data elements are in defined fields in electronic sources” or “Some data elements are in defined fields in electronic sources” in Row 022, then Row 023 becomes a</i> | <i>n/a</i> | <i>This is not a data entry field.</i> |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|----------|-----------------------|
| | | <i>required field, otherwise, skip to row 024.</i> | | |

Change #22

Location: Page 10, Measure Implementation, Row 023

Reason for Change: Added row for USCDI Data Elements.

CY 2023 Final Rule text: N/A

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|----------------------|--|--|
| Measure Implementation | 023 | *USCDI Data Elements | <p>Select one. Indicate the extent to which the data elements that are in defined fields in electronic sources align with United States Core Data for Interoperability (USCDI) v4 or USCDI+ Quality draft standard definitions.</p> <p>For more information about USCDI, please refer to the HealthIT.gov website available at: https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi</p> <p>For more information about USCDI+ Quality, please refer to the HealthIT.gov website available at: https://www.healthit.gov/topic/interoperability/uscdi-plus</p> | <input type="checkbox"/> ALL data elements align with USCDI/USCDI+ Quality standard definitions <input type="checkbox"/> Some data elements align with USCDI/USCDI+ Quality standard definitions <input type="checkbox"/> None of the data elements align with USCDI/USCDI+ Quality standard definitions <input type="checkbox"/> USCDI/USCDI+ Quality alignment not assessed |

Change #23

Location: Page 11, Measure Implementation, Row 024

Reason for Change: Updated Field Label, Guidance, selection options, and skip logic.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|--------------------------------|---|--|
| Measure Implementation | 024 | *Method of measure calculation | <p>Select one. Select the method used to calculate measure scores for the version of the measure proposed in this submission form. Please review guidance before making selections:</p> <ul style="list-style-type: none"> Select "Electronically Derived Administrative Claims" if the measure can be calculated exclusively from claims data submitted electronically for billing or other purposes. Select "eCQM" if the measure is exclusively specified and formatted to use data from electronic health record (EHRs) and/or health | <input type="checkbox"/> Electronically Derived Administrative Claims <input type="checkbox"/> eCQM <input type="checkbox"/> Other digital method <input type="checkbox"/> Manual abstraction <input type="checkbox"/> Combination |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|---|---|--|
| | | | <p>information technology systems, using the Quality Data Model (QDM) to define the data elements and Clinical Quality Language (CQL) to express measure logic.</p> <ul style="list-style-type: none"> • Select “Other digital method” if the measure does not meet the definition of an eCQM as described above, but can be calculated electronically (e.g., registry, MDS, OASIS). • Select “Manual abstraction” if all data elements in the measure requires manual review of records, paper-based billing, or manual calculation (e.g., CAHPS). • Select “Combination” if two or more types of data sources are required to calculate the measure score. • For all other measures that rely on patient surveys (e.g., PRO-PMs), select the option that best describes the way the measure is calculated. For example, if a patient survey is collected electronically and does not require manual abstraction, select "Other digital method" or "eCQM" depending on where the data are collected. | |
| Measure Implementation | n/a | <i>If "Combination" is selected in this field, then "Combination measure: Methods of calculation" becomes a required field.</i> | n/a | <i>This is not a data entry field.</i> |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|---------------------------------------|--|---|
| Measure Implementation | 024 | *Method of Measure Calculation | <p>Select one. Select the method used to calculate measure scores for the version of the measure proposed in this submission form. Please review guidance before making selections:</p> <ul style="list-style-type: none"> • Select “Electronically Derived Administrative Data (Claims and/or Non-Claims)” if the measure can be calculated exclusively from administrative data submitted electronically for billing or other purposes. • Select “eCQM” if the measure is exclusively specified and formatted to use data from electronic health record (EHRs) and/or health | <input type="checkbox"/> Electronically Derived Administrative Data (Claims and/or Non-Claims) <input type="checkbox"/> eCQM <input type="checkbox"/> Other digital method <input type="checkbox"/> Manual abstraction <input type="checkbox"/> Combination |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|---|--|--|
| | | | <p>information technology systems, using the Quality Data Model (QDM) to define the data elements and Clinical Quality Language (CQL) to express measure logic.</p> <ul style="list-style-type: none"> • Select “Other digital method” if the measure does not meet the definition of an eCQM as described above, but can be calculated electronically (e.g., registry, MDS, OASIS). • Select “Manual abstraction” if all data elements in the measure requires manual review of records, paper-based billing, or manual calculation (e.g., CAHPS). • Select “Combination” if two or more types of data sources are required to calculate the measure score. For all other measures that rely on patient surveys (e.g., PRO-PMs), select the option that best describes the way the measure is calculated. For example, if a patient survey is collected electronically and does not require manual abstraction, select "Other digital method" or "eCQM" depending on where the data are collected. | |
| Measure Implementation | n/a | <i>If you select "Combination" in Row 024, then Row 025 becomes a required field; otherwise, skip to Row 026.</i> | n/a | <i>This is not a data entry field.</i> |

Change #24

Location: Page 11, Measure Implementation, Row 025

Reason for Change: Updated selection options.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|--|---|--|
| Measure Implementation | 025 | *Combination measure: Methods of calculation | Select all that apply. A minimum of two options must be selected. | <input type="checkbox"/> Electronically Derived Administrative Claims <input type="checkbox"/> eCQM <input type="checkbox"/> Other digital method <input type="checkbox"/> Manual abstraction |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|--|---|---|
| Measure Implementation | 025 | *Combination measure: Methods of calculation | Select all that apply. A minimum of two options must be selected. | <input type="checkbox"/> Electronically Derived Administrative Data (Claims and/or Non-Claims) <input type="checkbox"/> eCQM <input type="checkbox"/> Other digital method <input type="checkbox"/> Manual abstraction |

Change #25

Location: Page 12, Measure Implementation, Row 026

Reason for Change: Corrected typographical error in Guidance and updated selection options.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|---|--|--|
| Measure Implementation | 026 | *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. | <input type="checkbox"/> eCQM <input type="checkbox"/> Clinical Quality Measure (CQM) Registry <input type="checkbox"/> Claims <input type="checkbox"/> Web interface <input type="checkbox"/> Other (enter here): |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|---|--|---|
| Measure Implementation | 026 | *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. | <input type="checkbox"/> eCQM <input type="checkbox"/> Clinical Quality Measure (CQM) <input type="checkbox"/> Claims <input type="checkbox"/> Web interface <input type="checkbox"/> Other (enter here): |

Change #26

Location: Page 13, Burden

Reason for Change: Removed Burden for provider and evaluation site rows.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|---|--|--|
| Burden | 027 | *Burden for Provider: Was a provider workflow analysis conducted? | Select one. Select "Not applicable" if the measure imposes no burden on the provider (e.g., measures based on administrative data (non-claims), claims data, or a combination of both, OR if this is a Consumer Assessment of Healthcare Providers and Systems (CAHPS) measure). | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|---|--|
| n/a | n/a | If you select "Yes" in Row 027, then Rows 028 and 029 become required fields. If you select "No" in Row 027, then skip to Row 030. | n/a | This is not a data entry field. |
| Burden | 028 | * 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. Select "Not applicable" if the measure does not impose any burden on providers (e.g., CAHPS measures or measures based on administrative data (non-claims) or claims data). | Numeric field <input type="checkbox"/> Not applicable |

CY 2024 Final Rule text: N/A

Change #27

Location: Page 13, Burden, Row 027

Reason for Change: Updated row number, Guidance, and selection options.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|---|--|---|
| Burden | 029 | * Does the provider workflow have to be modified to collect additional data needed to report the measure? | Select one. If workflow modifications required moderate to significant additional data entry from a clinician or other provider to collect the data elements to report the measure because data are not routinely collected during clinical care or EHR interface changes were necessary, select "Yes." If workflow modifications required no, or limited, additional data entry from a clinician or other provider to collect the data elements to report the measure because data are routinely collected during the clinical care and no EHR interface changes were necessary, select "No." | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|---|--|--|
| Burden | 027 | *Did the provider workflow have to be modified to collect additional data needed to report the measure? | <p>Select one.</p> <p>Select "Yes" if workflow modifications impose moderate to significant additional data entry burden on a clinician or other provider to collect the data elements to report the measure because data are not routinely collected during clinical care, OR EHR interface changes were necessary.</p> <p>Select "No" if workflow modifications impose no or limited additional data entry burden on a clinician or other provider to collect the data elements to report the measure because data are routinely collected during the clinical care, AND no EHR interface changes were necessary.</p> <p>Select "Not applicable" if the measure imposes no data entry burden on the clinician or provider because:</p> <p>A) the measure is calculated by someone other than the clinician or provider AND uses data that are routinely generated (i.e., administrative data and claims), OR</p> <p>B) the data are collected by someone other than the clinician or provider (e.g., CAHPS), OR</p> <p>C) the measure repurposes existing data sets to calculate a measure score (e.g., HEDIS).</p> <p>Select "Unable to determine" if a workflow analysis was not completed and/or it cannot be determined whether the workflow modifications impose additional data entry burden to collect data needed to report the measure.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/> Unable to determine |

Change #28

Location: Page 14, Groups, Rows 028-031

Reason for Change: Relocated Groups section. Added and removed questions. Updated Guidance and skip logic.

CY 2023 Final Rule text:

GROUPS

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|--|---|
| n/a | 174 | * 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/ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "Yes" in Row 174, then Rows 175-177 become required fields. If you select "No" in Row 174, then skip to Row 178.</i> | n/a | <i>This is not a data entry field.</i> |
| n/a | 175 | * 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 | 176 | * 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | 177 | * 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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|---|---|
| Groups | 028 | * 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|--|---|
| | | | more information on eCQMs, see: https://www.emeasuretool.cms.gov/ | |
| Groups | n/a | <i>If you select "Yes" in Row 028, then Rows 029-031 become required fields. If you select "No" in Row 028, then skip to Row 032.</i> | n/a | <i>This is not a data entry field.</i> |
| Groups | 029 | * 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 |
| Groups | 030 | * 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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Groups | 031 | * Number of unique EHR vendors represented in testing dataset | Enter the number of unique EHR vendors represented in the dataset to demonstrate that measure data elements are valid and that the measure score can be accurately calculated across different systems (e.g., Epic, Cerner, etc.). | Numeric field |

Change #29

Location: Page 15-19, Measure Score Level (Accountable Entity Level) Testing, Row 032-045

Reason for Change: Relocated Measure Score Level (Accountable Entity Level) Testing rows. Removed and added new rows. Updated Guidance.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|---------------|--|---|
| Measure Score Level (Accountable Entity Level) Testing | 030 | * Reliability | Indicate whether reliability testing was conducted for the accountable entity-level measure scores. Acceptable reliability tests include signal-to-noise (or inter-unit reliability) or random | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|---|---|--|
| | | | <p>split-half correlation. For more information on accountable entity-level reliability testing, refer to the CMS Measures Management System Blueprint (https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/reliability) Select “Yes” if acceptable accountable entity-level reliability testing has been completed as of submission of this form.</p> <p>Select “No” if you are not able to provide the results of acceptable accountable entity-level reliability testing in this submission. If testing results are incomplete, or if you are submitting a different type of reliability testing, provide as an attachment.</p> <p>Note: This section refers to the reliability of the accountable entity-level measure scores in the final performance measure. For testing of surveys or patient reported tools, refer to the Patient-Reported Data section. Note: for MIPS-Quality 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.</p> | |
| Measure Score Level (Accountable Entity Level) Testing | 031 | *Reliability: Type of analysis | <p>Select all that apply.</p> <p>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).</p> <p>Random split-half correlation is the agreement between two measures of the same concept, using data derived from split samples drawn from the same entity at a single point in time.</p> | <input type="checkbox"/> Signal-to-Noise <input type="checkbox"/> Random Split-Half Correlation |
| n/a | n/a | If you select “Signal-to-Noise,” in Row 031, then Rows 032-035 become required fields. If you select, “Random Split-Half Correlation,” in Row 032, then Rows 036- | n/a | This is not a data entry field. |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|---|---|---|
| | | <i>039 become required fields.</i> | | |
| Measure Score Level (Accountable Entity Level) Testing | 032 | *Signal-to-Noise: Level of Analysis | Select the level of analysis at which the signal-to-noise analysis was conducted. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form. For MIPS-Quality 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. | <input type="checkbox"/> Accountable Care Organization <input type="checkbox"/> Clinician – Individual only <input type="checkbox"/> Clinician – Group only <input type="checkbox"/> Facility <input type="checkbox"/> Health plan <input type="checkbox"/> Integrated Delivery System <input type="checkbox"/> Population: Community, County or City <input type="checkbox"/> Population: Regional and State |
| Measure Score Level (Accountable Entity Level) Testing | 033 | *Signal-to-Noise: Sample size | Indicate the number of accountable entities sampled to test the final performance measure. Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample. | <i>Numeric field</i> |
| Measure Score Level (Accountable Entity Level) Testing | 034 | *Signal-to-Noise: Median 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.). | <i>Numeric field</i> |
| Measure Score Level (Accountable Entity Level) Testing | 035 | *Signal-to-Noise: Interpretation of results | Describe the type of statistic and interpretation of the results (e.g., low, moderate, high). Provide the distribution of signal-to-noise results across measured entities (e.g., min, max, percentiles). 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). | <i>ADD YOUR CONTENT HERE</i> |
| Measure Score Level (Accountable Entity Level) Testing | 036 | *Random Split-Half Correlation: Level of Analysis | Select the level of analysis at which the random split-half analysis was conducted. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form. For MIPS-Quality submissions, you must report the results of individual clinician-level testing. If group-level testing is | <input type="checkbox"/> Accountable Care Organization <input type="checkbox"/> Clinician – Individual only <input type="checkbox"/> Clinician – Group only <input type="checkbox"/> Facility <input type="checkbox"/> Health plan <input type="checkbox"/> Integrated Delivery System <input type="checkbox"/> Population: Community, County or City <input type="checkbox"/> Population: Regional and State <input type="checkbox"/> Count <input type="checkbox"/> Frequency Distribution |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---|-----|---|--|---|
| | | | available, you may submit those results as an attachment. | <input type="checkbox"/> Non-weighted score/composite/scale <input type="checkbox"/> Rate <input type="checkbox"/> Weighted score/composite/scale |
| Measure Score Level (Accountability Entity Level) Testing | 037 | *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. Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample. | <i>Numeric field</i> |
| Measure Score Level (Accountability Entity Level) Testing | 038 | *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.). | <i>Numeric field</i> |
| Measure Score Level (Accountability Entity Level) Testing | 039 | *Random Split-Half Correlation: Interpretation of results | Describe the type of statistic and 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). | <i>ADD YOUR CONTENT HERE</i> |
| Measure Score Level (Accountability Entity Level) Testing | 040 | *Empiric Validity | <p>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://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/validity)</p> <p>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.</p> <p>Note: for MIPS-Quality submissions, please provide individual clinician-level results. If the measure was also tested</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---|-----|--|--|--|
| | | | at the clinician group level, you may include those results in an attachment. | |
| n/a | n/a | <i>If you select "Yes," in Row 040, then Rows 041-046 become required fields. If you select "No" in Row 040, then skip to Row 047.</i> | n/a | <i>This is not a data entry field.</i> |
| Measure Score Level (Accountability Entity Level) Testing | 041 | * 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 (Accountable Entity Level) Testing | 042 | * Empiric Validity: Level of Analysis | Select the level of analysis at which the empiric validity analysis was conducted. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form. For MIPS-Quality 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. | <input type="checkbox"/> Accountable Care Organization <input type="checkbox"/> Clinician – Individual only <input type="checkbox"/> Clinician – Group only <input type="checkbox"/> Facility <input type="checkbox"/> Health plan <input type="checkbox"/> Integrated Delivery System <input type="checkbox"/> Population: Community, County or City <input type="checkbox"/> Population: Regional and State |
| Measure Score Level (Accountability Entity Level) Testing | 043 | * Empiric Validity: Sample size | Indicate the number of accountable entities sampled to test the final performance measure. Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample. | ADD YOUR CONTENT HERE |
| Measure Score Level (Accountability Entity Level) Testing | 044 | * 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. | <i>Numeric field</i> |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---|-----|---|---|-----------------------|
| Measure Score Level (Accountability Entity Level) Testing | 045 | *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 |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|---|--|--|
| Measure Score Level (Accountable Entity Level) Testing | 032 | *Reliability | <p>Indicate whether reliability testing was conducted for the accountable entity-level measure scores. Acceptable reliability tests include signal-to-noise (or inter-unit reliability) or random split-half correlation. For more information on accountable entity-level reliability testing, refer to the Blueprint content on the CMS Measures Management System (MMS) Hub (https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/reliability).</p> <p>Select “Yes” if acceptable accountable entity-level reliability testing has been completed as of submission of this form.</p> <p>Select “No” if you are not able to provide the results of acceptable accountable entity-level reliability testing in this submission. If testing results are incomplete, or if you are submitting a different type of reliability testing, provide as an attachment.</p> <p>Note: This section refers to the reliability of the accountable entity-level measure scores in the final performance measure. For testing of surveys or patient reported tools, refer to the Patient-Reported Data section.</p> <p>Note: for MIPS-Quality 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.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select “Yes” in Row 032, then Row 33 becomes a required field. If you select “No” in Row 032, then skip to Row 042.</i> | n/a | <i>This is not a data entry field.</i> |
| Measure Score Level (Accountable Entity Level) Testing | 033 | *Reliability: Type of analysis | <p>Select all that apply.</p> <p>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.</p> | <input type="checkbox"/> Signal-to-Noise <input type="checkbox"/> Random Split-Half Correlation |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|---|---|---|
| | | | http://www.rand.org/pubs/technical_reports/TR653.html . Random split-half correlation is the agreement between two measures of the same concept, using data derived from split samples drawn from the same entity at a single point in time. | |
| n/a | n/a | <i>If you select "Signal-to-Noise" in Row 033, then Rows 034-037 become required fields. If you select, "Random Split-Half Correlation" in Row 033, then Rows 038-041 become required fields.</i> | n/a | <i>This is not a data entry field.</i> |
| Measure Score Level (Accountable Entity Level) Testing | 034 | *Signal-to-Noise: Level of Analysis | Select the level of analysis at which the signal-to-noise analysis was conducted. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form. For MIPS-Quality 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. | <input type="checkbox"/> Accountable Care Organization <input type="checkbox"/> Clinician – Group <input type="checkbox"/> Clinician – Individual <input type="checkbox"/> Facility <input type="checkbox"/> Health plan <input type="checkbox"/> Integrated Delivery System <input type="checkbox"/> Medicaid program (e.g., Health Home or 1115) <input type="checkbox"/> Population: Community, County or City <input type="checkbox"/> Population: Regional and State |
| Measure Score Level (Accountable Entity Level) Testing | 035 | *Signal-to-Noise: Sample size | Indicate the number of accountable entities sampled to test the final performance measure. Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample. | Numeric field |
| Measure Score Level (Accountable Entity Level) Testing | 036 | *Signal-to-Noise: Median 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 | 037 | *Signal-to-Noise: Interpretation of results | Describe the type of statistic and interpretation of the results (e.g., low, moderate, high). Provide the distribution of signal-to-noise results across measured entities (e.g., min, max, percentiles). List accepted thresholds referenced and provide a | Free text field |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---|-----|---|---|---|
| | | | 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). | |
| Measure Score Level (Accountable Entity Level) Testing | 038 | *Random Split-Half Correlation: Level of Analysis | Select the level of analysis at which the random split-half analysis was conducted. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form. For MIPS-Quality 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. | <input type="checkbox"/> Accountable Care Organization <input type="checkbox"/> Clinician – Group <input type="checkbox"/> Clinician – Individual <input type="checkbox"/> Facility <input type="checkbox"/> Health plan <input type="checkbox"/> Integrated Delivery System <input type="checkbox"/> Medicaid program (e.g., Health Home or 1115) <input type="checkbox"/> Population: Community, County or City <input type="checkbox"/> Population: Regional and State |
| Measure Score Level (Accountability Entity Level) Testing | 039 | *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. Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample. | Numeric field |
| Measure Score Level (Accountability Entity Level) Testing | 040 | *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 | 041 | *Random Split-Half Correlation: Interpretation of results | Describe the type of statistic and 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). | Free text field |
| Measure Score Level (Accountability Entity Level) Testing | 042 | *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 Blueprint content on the CMS MMS Hub (https://mmshub.cms.gov/measure- | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---|-----|---|--|--|
| | | | <p>lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/validity</p> <p>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.</p> <p>Note: for MIPS-Quality 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.</p> | |
| n/a | n/a | <p>If you select "Yes" in Row 042, then Rows 043-046 become required fields. If you select "No" in Row 042, then skip to Row 047.</p> | n/a | This is not a data entry field. |
| Measure Score Level (Accountable Entity Level) Testing | 043 | <p>* Empiric Validity: Level of Analysis</p> | <p>Select the level of analysis at which the empiric validity analysis was conducted. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form.</p> <p>For MIPS-Quality 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.</p> | <p><input type="checkbox"/> Accountable Care Organization</p> <p><input type="checkbox"/> Clinician – Group</p> <p><input type="checkbox"/> Clinician – Individual</p> <p><input type="checkbox"/> Facility</p> <p><input type="checkbox"/> Health plan</p> <p><input type="checkbox"/> Integrated Delivery System</p> <p><input type="checkbox"/> Medicaid program (e.g., Health Home or 1115)</p> <p><input type="checkbox"/> Population: Community, County or City</p> <p><input type="checkbox"/> Population: Regional and State</p> |
| Measure Score Level (Accountability Entity Level) Testing | 044 | <p>* Empiric Validity: Sample size</p> | <p>Indicate the number of accountable entities sampled to test the final performance measure. Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample.</p> | Numeric field |
| Measure Score Level (Accountability Entity Level) Testing | 045 | <p>* Empiric Validity: Methods and findings</p> | <p>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 results and the strongest and weakest results across analyses. If applicable, include the precision of the statistical result(s) (e.g., 95%</p> | Free text field |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|-------------|---|-----------------------|
| | | | confidence interval) and/or an assessment of statistical significance (e.g., p-value). If methods and results require more space, include as an attachment. | |

Change #30

Location: Page 19, Measure Score Level (Accountable Entity Level Testing), Row 047

Reason for Change: Updated Guidance and skip logic.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|---|---|---|
| Measure Score Level (Accountable Entity Level) Testing | 047 | *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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "Yes" in Row 047, then Rows 048-051 become required fields. If you select "No" in Row 047, then skip to Row 052.</i> | n/a | <i>This is not a data entry field.</i> |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|---|---|---|
| Measure Score Level (Accountable Entity Level) Testing | 047 | *Face validity | <p>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.</p> <p>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.</p> <p>This item is intended to assess whether face validity testing was conducted on the final performance measure and is not intended to assess whether patient-reported surveys or tools have face validity. Survey item testing results can be provided in an attachment and described in the Patient-Reported Data Section.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select “Yes” in Row 047, then Rows 048-050 become required fields. If you select “No” in Row 047, then skip to Row 051.</i> | n/a | <i>This is not a data entry field.</i> |

Change #31

Location: Page 20, Measure Score Level (Accountable Entity Level Testing)

Reason for Change: Removed Face Validity: Level of Analysis row

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|-----------------------------------|---|--|
| Measure Score Level (Accountable Entity Level) Testing | 048 | *Face Validity: Level of Analysis | <p>Select the level of analysis for which experts voted on face validity. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form.</p> <p>For MIPS-Quality 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.</p> | <input type="checkbox"/> Accountable Care Organization <input type="checkbox"/> Clinician – Individual only <input type="checkbox"/> Clinician – Group only <input type="checkbox"/> Facility <input type="checkbox"/> Health plan <input type="checkbox"/> Integrated Delivery System <input type="checkbox"/> Population: Community, County or City <input type="checkbox"/> Population: Regional and State |

CY 2024 Final Rule text: N/A

Change #32**Location:** Page 20, Measure Score Level (Accountable Entity Level) Testing, Row 048**Reason for Change:** Updated row number and Field Label.**CY 2023 Final Rule text:**

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|--|---|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 049 | *Face validity: Number of voting experts and patients/caregivers | Indicate the number of experts and patients/caregivers who voted on face validity (specifically, whether the measure could differentiate good from poor quality care among accountable entities). | <i>Numeric field</i> |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|--|---|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 048 | *Face validity: Total number of voting experts and patients/caregivers | Indicate the number of experts and patients/caregivers who voted on face validity (specifically, whether the measure could differentiate good from poor quality care among accountable entities). | Numeric field |

Change #33**Location:** Page 20, Measure Score Level (Accountable Entity Level) Testing, Row 049**Reason for Change:** Updated row number and Field Label.**CY 2023 Final Rule text:**

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|------------------------|--|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 050 | *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. | <i>Numeric field</i> |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|-----------------------------------|---|-----------------------|
| Measure Score Level | 049 | *Face validity: Number of experts | Indicate the number of experts and patients/caregivers who voted in | Numeric field |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------------------|-----|--|--|-----------------------|
| (Accountable Entity Level) Testing | | and patients/caregivers who voted in agreement | 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. | |

Change #34

Location: Page 20, Measure Score Level (Accountable Entity Level) Testing, Row 050

Reason for Change: Updated row number.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|-------------------------------|---|------------------------|
| Measure Score Level (Accountable Entity Level) Testing | 051 | Face validity: Interpretation | Briefly explain the interpretation of the result, including any disagreement with the face validity of the performance measure. | <i>Free text field</i> |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|-------------------------------|---|-----------------------|
| Measure Score Level (Accountable Entity Level) Testing | 050 | Face validity: Interpretation | Briefly explain the interpretation of the result, including any disagreement with the face validity of the performance measure. | Free text field |

Change #35

Location: Page 21, Patient/Encounter Level (Data Element Level) Testing, Row 051

Reason for Change: Updated row number, Guidance, selection options, and skip logic.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|--|--|---|
| Patient/Encounter Level (Data Element Level) Testing | 052 | *Patient/Encounter Level Testing | <p>Indicate whether patient/encounter level testing of the individual data elements in the final performance measure was conducted (i.e., measure of agreement such as kappa or correlation coefficient). Prior studies of the same data elements may be submitted.</p> <ul style="list-style-type: none"> • Select “Yes” if data element agreement was assessed at the individual data element level or denominator and numerator level as of submission of this form. • Select “No” if you are not able to provide the results of data element agreement in this submission. If you are submitting preliminary testing results or a different type of data element testing, provide as an attachment. • Select “No” and skip to the Patient-Reported Data section if data element testing was only conducted for a survey or patient reported tool (e.g., internal consistency) rather than data element agreement for the final performance measure. <p>Note: This section includes tests of both data element reliability and validity.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select “Yes” in Row 052, then Rows 053-059 become required fields. If you select “No” in Row 052 then skip to Row 060.</i> | n/a | <i>This is not a data entry field.</i> |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|----------------------------------|---|--|
| Patient/Encounter Level (Data Element Level) Testing | 051 | *Patient/Encounter Level Testing | <p>Indicate whether patient/encounter level testing of the individual data elements in the final performance measure was conducted (i.e., measure of agreement such as kappa or correlation coefficient). Prior studies of the same data elements may be submitted.</p> <ul style="list-style-type: none"> • Select “Yes” if data element agreement was assessed at the individual data element level as of submission of this form. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|---|--|--|
| | | | <ul style="list-style-type: none"> • Select “No” if you are not able to provide the results of data element agreement in this submission. If you are submitting preliminary testing results or a different type of data element testing, provide as an attachment. • Select “No” and skip to the Patient-Reported Data section if data element testing was only conducted for a survey or patient reported tool (e.g., internal consistency) rather than data element agreement for the final performance measure. • Select “Not applicable” if the measure relies entirely on administrative data. <p>Note: This section includes tests of both data element reliability and validity.</p> | |
| n/a | n/a | <i>If you select “Yes” in Row 051, then Rows 052-056 become required fields. If you select “No” or “Not applicable” in Row 051, then skip to Row 057.</i> | n/a | <i>This is not a data entry field.</i> |

Change #36

Location: Page 22, Patient/Encounter Level (Data Element Level) Testing, Row 052

Reason for Change: Updated row number and Guidance.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|-------------------|--|--|
| Patient/Encounter Level (Data Element Level) Testing | 053 | *Type of Analysis | <p>Select all that apply. For more information on patient/encounter level testing, refer to the CMS Measures Management System Blueprint (https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/reliability)</p> <p>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.</p> | <input type="checkbox"/> Agreement between two manual reviewers <input type="checkbox"/> Agreement between eQCM and manual reviewer <input type="checkbox"/> Agreement between other gold standard and manual reviewer |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|-------------------|--|--|
| Patient/Encounter Level (Data Element Level) Testing | 052 | *Type of Analysis | <p>Select all that apply. For more information on patient/encounter level testing, refer to the Blueprint content on the CMS MMS Hub (https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/reliability)</p> <p>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.</p> | <input type="checkbox"/> Agreement between two manual reviewers <input type="checkbox"/> Agreement between eQCM and manual reviewer <input type="checkbox"/> Agreement between other gold standard and manual reviewer |

Change #37

Location: Page 22, Patient/Encounter Level (Data Element Level) Testing, Row 053

Reason for Change: Updated row number.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|--------------|---|-----------------------|
| Patient/Encounter Level (Data Element Level) Testing | 054 | *Sample Size | Indicate the number of patients/encounters sampled. | <i>Numeric field</i> |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|--------------|---|-----------------------|
| Patient/Encounter Level (Data Element Level) Testing | 053 | *Sample Size | Indicate the number of patients/encounters sampled. | Numeric field |

Change #38

Location: Page 22, Patient/Encounter Level (Data Element Level) Testing, Row 054

Reason for Change: Updated row number and Guidance.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|-----------------|--|--|
| Patient/Encounter Level (Data Element Level) Testing | 055 | *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. | <input type="checkbox"/> Percent agreement <input type="checkbox"/> Kappa <input type="checkbox"/> Correlation coefficient <input type="checkbox"/> Sensitivity <input type="checkbox"/> Positive Predictive Value |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|-----------------|---|--|
| Patient/Encounter Level (Data Element Level) Testing | 054 | *Statistic Name | Select one. 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. Other statistics and results should be provided in the "Interpretation of results" field or provided as an attachment. | <input type="checkbox"/> Percent agreement <input type="checkbox"/> Kappa <input type="checkbox"/> Correlation coefficient <input type="checkbox"/> Sensitivity <input type="checkbox"/> Positive Predictive Value |

Change #39

Location: Page 23, Patient/Encounter Level (Data Element Level) Testing, Row 055

Reason for Change: Updated row number and Guidance.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|--|---|-----------------------|
| Patient/Encounter Level (Data Element Level) Testing | 056 | *Statistical Results: Individual Data Element | <p>Indicate the single lowest critical data element result of the statistic selected above. This field is intended to capture the least reliable or valid data element included in the measure. Information about all critical data elements should be provided in the "Interpretation of results" field.</p> <p>If providing Kappa or a correlation coefficient, results should be between -1 and 1. If providing percent agreement, sensitivity, or positive predictive value, results should be between 0% and 100%</p> <p>If not tested at the individual data element level, enter 9999.</p> | <i>Numeric field</i> |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|--|---|-----------------------|
| Patient/Encounter Level (Data Element Level) Testing | 055 | *Statistical Results: Individual Data Element | <p>Indicate the single lowest critical data element result of the statistic selected above. This field is intended to capture the least reliable or least valid data element included in the measure. Information about all critical data elements should be provided in the "Interpretation of results" field.</p> <p>If providing kappa or a correlation coefficient, results should be between -1 and 1.</p> <p>If providing percent agreement, sensitivity, or positive predictive value, results should be between 0% and 100%. The percent value should be entered as a whole number; for example, 70% would be entered as 70 and NOT 0.7.</p> <p>If not tested at the individual data element level, enter 9999.</p> | Numeric field |

Change #40

Location: Page 23, Patient/Encounter Level (Data Element Level) Testing

Reason for Change: Removed Statistical Results: Overall Denominator and Overall Numerator rows.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|---|---|-----------------------|
| Patient/Encounter Level (Data Element Level) Testing | 057 | *Statistical Results: Overall Denominator | After applying denominator exclusions, indicate the result for the overall denominator of the statistic selected above. If not tested at the denominator level, enter 9999. | <i>Numeric field</i> |
| Patient/Encounter Level (Data Element Level) Testing | 058 | *Statistical Results: Overall Numerator | Indicate the result for the overall numerator of the statistic selected above. If not tested at the numerator level, enter 9999. | <i>Numeric field</i> |

CY 2024 Final Rule text: N/A

Change #41

Location: Page 23, Patient/Encounter Level (Data Element Level) Testing, Row 056

Reason for Change: Update row number and Guidance.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|----------------------------|--|------------------------------|
| Patient/Encounter Level (Data Element Level) Testing | 059 | *Interpretation of results | <p>Briefly describe the interpretation of results. Include a list of all data elements tested including their frequency, statistical results, and 95% confidence intervals, as applicable. Include 95% confidence intervals for the overall denominator and numerator results, as applicable. Provide results broken down by test site to demonstrate whether reliability/validity varied between sites, if available. If more room is needed and testing results are included in an attachment (e.g., feasibility scorecard), provide the name of the attachment and location in the attachment.</p> <p>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.</p> | <i>ADD YOUR CONTENT HERE</i> |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--|-----|----------------------------|--|-----------------------|
| Patient/Encounter Level (Data Element Level) Testing | 056 | *Interpretation of results | <p>Briefly describe the interpretation of results. Include a list of all data elements tested including their frequency, statistical results, and 95% confidence intervals, as applicable. Include 95% confidence intervals for the overall denominator and numerator results, as applicable. Provide results broken down by test site to demonstrate whether reliability/validity varied between sites, if available. If more room is needed and testing results are included in an attachment, provide the name of the attachment and location in the attachment.</p> <p>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.</p> | Free text field |

Change #42

Location: Page 24-27, Patient-Reported Data and Measure Performance, Row 057-069

Reason for Change: Relocated Patient Reported Data and Measure Performance rows. Removed and added new rows. Updated Guidance.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-----------------------|-----|--|---|---|
| Patient-Reported Data | 060 | *Does the performance measure use survey or patient-reported data? | Indicate whether the performance measure utilizes data from structured surveys or patient-reported tools. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "Yes" in Row 060, then Row 061 becomes a required field. If you select "No" in Row 060, then skip to Row 062.</i> | n/a | <i>This is not a data entry field.</i> |
| Patient-Reported Data | 061 | *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) are being used as originally specified and tested or if modifications are required. If available | ADD YOUR CONTENT HERE |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-----------------------|-----|---|---|--|
| | | | <p>provide each survey or tool as a link or attachment.</p> <p>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.</p> <p>Indicate whether any of the surveys or tools is proprietary requiring licenses or fees for use.</p> | |
| Patient-Reported Data | 062 | *Survey level testing | <p>Indicate whether each patient survey or patient-reported outcome tool has been validated by a peer reviewed study or empirical testing. For a list of acceptable types of testing, please refer to the latest CMS Blueprint version (https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/reliability).</p> <p>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.</p> <p>Select “No” if any of the surveys or tools included in the measure have not been validated.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select “Yes” in Row 062, then Rows 063-064 become required fields. If you select “No” in Row 062, then skip to Row 065.</i> | n/a | <i>This is not a data entry field.</i> |
| Patient-Reported Data | 063 | *Type of testing analysis | Select all that apply. | <input type="checkbox"/> Internal Consistency <input type="checkbox"/> Construct Validity <input type="checkbox"/> Other (enter here): |
| Patient-Reported Data | 064 | *Testing methodology and results | <p>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</p> | ADD YOUR CONTENT HERE |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|-------------|---|-----------------------|
| | | | statistical results and briefly describe the interpretation of results. | |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|--|--|--|
| Measure Performance | 065 | *Measure performance - type of score | Select one | <input type="checkbox"/> Proportion <input type="checkbox"/> Ratio <input type="checkbox"/> Categorical (e.g., yes/no) <input type="checkbox"/> Continuous variable (e.g., average) <input type="checkbox"/> Other (enter here:) |
| Measure Performance | 066 | *Measure performance score interpretation | Select one | <input type="checkbox"/> Better quality = Higher score <input type="checkbox"/> Better quality = Lower score <input type="checkbox"/> Better quality = Score within a defined interval <input type="checkbox"/> Passing score above a specified threshold defines better quality <input type="checkbox"/> Passing score below a specified threshold defines better quality |
| n/a | n/a | <i>If you select "Better quality = Higher score" or "Better quality = Lower score" in row 066, then rows 070-079 become required fields. If you select "Better quality = Score within a defined interval" in this field, then 068-079 become required fields. If you select "Passing score above a specified threshold defines better quality" or "Passing score below a specified threshold defines better quality" in this field, then 067 and 070-079 become required fields.</i> | n/a | <i>This is not a data entry field</i> |
| Measure Performance | 067 | *Passing score | Provide the value that indicates the passing score for the performance measure. Please enter only one value in the response field and do not enter a range of values. If unknown or not available, enter 9999. | <i>Numeric field</i> |
| Measure Performance | 068 | *Lower limit of defined interval | Provide the lower limit for the performance score's defined interval. | <i>Numeric field</i> |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|--|---|------------------------------|
| | | | <p>For example, if the defined interval is 60 - 120 minutes, enter the lower limit of 60 here.</p> <p>Please enter only one value in the response field and do not enter a range of values.</p> <p>If unknown or not available, enter 9999.</p> | |
| Measure Performance | 069 | *Upper limit of defined interval | <p>Provide the upper limit for the performance score's defined interval.</p> <p>For example, if the defined interval is 60 – 120 minutes, enter the upper limit of 120 here.</p> <p>Please enter only one value in the response field and do not enter a range of values.</p> <p>If unknown or not available, enter 9999.</p> | <i>Numeric field</i> |
| Measure Performance | 070 | *Number of accountable entities included in analysis | <p>Provide the number of accountable entities included in the analysis of the distribution of performance scores described in "Overall mean performance score" -"Overall standard deviation of performance scores."</p> <p>Please enter a single value and do not enter a range.</p> <p>If unknown or not available, enter 9999.</p> | <i>Numeric field</i> |
| Measure Performance | 071 | *Number of accountable entities: unit | <p>Provide the unit of accountable entities included in the analysis of the distribution of performance scores described in "Overall mean performance score" -"Overall standard deviation of performance scores."</p> | <i>ADD YOUR CONTENT HERE</i> |
| Measure Performance | 072 | *Overall mean performance score | <p>Provide the mean performance score across accountable entities in the test sample that is relevant to the intended use of the measure.</p> <p>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.</p> <p>Please enter only one value in the response field and do not enter a range of values.</p> <p>If this is a proportion measure, provide the mean performance score in percentage form, without the symbol. For example, if the mean performance</p> | <i>Numeric field</i> |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|----------------------------|---|-----------------------|
| | | | <p>score is 97.9%, enter 97.9 and not 0.979.</p> <p>If a mean performance score is not available, enter 9999.</p> | |
| Measure Performance | 073 | *50th percentile (median) | <p>Provide the median performance score (50th percentile) for the testing sample that is relevant to the intended use of the measure.</p> <p>Please enter only one value in the response field and do not enter a range of values.</p> <p>If this is a proportion measure, provide the median performance score in percentage form, without the symbol. For example, if the median performance score is 85.6%, enter 85.6 and not 0.856.</p> <p>If a median performance score is not available, enter 9999.</p> | <i>Numeric field</i> |
| Measure Performance | 074 | *Minimum performance score | <p>Provide the minimum performance score for the testing sample that is relevant to the intended use of the measure.</p> <p>If this is a proportion measure, provide the minimum performance score in percentage form, without the symbol. For example, if the minimum performance score is 85.6%, enter 85.6 and not 0.856.</p> <p>If a minimum performance score is not available, enter 9999.</p> | <i>Numeric field</i> |
| Measure Performance | 075 | 10th percentile | <p>Provide the performance score at the 10th percentile for the testing sample that is relevant to the intended use of the measure.</p> <p>If this is a proportion measure, provide the 10th percentile score in percentage form, without the symbol. For example, if the 10th percentile performance score is 21.2%, enter 21.2 and not 0.212.</p> <p>If a 10th percentile performance score is not available, enter 9999.</p> | <i>Numeric field</i> |
| Measure Performance | 076 | 90th percentile | <p>Provide the performance score at the 90th percentile for the testing sample that is relevant to the intended use of the measure.</p> | <i>Numeric field</i> |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|--|--|---|
| | | | <p>If this is a proportion measure, provide the 90th percentile score in percentage form, without the symbol. For example, if the 90th percentile performance score is 85.6%, enter 85.6 and not 0.856.</p> <p>If a 90th percentile performance score is not available, enter 9999.</p> | |
| Measure Performance | 077 | *Maximum performance score | <p>Provide the maximum performance score for the testing sample that is relevant to the intended use of the measure.</p> <p>If this is a proportion measure, provide the maximum performance score in percentage form, without the symbol. For example, if the maximum performance score is 85.6%, enter 85.6 and not 0.856.</p> <p>If a maximum performance score is not available, enter 9999.</p> | <i>Numeric field</i> |
| Measure Performance | 078 | *Overall standard deviation of performance scores | <p>Provide the standard deviation of performance scores for the testing sample that is relevant to the intended use of the measure.</p> | <i>Numeric field</i> |
| Measure Performance | 079 | *Is there evidence for statistically significant gaps in measure score performance among select subpopulations of interest defined by one or more social risk factors? | <p>Select one. Social risk factors may include age, race, ethnicity, linguistic and cultural context, sex, gender, sexual orientation, social relationships, residential and community environments, Medicare/Medicaid dual eligibility, insurance status (insured/uninsured), urbanicity/rurality, disability, and health literacy.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not tested |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-----------------------|-----|---|--|---|
| Patient-Reported Data | 057 | *Does the performance measure use survey or patient-reported data? | <p>Indicate whether the performance measure utilizes data from structured surveys or patient-reported tools.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "Yes" in Row 057, then Rows 058 and 059 become required fields. If you select "No" in Row 057, then skip to Row 060.</i> | <i>n/a</i> | <i>This is not a data entry field.</i> |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-----------------------|-----|--|---|---|
| Patient-Reported Data | 058 | *Survey level testing methodology and results | <p>List each survey or patient-reported outcome tool accepted by the performance measure. 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.</p> <p>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.</p> <p>Indicate whether any of the surveys or tools is proprietary requiring licenses or fees for use.</p> <p>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.</p> | Free text field |
| Patient-Reported Data | 059 | *Spanish development of the survey instrument. | Select all that apply. Survey instruments are expected to be developed in Spanish, in addition to English. | <input type="checkbox"/> Survey instrument was developed in Spanish and validated <input type="checkbox"/> Survey instrument was developed in Spanish but not yet validated <input type="checkbox"/> Working on Spanish version of survey instrument <input type="checkbox"/> There are no plans to develop a Spanish version of survey instrument |
| Measure Performance | 060 | *Measure performance - type of score | Select one. Measure performance score type should be at the level of accountable entity. | <input type="checkbox"/> Categorical (e.g., measured entity scores yes/no, pass/fail, or rating scale/score) <input type="checkbox"/> Composite scale/non-weighted score <input type="checkbox"/> Composite scale/weighted score <input type="checkbox"/> Continuous variable (e.g., average) <input type="checkbox"/> Count <input type="checkbox"/> Frequency Distribution <input type="checkbox"/> Proportion <input type="checkbox"/> Rate <input type="checkbox"/> Ratio |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|---|--|--|
| Measure Performance | 061 | * Measure performance score interpretation | Select one | <input type="checkbox"/> Better quality = Higher score <input type="checkbox"/> Better quality = Lower score <input type="checkbox"/> Better quality = Score within a defined interval <input type="checkbox"/> Passing score above a specified threshold defines better quality <input type="checkbox"/> Passing score below a specified threshold defines better quality |
| Measure Performance | 062 | * Number of accountable entities included in analysis | Provide the number of accountable entities included in the analysis of the distribution of performance scores. Please enter a single value and do not enter a range. If unknown or not available, enter 9999. | Numeric field |
| Measure Performance | 063 | * Number of accountable entities: unit | Provide the unit of accountable entities included in the analysis of the distribution of performance scores. | Free text field |
| Measure Performance | 064 | * Number of persons | Provide the number of persons included in the analysis of the distribution of performance scores | Numeric field |
| Measure Performance | 065 | * 10th percentile | Provide the performance score at the 10th percentile for the testing sample that is relevant to the intended use of the measure. If this is a proportion measure, provide the 10th percentile score in percentage form, without the symbol. For example, if the 10th percentile performance score is 21.2%, enter 21.2 and not 0.212. If a 10th percentile performance score is not available, enter 9999. | Numeric field |
| Measure Performance | 066 | * 50th percentile (median) | Provide the median performance score (50th percentile) for the testing sample that is relevant to the intended use of the measure. Please enter only one value in the response field and do not enter a range of values. If this is a proportion measure, provide the median performance score in percentage form, without the symbol. For example, if the median performance score is 85.6%, enter 85.6 and not 0.856. If a median performance score is not available, enter 9999. | Numeric field |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|---|---|--|
| Measure Performance | 067 | *90th percentile | <p>Provide the performance score at the 90th percentile for the testing sample that is relevant to the intended use of the measure.</p> <p>If this is a proportion measure, provide the 90th percentile score in percentage form, without the symbol. For example, if the 90th percentile performance score is 85.6%, enter 85.6 and not 0.856.</p> <p>If a 90th percentile performance score is not available, enter 9999.</p> | Numeric field |
| Measure Performance | 068 | * Additional measure performance information | <p>Provide the following additional measure performance information, <u>as applicable</u>:</p> <ul style="list-style-type: none"> - Mean performance score across accountable entities in the test sample that is relevant to the intended use of the measure. - Minimum and maximum performance score for the testing sample that is relevant to the intended use of the measure. - Standard deviation of performance scores for the testing sample that is relevant to the intended use of the measure. - Passing score for the performance measure. - Performance score's defined interval, including upper and lower limit of the performance score. | Free text field |
| Measure Performance | 069 | * Is there evidence for statistically significant gaps in measure score performance among select subpopulations of interest defined by one or more social risk factors? | Select one. Social risk factors may include age, race, ethnicity, linguistic and cultural context, sex, gender, sexual orientation, social relationships, residential and community environments, Medicare/Medicaid dual eligibility, insurance status (insured/uninsured), urbanicity/rurality, disability, and health literacy. | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not tested |

Change #43

Location: Page 28, Importance, Row 070-072

Reason for Change: Relocated Importance rows. Removed and added new rows. Updated Guidance.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|---|---|
| Importance | 080 | *Meaningful to Patients. Was input on the final performance measure collected from patients and/or caregivers? | Select one. Input from patients and/or caregivers can include any of the following: <ul style="list-style-type: none"> • Patients • Primary caregivers • Family • Other relatives | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Importance | 081 | *Denominator: Total number of patients and/or caregivers who responded to the question asking whether information from the measure (e.g., the measured outcome or process) is important to know about AND can help improve care for patients in similar situations or with similar conditions. | Indicate the total number of patients/caregivers who responded. | <i>Numeric field</i> |
| Importance | 082 | *Numerator: Total number of patients and/or caregivers who agreed that information from the measure (e.g., the measured outcome or process) is important to know about AND can help improve care for patients in similar situations or with similar conditions. | Indicate the total number of patients/caregivers who agreed. | <i>Numeric field</i> |
| Importance | 083 | *Were the measured entities (or others) consulted on the final performance measure to assess whether the measure is easy to understand AND is useful for decision-making? | Select one. The assessment of whether the measure is easy to understand AND useful for decision-making may be obtained from measured entities, or others such as consumers, purchasers, policy makers, etc., using any of the following methods: <ul style="list-style-type: none"> • Focus groups • Structured interviews • Surveys of potential users Notes: <ul style="list-style-type: none"> • This is separate from face validity testing of the performance measure. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|--|---------------------------------|
| | | | <ul style="list-style-type: none"> The desired threshold is 60% or greater of measured entities (or others) who respond in agreement that the information produced by the performance measure is easy to understand AND useful for decision-making. | |
| n/a | n/a | <p>If you select "Yes" in Row 083, then Rows 084-085 become required fields. If you select "No" in Row 083, then skip to Row 086.</p> | n/a | This is not a data entry field. |
| Importance | 084 | <p>*Denominator: Total number of measured entities (or others) who responded when asked if information produced by the performance measure is easy to understand AND useful for decision-making</p> | <p>Enter the total number of measured entities (or others) who responded when asked if information produced by the performance measure is easy to understand AND useful for decision-making.</p> <p>Notes:</p> <ul style="list-style-type: none"> This is separate from any face validity testing. The assessment of understandability and decision-making utility of the measure may be obtained from measured entities, or others such as consumers, purchasers, policy makers, etc. The desired threshold is 60% or greater of measured entities (or others) who respond in agreement that the information produced by the performance measure is easy to understand AND useful for decision-making. | Numeric field |
| Importance | 085 | <p>*Numerator: Total number of measured entities (or others) who agreed that information produced by the performance measure is easy to understand AND useful for decision-making</p> | <p>Enter the total number of measured entities (or others) who responded in agreement that the information produced by the performance measure is easy to understand AND useful for decision-making.</p> <p>Note:</p> <ul style="list-style-type: none"> This is separate from face validity testing of the performance measure. The assessment of understandability and decision-making utility of the measure may be obtained from measured entities, or others, such as consumers, purchasers, policy makers, etc., The desired threshold is 60% or greater of those being measured (or others) who respond in agreement that the information produced by the | Numeric field |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|---|------------------------|
| | | | performance measure is easy to understand AND useful for decision-making. | |
| Importance | 086 | * 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 9999. | <i>Numeric field</i> |
| Importance | 087 | * Estimated impact of the measure: Estimate of annual denominator size: unit | Indicate the unit (e.g., patients) of the estimate of annual denominator size. | <i>Free text field</i> |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|---|--|---|
| Importance | 070 | * Meaningful to Patients. Did the majority of patients/caregivers consulted agree that the measure is meaningful and/or produces information that is valuable to them in making their care decisions? | Select one. Patients and/or caregivers can include any of the following: <ul style="list-style-type: none"> • Patients • Primary caregivers • Family • Other relatives | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not evaluated |
| n/a | n/a | <i>If you select "Yes" in Row 070, then Row 071 becomes a required field. If you select "No" or "Not evaluated" in Row 070, then skip to Row 072.</i> | <i>n/a</i> | <i>This is not a data entry field.</i> |
| Importance | 071 | * Description of input collected from patients/caregivers consulted | Describe the input collected from patient/caregivers consulted about the measure, including the number of patients/caregivers consulted and the number who agreed that the measure | Free text field |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|---|-----------------------|
| | | | is meaningful and produces information that is valuable in making care decisions. | |
| Importance | 072 | Description of input collected from measured entities. | <p>Describe the input collected from measured entities, or others such as consumers, purchasers, policy makers, etc., using any of the following methods:</p> <ul style="list-style-type: none"> • Focus groups • Structured interviews • Surveys of potential users <p>Notes:</p> <ul style="list-style-type: none"> • This is separate from face validity testing of the performance measure. | Free text field |

Change #44

Location: Page 29, Background Information, Row 073

Reason for Change: Updated row number, Guidance, selection options, and skip logic.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|--|------------|---|
| Background Information | 088 | *What is the history or background for including this measure on the current year MUC List? | Select one | <input type="checkbox"/> New measure never previously submitted to the MUC List, reviewed by Measure Applications Partnership (MAP) Workgroup, or used in a CMS program <input type="checkbox"/> Submitted previously but not included in MUC List <input type="checkbox"/> Measure previously submitted to MAP, refined, and resubmitted per MAP recommendation <input type="checkbox"/> Measure currently used in a CMS program being submitted as-is for a new or different program <input type="checkbox"/> Measure currently used in a CMS program, but the measure is undergoing substantial change |
| 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 this field, then skip to "What data sources are used for the measure?". 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 "Range of year(s) this measure has been used by CMS Program(s)" through "How will this measure align with the same measure(s) that are currently used in other federal programs?" become required fields. | n/a | This is not a data entry field. |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|---|---|---|
| Background Information | 073 | *What is the history or background for including this measure on the current year MUC List? | Select one Note: <ul style="list-style-type: none"> “CMS program” in the response options refers only to the Medicare programs that undergo the Pre-Rulemaking process. A full list of these programs can be found on the CMS Program Measure Needs and Priorities report. | <input type="checkbox"/> New measure never reviewed by Measure Applications Partnership (MAP) Workgroup, or Pre-Rulemaking Measure Review (PRMR) or used in a CMS program <input type="checkbox"/> Submitted previously but not included in MUC List <input type="checkbox"/> Measure previously submitted to MAP or PRMR, refined, and resubmitted per MAP or PRMR recommendation <input type="checkbox"/> Measure currently used in a CMS program being submitted without substantive changes for a new or different program <input type="checkbox"/> Measure currently used in a CMS program, but the measure is undergoing substantive change |
| n/a | n/a | <i>If you select “New measure never reviewed by Measure Applications Partnership (MAP) Workgroup, or Pre-Rulemaking Measure Review (PRMR) or used in a CMS Program” in Row 073, then skip to Row 078. If you select “Measure currently used in a CMS program being submitted without substantive changes for a new or different program” or “Measure currently used in a CMS program, but the measure is undergoing substantial change” then Rows 074-077 become required fields.</i> | n/a | <i>This is not a data entry field.</i> |

Change #45

Location: Page 29-31, Background Information, Row 074-076

Reason for Change: Relocated Background Information rows. Updated Field Label, Guidance, selection options, and skip logic.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|---|---|--|
| Background Information | 097 | *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 | 098 | *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. | <input type="checkbox"/> Ambulatory Surgical Center Quality Reporting Program <input type="checkbox"/> End-Stage Renal Disease (ESRD) Quality Incentive Program <input type="checkbox"/> Home Health Quality Reporting Program <input type="checkbox"/> Hospice Quality Reporting Program <input type="checkbox"/> Hospital-Acquired Condition Reduction Program <input type="checkbox"/> Hospital Inpatient Quality Reporting Program <input type="checkbox"/> Hospital Outpatient Quality Reporting Program <input type="checkbox"/> Hospital Readmissions Reduction Program <input type="checkbox"/> Hospital Value-Based Purchasing Program <input type="checkbox"/> Inpatient Psychiatric Facility Quality Reporting Program <input type="checkbox"/> Inpatient Rehabilitation Facility Quality Reporting Program <input type="checkbox"/> Long-Term Care Hospital Quality Reporting Program <input type="checkbox"/> Medicare Promoting Interoperability Program for Eligible Hospitals and Critical Access Hospitals (CAHs) <input type="checkbox"/> Medicare Shared Savings Program <input type="checkbox"/> Merit-based Incentive Payment System-Cost <input type="checkbox"/> Part C & D Star Rating [Medicare] <input type="checkbox"/> Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program <input type="checkbox"/> Rural Emergency Hospital Quality Reporting Program <input type="checkbox"/> Skilled Nursing Facility Quality Reporting Program <input type="checkbox"/> Skilled Nursing Facility Value-Based Purchasing Program <input type="checkbox"/> Other (enter here): |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|--|---|-----------------------|
| Background Information | 099 | *How will this measure align with the same measure(s) that are currently used in other federal programs? | <p>Describe how this measure will achieve alignment with the same measure(s) that are currently used in other federal programs. Please include the names of the same measure(s) that are used in other federal programs and include the corresponding unique identifier (e.g., federal program ID, NQF#, etc.), if available.</p> <p>Alignment is achieved when a set of measures works well across care settings or programs to produce meaningful information without creating extra work for those responsible for the measurement. Alignment includes using the same quality measures in multiple programs when possible. It can also come from consistently measuring important topics across care settings.</p> | ADD YOUR CONTENT HERE |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|---|---|--|
| Background Information | 074 | *Range of year(s) this measure has been used by CMS Program(s). | Example: Hospice Quality Reporting (2012-2018) | Free text field |
| Background Information | 075 | *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. | <input type="checkbox"/> Ambulatory Surgical Center Quality Reporting Program <input type="checkbox"/> End-Stage Renal Disease (ESRD) Quality Incentive Program <input type="checkbox"/> Home Health Quality Reporting Program <input type="checkbox"/> Hospice Quality Reporting Program <input type="checkbox"/> Hospital Inpatient Quality Reporting Program <input type="checkbox"/> Hospital Outpatient Quality Reporting Program <input type="checkbox"/> Hospital Readmissions Reduction Program <input type="checkbox"/> Hospital Value-Based Purchasing Program <input type="checkbox"/> Hospital-Acquired Condition Reduction Program <input type="checkbox"/> Inpatient Psychiatric Facility Quality Reporting Program <input type="checkbox"/> Inpatient Rehabilitation Facility Quality Reporting Program <input type="checkbox"/> Long-Term Care Hospital Quality Reporting Program <input type="checkbox"/> Medicare Promoting Interoperability Program <input type="checkbox"/> Medicare Shared Savings Program <input type="checkbox"/> Merit-based Incentive Payment System-Cost <input type="checkbox"/> Merit-based Incentive Payment System-Quality <input type="checkbox"/> Part C Star Rating <input type="checkbox"/> Part D Star Rating <input type="checkbox"/> Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program <input type="checkbox"/> Rural Emergency Hospital Quality Reporting Program |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|--|--|---|
| | | | | <input type="checkbox"/> Skilled Nursing Facility Quality Reporting Program <input type="checkbox"/> Skilled Nursing Facility Value-Based Purchasing Program <input type="checkbox"/> Other (enter here): |
| Background Information | 076 | *How will this measure align with the same measure(s) that are currently used in other federal programs? | Describe how this measure will achieve alignment with the same measure(s) that are currently used in other federal programs. Please include the names of the same measure(s) that are used in other federal programs and include the corresponding unique identifier (e.g., federal program ID, CBE#, etc.), if available. Alignment is achieved when a set of measures works well across care settings or programs to produce meaningful information without creating extra work for those responsible for the measurement. Alignment includes using the same quality measures in multiple programs when possible. It can also come from consistently measuring important topics across care settings. | Free text field |

Change #46

Location: Page 31, Background Information, Row 077

Reason for Change: Relocated rows and subsections from Previous Measures to Background Information. Updated Field Label, Guidance, selection options, and skip logic.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-------------------|-----|---|---|-----------------------|
| Previous Measures | 100 | *If this measure is being submitted to meet a statutory requirement, list the corresponding statute | List title and other identifying citation information. If this measure is not being submitted to meet a statutory requirement, enter N/A. | ADD YOUR CONTENT HERE |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------|-----|---|---|-----------------------|
| Background Information | 077 | *If this measure is being submitted to meet a statutory requirement, list the corresponding statute | List title and other identifying citation information. If this measure is not being submitted to meet a statutory requirement, enter N/A. | Free text field |

Change #47**Location:** Page 31-33, Previous Measures, Row 078-085**Reason for Change:** Relocated Previous Measures rows. Updated Field Label, Guidance, selection options, and skip logic. Added row 085**CY 2023 Final Rule text:**

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-------------------|-----|--|--|--|
| Previous Measures | 089 | *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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <i>If you select "Yes" in Row 089, then Rows 90-97 become required fields. If you select "No" in Row 089, then skip to Row 98.</i> | | |
| Previous Measures | 090 | *In what prior year(s) was this measure published on the Measures Under Consideration List? | 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. | <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> Other (enter here): |
| Previous Measures | 091 | *What was the MUC ID 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 | 092 | *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 | 093 | *What were the programs that MAP reviewed the measure for in each year? | List both the year and the associated CMS programs in each year. | ADD YOUR CONTENT HERE |
| Previous Measures | 094 | *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 |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-------------------|-----|--|---|-----------------------|
| Previous Measures | 095 | *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 | 096 | *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 |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-------------------|-----|---|--|---|
| Previous Measures | 078 | *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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "Yes" in Row 078, then Rows 079-085 become required fields. If you select "No" in Row 078, then skip to Row 086.</i> | n/a | <i>This is not a data entry field.</i> |
| Previous Measures | 079 | *In what prior year(s) was this measure published on the Measures Under Consideration List? | 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. | <input type="checkbox"/> 2011 <input type="checkbox"/> 2012 <input type="checkbox"/> 2013 <input type="checkbox"/> 2014 <input type="checkbox"/> 2015 <input type="checkbox"/> 2016 <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 |
| Previous Measures | 080 | *What was the MUC ID for the measure in each year? | List both the year and the associated MUC ID number in each year. If unknown, enter N/A. | Free text field |
| Previous Measures | 081 | *List the CMS CBE workgroup(s) (MAP or PRMR) in each year | List both the year and the associated workgroup name in each year. MAP and PRMR workgroup options include: Clinician; Hospital; Post-Acute Care/Long-Term Care; Coordinating Committee. Example: "Clinician, 2014." | Free text field |
| Previous Measures | 082 | *What were the programs that MAP or PRMR reviewed | List both the year and the associated CMS programs in each year. | Free text field |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-------------------|-----|--|--|-----------------------|
| | | the measure for in each year? | | |
| Previous Measures | 083 | *What was the MAP or PRMR 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. | Free text field |
| Previous Measures | 084 | *Why was the measure not recommended by the MAP or PRMR workgroups in those year(s)? | Briefly describe the reason(s) if known. | Free text field |
| Previous Measures | 085 | *MAP or PRMR report page number being referenced for each year | List both the year and the associated MAP report page number for each year. | Free text field |

Change #48

Location: Page 34, Data Sources, Row 086

Reason for Change: Updated row number, Guidance, selection options, and skip logic.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--------------|-----|--|--|---|
| Data Sources | 101 | *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. | <input type="checkbox"/> Administrative Data (non-claims) <input type="checkbox"/> Claims Data <input type="checkbox"/> Electronic Clinical Data (non-EHR) <input type="checkbox"/> Electronic Health Record <input type="checkbox"/> Paper Medical Records <input type="checkbox"/> Standardized Patient Assessments <input type="checkbox"/> Patient Reported Data and Surveys <input type="checkbox"/> Registries <input type="checkbox"/> Other (enter here): |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--------------|-----|--|--|--|
| Data Sources | 086 | *What data sources are used for the measure? | Select all that apply. For example, if the measure uses survey data that are captured both electronically and in paper format, select the “Applications: Patient-Reported Health Data or Survey Data (electronic)” from the “Digital Data Sources” category and “Patient-Reported Health Data or Survey Data (telephonic or paper-based)” from the “Non-Digital Data Sources” category. For more information about digital data sources, please refer to the “Digital Data Sources” section of the “dQMs - | <input type="checkbox"/> Digital-Administrative systems: Administrative Data (non-claims) <input type="checkbox"/> Digital-Administrative systems: Claims Data <input type="checkbox"/> Digital-Applications: Patient-Generated Health Data (e.g., home blood pressure monitoring) <input type="checkbox"/> Digital-Applications: Patient-Reported Health Data or Survey Data (electronic) <input type="checkbox"/> Digital-Case Management Systems <input type="checkbox"/> Digital-Clinical Registries <input type="checkbox"/> Digital-Electronic Clinical Data (non-EHR) or Social Needs Assessments <input type="checkbox"/> Digital-Electronic Health Record (EHR) Data <input type="checkbox"/> Digital-Health Information Exchanges (HIE) Data |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|---|---|
| | | | Digital Quality Measures” webpage on the eCQI Resource Center available at: https://ecqi.healthit.gov/dqm?qt-tabs_dqm=1 | <input type="checkbox"/> Digital-Instrument Data (e.g., medical devices and wearables) <input type="checkbox"/> Digital-Laboratory Systems Data <input type="checkbox"/> Digital-Patient Portal Data <input type="checkbox"/> Digital-Prescription Drug Monitoring Program Data <input type="checkbox"/> Digital-Standardized Patient Assessment Data (electronic) <input type="checkbox"/> Digital-Other (enter here): <input type="checkbox"/> Non-Digital-Paper Medical Records <input type="checkbox"/> Non-Digital-Standardized Patient Assessments (paper-based) <input type="checkbox"/> Non-Digital-Patient-Reported Health Data or Survey Data (telephonic or paper-based) <input type="checkbox"/> Non-Digital-Other (enter here): |
| n/a | n/a | <i>If your selections in Row 086 only include digital data sources, then skip to Row 089. Otherwise, Row 087 becomes a required field.</i> | n/a | <i>This is not a data entry field.</i> |

Change #49

Location: Page 34-35, Data Sources, Row 087 and 088
Reason for Change: Added new rows for Digital Data Sources and Digital Format.**CY 2023 Final Rule text:** N/A**CY 2024 Final Rule text:**

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--------------|-----|---|--|---|
| Data Sources | 087 | *Measure version that uses only digital data sources | Select one. Indicate whether there is a version of the measure that uses only digital data sources. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select “Yes” in Row 087, then skip to Row 089. Otherwise, Row 088 becomes a required field.</i> | n/a | <i>This is not a data entry field.</i> |
| Data Sources | 088 | *Path to Digital Format | Select one. Indicate whether there is a viable path for the measure to be transitioned to an exclusively digital format. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Change #50

Location: Page 35, Data Sources
Reason for Change: Removed rows.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--------------|-----|--|---|---|
| Data Sources | 102 | *The current measure specifications allow for the utilization of at least one digital data source. | <p>Select “Yes” if measure data sources include at least one of the following:</p> <ul style="list-style-type: none"> • Administrative Claims • Administrative Data • Patient Assessment Instrument (e.g., MDS, LTCH-CARE, OASIS) • EHR • Registry (e.g., QCDR and Qualified Registry and EQRS) <p>Select “No” if measure data sources are limited to the following:</p> <ul style="list-style-type: none"> • Chart-Abstracted • Survey (For example, currently CAHPS, QRS Survey, HOS are not captured digitally) • Part B claims measures (MIPS) reported using Quality Data codes • Paper Medical Records | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Data Sources | 103 | 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 | 104 | 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 |

CY 2024 Final Rule text: N/A**Change #51**

Location: Page 36, Steward Information, Row 089 and 090

Reason for Change: Updated row numbers, Guidance, and selection options.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|--------------------------------------|--|---|
| Steward Information | 105 | *Measure Steward | Enter the current Measure Steward. | See Appendix A.084-086 for list choices. Copy/paste or enter your choices here: |
| Steward Information | 106 | *Measure Steward Contact Information | Please provide the contact information of the measure steward. | ADD YOUR CONTENT HERE |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|---------------------|-----|--------------------------------------|--|---|
| Steward Information | 089 | *Measure Steward | Enter the current Measure Steward. Typically, this is an organization or other agency/institution/entity name. | See Appendix A.085 for list choices. Copy/paste or enter your choices here: |
| Steward Information | 090 | *Measure Steward Contact Information | Please provide the contact information of the measure steward. | ADD YOUR CONTENT HERE |

Change #52**Location:** Page 36, Long-Term Steward Information, Row 091 and 092**Reason for Change:** Updated row numbers, Field Labels, Guidance, and skip logic.**CY 2023 Final Rule text:**

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-------------------------------|-----|--|---|--|
| Long-Term Steward Information | 107 | 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: |
| | | <i>If you identify a different Measure Steward then complete row 108, if the Measure Steward and Long-Term Measure Steward are the same then skip to row 109</i> | | |
| Long-Term Steward Information | 108 | Long-Term Measure Steward Contact Information | If different from Steward above, enter the required contact information for the Long-Term Measure Steward listed above | ADD YOUR CONTENT HERE |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-------------------------------|-----|--|---|---|
| Long-Term Steward Information | 091 | *Is the long-term steward different than the steward? | 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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "Yes" in Row 091, then Row 092 becomes a required field. If you select "No" in Row 091, then skip to Row 093.</i> | n/a | <i>This is not a data entry field.</i> |
| Long-Term Steward Information | 092 | *Long-Term Measure Steward Contact Information | If different from Steward above, enter the required contact information for the Long-Term Measure Steward listed above | ADD YOUR CONTENT HERE |

Change #53**Location:** Page 36-37, Submitter Information, Row 093 and 095**Reason for Change:** Updated row numbers and skip logic.**CY 2023 Final Rule text:**

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-----------------------|-----|---|---|---|
| Submitter Information | 109 | Is primary submitter the same as steward? | Select "Yes" or "No." | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Submitter Information | 110 | * 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 | 111 | Secondary Submitter Contact Information | If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address. | ADD YOUR CONTENT HERE |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-----------------------|-----|--|---|---|
| Submitter Information | 093 | Is primary submitter the same as steward? | Select "Yes" or "No." | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "No" in Row 093, then Row 094 becomes a required field. If you select "Yes" in Row 093, then skip to Row 095.</i> | n/a | <i>This is not a data entry field.</i> |
| Submitter Information | 094 | * 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 | 095 | Secondary Submitter Contact Information | If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address. | ADD YOUR CONTENT HERE |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|----------|--|
| n/a | n/a | <i>If applicable, select from drop-down menu "Other MERIT users who will contribute to this measure"</i> | n/a | <i>This is not a data entry field.</i> |

Change #54

Location: Page 37-38, General Characteristics, Row 096-104

Reason for Change: Updated row numbers, Guidance, selection options, and skip logic.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-------------------------|-----|--|--|---|
| General Characteristics | 112 | *Measure Type | Select only one type of measure. For definitions, see: https://mmshub.cms.gov/about-quality/new-to-measures/types . | <input type="checkbox"/> Cost/Resource Use <input type="checkbox"/> Efficiency <input type="checkbox"/> Intermediate Outcome <input type="checkbox"/> Outcome <input type="checkbox"/> PRO-PM or Experience of Care <input type="checkbox"/> Process <input type="checkbox"/> Structure |
| n/a | n/a | <i>If you select "PRO-PM or Experience of Care" in row 112, then row 113 becomes a required field. If you select "Outcome" or "PRO-PM or Experience of Care" in Row 112 then Row 147 in the Evidence section becomes a required field.</i> | n/a | <i>This is not a data entry field.</i> |
| General Characteristics | 113 | *Assessment of patient experience of care | Select one. Indicate whether this measure assesses patient experience of care. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| General Characteristics | 114 | *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 | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "Yes" in Row 113 then Row 114 becomes a required field.</i> | n/a | <i>This is not a data entry field.</i> |
| General Characteristics | 115 | *CMIT ID | If the measure is currently in CMIT, enter the CMIT ID in the format #####-X-XXXXXX. Current measures and CMIT IDs can be found at https://cmit.cms.gov/CMIT_public/ListMeasures | ADD YOUR CONTENT HERE |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-------------------------|-----|--|---|---|
| General Characteristics | 116 | Alternate Measure ID | 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. DO NOT enter consensus-based entity (endorsement) ID, CMIT ID, or previous year MUC ID in this field. | ADD YOUR CONTENT HERE |
| General Characteristics | 117 | *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 | 118 | *What one area of specialty the measure is aimed to, or which specialty is most likely to report this measure? | Select the ONE most applicable area of specialty. | See Appendix A.097 for list choices. Copy/paste or enter your choice(s) here: |
| General Characteristics | 119 | *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 | 120 | *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 |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-------------------------|-----|---------------|--|---|
| General Characteristics | 096 | *Measure Type | Select only one type of measure. For definitions, see: https://mmshub.cms.gov/about-quality/new-to-measures/types . | <input type="checkbox"/> Cost/Resource Use <input type="checkbox"/> Efficiency <input type="checkbox"/> Intermediate Outcome <input type="checkbox"/> Outcome <input type="checkbox"/> PRO-PM or Patient Experience of Care <input type="checkbox"/> Process <input type="checkbox"/> Structure |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-------------------------|-----|--|---|---|
| n/a | n/a | If you select "PRO-PM or Patient Experience of Care" in Row 096, then Row 097 and Row 122 become required fields. If not, then skip to Row 098. If you select "Outcome" in Row 096, then Row 122 becomes a required field. | n/a | This is not a data entry field. |
| General Characteristics | 097 | *Assessment of patient experience of care | Select one. Indicate whether this measure assesses patient experience of care. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| General Characteristics | 098 | *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/#/MeasureInventory | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | If you select "Yes" in Row 098, then Row 099 becomes a required field. If you select "No" in Row 098, then skip to Row 100. | n/a | This is not a data entry field. |
| General Characteristics | 099 | *CMIT ID | If the measure is currently in CMIT, enter the CMIT ID in the format #####-##-X-PRGM. Current measures and CMIT IDs can be found at https://cmit.cms.gov/cmit/#/MeasureInventory | ADD YOUR CONTENT HERE |
| General Characteristics | 100 | Alternate Measure ID | 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. DO NOT enter consensus-based entity (endorsement) ID, CMIT ID, or previous year MUC ID in this field. | ADD YOUR CONTENT HERE |
| General Characteristics | 101 | *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. | Free text field |
| General Characteristics | 102 | *What one area of specialty the measure is aimed to, or which specialty is most likely to report this measure? | Select the ONE most applicable area of specialty. | See Appendix A.098 for list choices. Copy/paste or enter your choice(s) here: |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-------------------------|-----|------------------------------|---|-----------------------|
| General Characteristics | 103 | *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. | Free text field |
| General Characteristics | 104 | *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. | Free text field |

Change #55

Location: Page 39-45, Evidence, Row 105-122

Reason for Change: Updated Evidence row numbers. Removed and added rows. Updated Guidance, selection options, and skip logic

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|--|--|
| Evidence | 121 | *Type of evidence to support the measure | Select all that apply. Refer to the latest CMS Blueprint version (https://mmshub.cms.gov/measure-lifecycle/measure-conceptualization/information-gathering-overview) and the supplementary material related to evidence review (https://mmshub.cms.gov/sites/default/files/Environmental-Scans.pdf) to obtain updated guidance. | <input type="checkbox"/> Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines <input type="checkbox"/> Peer-Reviewed Systematic Review <input type="checkbox"/> Empirical data <input type="checkbox"/> Grey Literature |
| n/a | n/a | <i>If you select "Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines in Row 121, then Rows 122-129 become required fields. If you select "Systematic Review" in Row 121, then Rows 137-141</i> | n/a | <i>This is not a data entry field.</i> |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|--|-------------------------------------|
| | | <p><i>become required fields. If you select "Empirical data" in Row 121, then Rows 142-144 become required fields. If you select "Grey Literature" in Row 121, then Rows 145-147 become required fields.</i></p> | | |
| Evidence | 122 | <p>*Number of clinical guidelines, including USPSTF guidelines that address this topic</p> | <p>Enter a numerical value of ≥ 1. Count all guidelines that are relevant to this measure topic including those that offer contradictory guidance.</p> | <p><i>Numeric field</i></p> |
| Evidence | 123 | <p>*Outline the clinical guideline(s) supporting this measure</p> | <p>Provide a detailed description of which guideline(s) support the measure and indicate for each, whether they are evidence-based or consensus-based.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>Document the criteria used to assess the quality of the clinical guidelines such as those proposed by the Institute</p> | <p><i>ADD YOUR CONTENT HERE</i></p> |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|---|--|--|
| | | | <p>of Medicine or ECRI Guideline’s Trust (see CMS Blueprint version (https://mmshub.cms.gov/measure-lifecycle/measure-conceptualization/information-gathering-overview) and the supplementary material related to evidence review (https://mmshub.cms.gov/sites/default/files/Environmental-Scans.pdf).</p> <p>If there is lengthy text, describe the guidelines in an evidence attachment, named to clearly indicate the related form field.</p> | |
| Evidence | 124 | *Name the guideline developer/entity | <p>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.</p> <p>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)</p> | ADD YOUR CONTENT HERE |
| Evidence | 125 | *Publication year | <p>Provide the publication year for the primary clinical guideline. Use the 4-digit format (e.g., 2016).</p> | Numeric field (4-digit year) |
| Evidence | 126 | *Guideline citation | <p>Provide any of the following:</p> <ul style="list-style-type: none"> • Full citation for the primary clinical guideline in any established citation style (e.g., AMA, APA, Chicago, Vancouver, etc.) • URL • DOI or ISBN for clinical guideline document | <input type="checkbox"/> Citation (enter here) <input type="checkbox"/> URL (enter here) <input type="checkbox"/> DOI (enter here) <input type="checkbox"/> Not available |
| Evidence | 127 | *Is this an evidence-based clinical guideline | <p>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.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|---|--|
| | | | Select "No" for clinical guidelines that are based purely on expert consensus with or without supplementation with a narrative literature review (non-systematic). | |
| Evidence | 128 | *Does the clinical guideline include a publicly available evidence summary? | Evidence-based clinical guidelines should be accompanied by a publicly available evidence summary. If the guideline includes an evidence summary, please select "Yes" and provide a link to the evidence summary in the text box. | <input type="checkbox"/> Yes (enter URL here:) <input type="checkbox"/> No |
| Evidence | 129 | *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 | 130 | *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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "Yes" in Row 130, then Rows 131-136 become required fields.</i> | n/a | <i>This is not a data entry field.</i> |
| Evidence | 131 | *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. | <input type="checkbox"/> GRADE method <input type="checkbox"/> Modified GRADE <input type="checkbox"/> USPSTF <input type="checkbox"/> Other (enter here) |
| Evidence | 132 | *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 |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
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| Evidence | 133 | *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. | <input type="checkbox"/> USPSTF Grade A, Strong recommendation or similar <input type="checkbox"/> USPSTF Grade B, Moderate recommendation or similar <input type="checkbox"/> USPSTF Grade C or I, Conditional/weak recommendation or similar <input type="checkbox"/> Expert Opinion <input type="checkbox"/> USPSTF Grade D, Moderate or high certainty that service has no net benefit or harm outweighs benefit |
| Evidence | 134 | *Is the selected guideline statement used to support an inappropriate use/care measure? | Select one. Indicate whether the guideline statement mentioned in "List the guideline statement that most closely aligns with the measure concept" (row 126) is used to promote the practice of not performing a specific action, process or intervention to support an inappropriate use or inappropriate care measure. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Evidence | 135 | *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. | <i>ADD YOUR CONTENT HERE</i> |
| Evidence | 136 | *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. | <input type="checkbox"/> High or similar <input type="checkbox"/> Moderate or similar <input type="checkbox"/> Low, Very Low or similar <input type="checkbox"/> Other (enter here) |
| Evidence | 137 | *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. | <i>Numeric field</i> |
| Evidence | 138 | *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 specifications 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 | <i>ADD YOUR CONTENT HERE</i> |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
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| | | | <p>publications. If there are three publications from a single cohort study cited in the systematic review, report one when indicating the number of studies. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a relationship between at least one process, structure, or intervention with the outcome.</p> <p>If there is lengthy text, submit details via an evidence attachment.</p> | |
| Evidence | 139 | *Peer-reviewed systematic review citation | <p>If more than one article was identified, provide at least one of the following for one key article:</p> <ul style="list-style-type: none"> • Citation • URL • DOI <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p> | <input type="checkbox"/> Citation (enter here:) <input type="checkbox"/> URL (enter here): <input type="checkbox"/> DOI (enter here): <input type="checkbox"/> Not available |
| Evidence | 140 | *Peer-reviewed original research | <p>If the evidence synthesis provided to support this measure concept was performed using peer-reviewed original research articles, indicate whether a systematic search of the literature was conducted.</p> | <input type="checkbox"/> Yes (please provide search strategy in an attachment; e.g., years searched, keywords and search terms used, databases used, etc.) <input type="checkbox"/> No |
| Evidence | 141 | *Peer-reviewed original research citation | <p>If more than one article was identified, provide at least one of the following for one key article:</p> <ul style="list-style-type: none"> • Citation • URL • DOI <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p> | <input type="checkbox"/> Citation (enter here:) <input type="checkbox"/> URL (enter here): <input type="checkbox"/> DOI (enter here): <input type="checkbox"/> Not available |
| Evidence | 142 | *Source of empirical data | Select all that apply | <input type="checkbox"/> Peer-reviewed narrative literature review <input type="checkbox"/> Published and publicly available reports (e.g., from agencies) <input type="checkbox"/> Internal data analysis <input type="checkbox"/> Other (enter here) |
| Evidence | 143 | *Summarize the empirical data | <p>Provide a summary of the empirical data and how it informs this measure concept. Describe the limitations of the data. 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.</p> | ADD YOUR CONTENT HERE |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
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| Evidence | 144 | *Empirical data citation | <p>If more than one empirical data was identified, provide at least one of the following for one key empirical data:</p> <ul style="list-style-type: none"> • Citation • URL • DOI <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p> | <input type="checkbox"/> Citation (enter here:) <input type="checkbox"/> URL (enter here:): <input type="checkbox"/> DOI (enter here:) <input type="checkbox"/> Not available |
| Evidence | 145 | *Name grey literature | <p>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.</p> | ADD YOUR CONTENT HERE |
| Evidence | 146 | *Summarize the grey literature | <p>Provide a summary of the other type(s) of evidence used to inform this measure concept. Describe the limitations of the data. 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.</p> <p>If there is lengthy text, include details in a separate evidence attachment.</p> | ADD YOUR CONTENT HERE |
| Evidence | 147 | *Grey literature citation | <p>If more than one piece of evidence was identified, provide at least one of the following for one key piece of evidence:</p> <ul style="list-style-type: none"> • Citation • URL • DOI <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p> | <input type="checkbox"/> Citation (enter here:) <input type="checkbox"/> URL (enter here:): <input type="checkbox"/> DOI (enter here:) <input type="checkbox"/> Not available |
| Evidence | 148 | *Does the evidence discuss a relationship between at least one process, structure, or intervention with the outcome? | <p>Select yes if the evidence that was discussed in the evidence section demonstrate a relationship between at least one process, structure, or intervention with the outcome.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
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| Evidence | 105 | *Type of evidence to support the measure | <p>Select all that apply. Refer to the Blueprint content on the CMS MMS Hub (https://mmshub.cms.gov/measure-lifecycle/measure-conceptualization/information-gathering-overview) and the</p> | <input type="checkbox"/> Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines <input type="checkbox"/> Peer-Reviewed Systematic Review <input type="checkbox"/> Peer-Reviewed Original Research <input type="checkbox"/> Empirical data <input type="checkbox"/> Grey Literature |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
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| | | | Environmental Scan supplemental material https://mmshub.cms.gov/tools-and-resources/mms-supplemental-materials) to obtain updated guidance. | |
| n/a | n/a | If you select “Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines” in Row 105, then Rows 106-113 become required fields. If you select “Peer-Reviewed Systematic Review” in Row 105, then Rows 114 and 115 become required fields. If you select “Peer-Reviewed Original Research” in Row 105, then Rows 116 and 117 become required fields. If you select “Empirical data” in Row 105, then Rows 118 and 119 become required fields. If you select “Grey Literature” in Row 105, then Rows 120 and 121 become required fields. | n/a | This is not a data entry field. |
| Evidence | 106 | *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 | Free text field |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
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| | | | <p>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.</p> <p>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.</p> <p>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.</p> <p>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 the Information Gathering Overview on the CMS MMS Hub (https://mmshub.cms.gov/measure-lifecycle/measure-conceptualization/information-gathering-overview) and the Environmental Scan supplemental material section addressing evidence review (https://mmshub.cms.gov/tools-and-resources/mms-supplemental-materials)).</p> <p>If there is lengthy text, describe the guidelines in an evidence attachment.</p> | |
| Evidence | 107 | *Guideline citation | <p>Provide any of the following:</p> <ul style="list-style-type: none"> • Full citation for the primary clinical guideline in any established citation style (e.g., AMA, APA, Chicago, Vancouver, etc.) • URL • DOI or ISBN for clinical guideline document | <input type="checkbox"/> Citation (enter here) <input type="checkbox"/> URL (enter here) <input type="checkbox"/> DOI (enter here) <input type="checkbox"/> Not available |
| Evidence | 108 | *List the guideline statement that most closely aligns with the measure concept. | <p>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.</p> <p>For example, Statement 1: In patients aged 65 years and older who have prediabetes, we recommend a lifestyle</p> | Free text field |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
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| | | | <p>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.</p> | |
| Evidence | 109 | <p>*Is the guideline graded?</p> | <p>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.</p> <p>Select one.</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| n/a | n/a | <p><i>If you select "Yes" in Row 109, then Rows 110-111, and 113 become required fields.</i></p> | n/a | <p><i>This is not a data entry field.</i></p> |
| Evidence | 110 | <p>*List evidence grading system used and all categories and corresponding definitions for the evidence grading system used to describe strength of recommendation in the guideline.</p> | <p>Insert the complete list of evidence grading systems, grading categories, and category definitions used by the clinical guideline (e.g., GRADE or USPSTF) to describe the guideline statement's strength of recommendation.</p> <p>If there is lengthy text, include details in a separate evidence attachment.</p> | Free text field |
| Evidence | 111 | <p>*For the guideline statement that most closely aligns with the measure concept, what is the associated strength of recommendation?</p> | <p>Select the associated strength of recommendation using the convention used by the guideline developer.</p> <p>Select one.</p> | <p><input type="checkbox"/> USPSTF Grade A, Strong recommendation or similar <input type="checkbox"/> USPSTF Grade B, Moderate recommendation or similar <input type="checkbox"/> USPSTF Grade C or I, Conditional/weak recommendation or similar <input type="checkbox"/> Expert Opinion <input type="checkbox"/> USPSTF Grade D, Moderate or high certainty that service has no net benefit or harm outweighs benefit <input type="checkbox"/> Best Practice Statement/Standard Practice</p> |
| n/a | n/a | <p><i>If you select "USPSTF Grade D, Moderate or high certainty that the service has no net benefit or harm outweighs benefit" in Row 111, then Row 112 becomes a required field; otherwise, skip to Row 113.</i></p> | n/a | <p><i>This is not a data entry field.</i></p> |
| Evidence | 112 | <p>*Is the selected guideline statement used to support an inappropriate use/care measure?</p> | <p>Select one. Indicate whether the guideline statement mentioned in "List the guideline statement that most closely aligns with the measure concept" is used to promote the</p> | <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
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| | | | practice of not performing a specific action, process or intervention to support an inappropriate use or inappropriate care measure. | |
| Evidence | 113 | * 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. | Free text field |
| Evidence | 114 | * 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 specifications 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. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a relationship between at least one process, structure, or intervention with the outcome. If there is lengthy text, submit details via an evidence attachment. | Free text field |
| Evidence | 115 | * Peer-reviewed systematic review citation | If more than one article was identified, provide at least one of the following for one key article: <ul style="list-style-type: none"> • Citation • URL • DOI Provide the complete list of citations with accompanying DOI or URL in a separate attachment. | <input type="checkbox"/> Citation (enter here:) <input type="checkbox"/> URL (enter here:) <input type="checkbox"/> DOI (enter here:) <input type="checkbox"/> Not available |
| Evidence | 116 | * Peer-reviewed original research | If the evidence synthesis provided to support this measure concept was performed using peer-reviewed original research articles, indicate whether a systematic search of the literature was conducted. If "Yes," please provide documentation of the search strategy in an attachment | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
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| | | | (e.g., years searched, keywords and search terms used, databases used, etc.). | |
| Evidence | 117 | *Peer-reviewed original research citation | <p>If more than one article was identified, provide at least one of the following for one key article:</p> <ul style="list-style-type: none"> • Citation • URL • DOI <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p> | <input type="checkbox"/> Citation (enter here:) <input type="checkbox"/> URL (enter here:) <input type="checkbox"/> DOI (enter here:) <input type="checkbox"/> Not available |
| Evidence | 118 | *Summarize the empirical data | <p>Provide a summary of the empirical data and how it informs this measure concept. Describe the limitations of the data. 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. Describe the source of the empirical data (e.g., peer-reviewed narrative literature review, published and publicly available reports, internal data analysis, etc.).</p> <p>If there is lengthy text, include details in a separate evidence attachment.</p> | Free text field |
| Evidence | 119 | *Empirical data citation | <p>If more than one empirical data was identified, provide at least one of the following for one key empirical data:</p> <ul style="list-style-type: none"> • Citation • URL • DOI <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p> | <input type="checkbox"/> Citation (enter here:) <input type="checkbox"/> URL (enter here:) <input type="checkbox"/> DOI (enter here:) <input type="checkbox"/> Not available |
| Evidence | 120 | *Summarize the grey literature | <p>Provide a summary of the grey literature(s) used to inform this measure concept. Describe the limitations of the data. 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.</p> <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p> | ADD YOUR CONTENT HERE |
| Evidence | 121 | *Grey literature citation | <p>If more than one grey literature was identified, provide at least one of the following for one key piece of evidence:</p> <ul style="list-style-type: none"> • Citation | <input type="checkbox"/> Citation (enter here:) <input type="checkbox"/> URL (enter here:) <input type="checkbox"/> DOI (enter here:) <input type="checkbox"/> Not available |

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| | | | <ul style="list-style-type: none"> • URL • DOI <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p> | |
| Evidence | 122 | *Does the evidence discuss a relationship 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 relationship between at least one process, structure, or intervention with the outcome. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Change #56**Location:** Page 46-51, Risk Adjustment and Stratification, Row 123-136**Reason for Change:** Relocated Risk Adjustment and Stratification row. Added and removed rows. Updated Guidance, selection options, and skip logic.**CY 2023 Final Rule text:**

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------------------|-----|---|---|---|
| Risk Adjustment and Stratification | 149 | *Was risk adjustment and/or stratification considered? | Select "Yes" if the measure development process included consideration of risk adjustment and/or stratification, even if the final measure does not include risk adjustment or stratification. While risk adjustment is typically only required for outcome measures, other measure types can select "Yes" if risk adjustment or stratification was considered. Select "No" if neither risk adjustment nor stratification was considered as part of the measure development process. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <i>If you select "Yes" in Row 149, then Row 150 becomes a required field. If you select "No" in Row 149 then skip to 162.</i> | | |
| Risk Adjustment and Stratification | 150 | *Was a conceptual model outlining the pathway between patient risk factors, quality of care, and the outcome of interest established? | Select "Yes" if a conceptual model was established based on a review of published literature. The conceptual model can be supplemented by other sources of information such as expert opinion or empirical analysis. Select "No" if a conceptual model was not established or the conceptual model was based solely on expert opinion or empirical analysis. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | <i>If you select "Yes" in Row 150, then Row 151 becomes a required field. If you select "No" in Row 150 then skip to Row 152.</i> | | |
| Risk Adjustment and Stratification | 151 | *Were all key risk factors identified in the conceptual model available for testing? | If some key risk factors were not available for testing or inclusion in the risk model/stratification approach, select "No" and describe the anticipated impact on measure scores (e.g., magnitude and direction of bias). | <input type="checkbox"/> Yes <input type="checkbox"/> No (enter here:) |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
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| Risk Adjustment and Stratification | 152 | *Is the measure risk adjusted? | Indicate whether the final measure is risk adjusted. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "Yes" in Row 152, then Row 153-160 becomes a required field. If you select "Yes" in Row 152 you are also encouraged to upload documentation about your risk adjustment model as an attachment. If you select "No" in Row 152, then skip to Row 162.</i> | n/a | <i>This is not a data entry field.</i> |
| Risk Adjustment and Stratification | 153 | Risk adjustment variable types | <p>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).</p> <p>Select "Patient-level demographics" if the measure uses information related to each patient's age, sex, race/ethnicity, etc.</p> <p>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).</p> <p>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.)</p> <p>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.).</p> <p>Select "Proxy social risk factors" if the measure uses data related to</p> | <input type="checkbox"/> Patient-level demographics <input type="checkbox"/> Patient-level health status & clinical conditions <input type="checkbox"/> Patient functional status <input type="checkbox"/> Patient-level social risk factors <input type="checkbox"/> Proxy social risk factors <input type="checkbox"/> Patient community characteristics <input type="checkbox"/> Other (enter here): |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
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| | | | <p>characteristics of the people in the patient’s community (e.g., neighborhood level income from the census).</p> <p>Select “Patient community characteristic” if the measure uses information about the patient’s community (e.g., percent of vacant houses, crime rate).</p> <p>Select “Other” if the risk factor is related to the healthcare provider, health system, or other factor that is not related to the patient.</p> | |
| Risk Adjustment and Stratification | n/a | <p><i>If you select “Patient Demographics” in Row 153, then Row 154 becomes a required field. If you select “Patient-level health status & clinical conditions” in Row 153, then Row 155 becomes a required field. If you select “Patient functional status” in Row 153, then Row 156 becomes a required field. If you select “Patient-level social risk factors” in Row 153, then Row 157 becomes a required field. If you select “Proxy social risk factors” in Row 153, then Row 158 becomes a required field. If you select “Patient community characteristics” in Row 153, then Row 159 becomes a required field.</i></p> | n/a | <p><i>This is not a data entry field.</i></p> |
| Risk Adjustment and Stratification | 154 | <p>* Patient-level demographics: please select all that apply</p> | Select all that apply | <p><input type="checkbox"/> Age</p> <p><input type="checkbox"/> Sex</p> <p><input type="checkbox"/> Gender</p> <p><input type="checkbox"/> Race/ethnicity</p> <p><input type="checkbox"/> Other (enter here):</p> |
| Risk Adjustment and Stratification | 155 | <p>* Patient-level health status & clinical conditions:</p> | Select all that apply | <p><input type="checkbox"/> Case-Mix Adjustment</p> <p><input type="checkbox"/> Severity of Illness</p> <p><input type="checkbox"/> Comorbidities</p> <p><input type="checkbox"/> Health behaviors/health choices</p> |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
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| | | please select all that apply | | <input type="checkbox"/> Other (enter here): |
| Risk Adjustment and Stratification | 156 | *Patient functional status: please select all that apply | Select all that apply | <input type="checkbox"/> Body Function <input type="checkbox"/> Ability to perform activities of daily living <input type="checkbox"/> Other (enter here): |
| Risk Adjustment and Stratification | 157 | *Patient-level social risk factors: please select all that apply | Select all that apply | <input type="checkbox"/> Income <input type="checkbox"/> Education <input type="checkbox"/> Wealth <input type="checkbox"/> Living Alone <input type="checkbox"/> Social Support <input type="checkbox"/> Other (enter here): |
| Risk Adjustment and Stratification | 158 | *Proxy social risk factors: please select all that apply | Select all that apply | <input type="checkbox"/> Neighborhood Level Income from the Census <input type="checkbox"/> Dual Eligibility for Medicare and Medicaid <input type="checkbox"/> Other (enter here): |
| Risk Adjustment and Stratification | 159 | *Patient community characteristic: please select all that apply | Select all that apply | <input type="checkbox"/> Percent of Vacant Houses <input type="checkbox"/> Crime Rate <input type="checkbox"/> Urban/Rural <input type="checkbox"/> Other (enter here): |
| Risk Adjustment and Stratification | 160 | *Risk model performance | Provide empirical evidence that the risk model adequately accounts for confounding factors (e.g., assessment of model calibration and discrimination). Describe your interpretation of the results. | ADD YOUR CONTENT HERE |
| Risk Adjustment and Stratification | 161 | *Is the measure recommended to be stratified? | Indicate whether the final measure is recommended to be stratified. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "Yes" in Row 161, then Row 162 becomes a required field. If you select "No" in Row 161 and "No" in Row 153 then Row 162 becomes a required field. Otherwise skip to Row 163.</i> | | |
| Risk Adjustment and Stratification | 162 | *Stratification approach | Describe the recommended stratification approach including the data elements used to stratify scores for at-risk subgroups. Demonstrate that there is sufficient sample size within measured entities to stratify measure scores. If more room is needed, provide testing results as an attachment and list the name of the attachment in this field. | ADD YOUR CONTENT HERE |
| Risk Adjustment | 163 | *Rationale for not using risk | Select ALL reasons for not implementing a risk adjustment model | <input type="checkbox"/> Addressed through exclusions (e.g., process measures) |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--------------------|-----|------------------------------|--|--|
| and Stratification | | adjustment or stratification | or stratification approach in the measure. For more information, refer to the CMS Measures Management System Blueprint Risk Adjustment in Quality Measurement supplement (https://mmshub.cms.gov/sites/default/files/Risk-Adjustment-in-Quality-Measurement.pdf) and the guidance on defining stratification schemes (https://mmshub.cms.gov/measure-lifecycle/measure-specification/develop-specification/stratification) | <input type="checkbox"/> Addressed through stratification of results <input type="checkbox"/> Not conceptually or empirically indicated (enter here): <input type="checkbox"/> Other (enter here): |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------------------|-----|---|--|---|
| Risk Adjustment and Stratification | 123 | * Is the measure risk adjusted? | <p>Indicate whether the final measure is risk adjusted.</p> <p>Note that if you select “Yes,” you are encouraged to upload documentation about the risk adjustment model as an attachment.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select “Yes” in Row 123, then Row 124 becomes a become required field. If you select “No” in Row 123, then skip to Row 134.</i> | n/a | <i>This is not a data entry field.</i> |
| Risk Adjustment and Stratification | 124 | * Was a conceptual model outlining the pathway between patient risk factors, quality of care, and the outcome of interest established? | <p>Select “Yes” if a conceptual model was established based on a review of published literature. The conceptual model can be supplemented by other sources of information such as expert opinion or empirical analysis.</p> <p>Select “No” if a conceptual model was not established or the conceptual model was based solely on expert opinion or empirical analysis.</p> | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select “Yes” in Row 124, then Row 125 becomes a required field. If you select “No” in Row 124, then skip to Row 126.</i> | n/a | <i>This is not a data entry field.</i> |
| Risk Adjustment | 125 | * Were all key risk factors identified in the conceptual | If some key risk factors were not available for testing or inclusion in the risk model approach, select “No” and describe the anticipated impact on | <input type="checkbox"/> Yes <input type="checkbox"/> No (enter here:) |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------------------|-----|---|--|---|
| and Stratification | | model available for testing? | measure scores (e.g., magnitude and direction of bias). | |
| Risk Adjustment and Stratification | 126 | Risk adjustment variable types | <p>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 Blueprint content on the CMS MMS Hub (https://mmshub.cms.gov/measure-lifecycle/measure-specification/data-protocol/risk-adjustment).</p> <p>Select “Patient-level demographics” if the measure uses information related to each patient’s age, sex, race/ethnicity, etc.</p> <p>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).</p> <p>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.)</p> <p>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.).</p> <p>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).</p> <p>Select “Patient community characteristics” if the measure uses information about the patient’s community (e.g., percent of vacant houses, crime rate).</p> <p>Select “Other” if the risk factor is related to the healthcare provider, health system, or other factor that is not related to the patient.</p> | <input type="checkbox"/> Patient-level demographics <input type="checkbox"/> Patient-level health status & clinical conditions <input type="checkbox"/> Patient functional status <input type="checkbox"/> Patient-level social risk factors <input type="checkbox"/> Proxy social risk factors <input type="checkbox"/> Patient community characteristics <input type="checkbox"/> Other (enter here): |
| Risk Adjustment | n/a | If you select “Patient-Level Demographics” in | n/a | This is not a data entry field. |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------------------|-----|--|------------------------------|---|
| and Stratification | | <p><i>Row 126, then Row 127 becomes a required field. If you select "Patient-level health status & clinical conditions" in Row 126, then Row 128 becomes a required field. If you select "Patient functional status" in Row 126, then Row 129 becomes a required field. If you select "Patient-level social risk factors" in Row 126, then Row 130 becomes a required field. If you select "Proxy social risk factors" in Row 126, then Row 131 becomes a required field. If you select "Patient community characteristics" in Row 126, then Row 132 becomes a required field.</i></p> | | |
| Risk Adjustment and Stratification | 127 | <p>*Patient-level demographics: please select all that apply</p> | <p>Select all that apply</p> | <p><input type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Gender <input type="checkbox"/> Race/ethnicity <input type="checkbox"/> Other (enter here):</p> |
| Risk Adjustment and Stratification | 128 | <p>*Patient-level health status & clinical conditions: please select all that apply</p> | <p>Select all that apply</p> | <p><input type="checkbox"/> Case-Mix Adjustment <input type="checkbox"/> Severity of Illness <input type="checkbox"/> Comorbidities <input type="checkbox"/> Health behaviors/health choices <input type="checkbox"/> Other (enter here):</p> |
| Risk Adjustment and Stratification | 129 | <p>*Patient functional status: please select all that apply</p> | <p>Select all that apply</p> | <p><input type="checkbox"/> Body Function <input type="checkbox"/> Ability to perform activities of daily living <input type="checkbox"/> Other (enter here):</p> |
| Risk Adjustment and Stratification | 130 | <p>*Patient-level social risk factors: please select all that apply</p> | <p>Select all that apply</p> | <p><input type="checkbox"/> Income <input type="checkbox"/> Education <input type="checkbox"/> Wealth <input type="checkbox"/> Living Alone <input type="checkbox"/> Social Support <input type="checkbox"/> Other (enter here):</p> |
| Risk Adjustment and Stratification | 131 | <p>*Proxy social risk factors: please select all that apply</p> | <p>Select all that apply</p> | <p><input type="checkbox"/> Neighborhood Level Income from the Census <input type="checkbox"/> Dual Eligibility for Medicare and Medicaid <input type="checkbox"/> Other (enter here):</p> |
| Risk Adjustment | 132 | <p>*Patient community</p> | <p>Select all that apply</p> | <p><input type="checkbox"/> Percent of Vacant Houses <input type="checkbox"/> Crime Rate</p> |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------------------|-----|---|--|--|
| and Stratification | | characteristics: please select all that apply | | <input type="checkbox"/> Urban/Rural <input type="checkbox"/> Other (enter here): |
| Risk Adjustment and Stratification | 133 | *Risk model performance | Provide empirical evidence that the risk model adequately accounts for confounding factors (e.g., assessment of model calibration and discrimination). Describe your interpretation of the results. | Free text field |
| Risk Adjustment and Stratification | 134 | *Is the measure recommended to be stratified based on evidence from testing and/or literature? | <p>Select one. Indicate whether the final measure is recommended to be stratified. Indicate whether the recommended stratification is intended to address an equity gap.</p> <p>Health equity elements for stratification include sociodemographic data such as race, ethnicity, tribal sovereignty, language, geography, sex, sexual orientation and gender identity (SOGI), language, income, and disability status, as well as social determinants of health (SDOH) featured in the Healthy People 2030 SDOH Framework across five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.</p> <p>For more information about health equity elements, please refer to the Equity Data Standardization page on the CMS MMS Hub and the CMS Office of Minority Health white paper titled “The Path Forward: Improving Data to Advance Health Equity Solutions,” available at: https://mmshub.cms.gov/about-quality/quality-at-CMS/goals/cms-focus-on-health-equity/equity-data-standardization.</p> | <input type="checkbox"/> Yes, the measure is recommended to be stratified to address an equity gap <input type="checkbox"/> Yes, the measure is recommended to be stratified for reasons unrelated to an equity gap <input type="checkbox"/> Yes, the measure is recommended to be stratified both to address an equity gap AND for other reasons <input type="checkbox"/> <input type="checkbox"/> No, the measure is not recommended to be stratified |
| n/a | n/a | If you select a “Yes” response in Row 134, then Row 135 becomes a required field. If you select a “No” response in Row 134 AND selected a “No” response in Row 123, then Row 136 becomes a required field. Otherwise skip to Row 137. | n/a | This is not a data entry field. |
| Risk Adjustment | 135 | *Stratification approach | Describe the recommended stratification approach including the | Free text field |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------------------------|-----|---|--|---|
| and Stratification | | | <p>data elements used to stratify scores for subgroups. Demonstrate that there is sufficient sample size within measured entities to stratify measure scores.</p> <p>Indicate whether the recommendation to stratify the measure is based on evidence from testing and/or the literature.</p> <p>If findings from testing informed the recommendation to stratify the measure, summarize the findings indicating that stratification would improve interpretation of measure results. If more room is needed, provide testing results as an attachment and list the name of the attachment in this field.</p> <p>If evidence from the literature informed the recommendation to stratify the measure, provide citations supporting your stratification approach.</p> | |
| Risk Adjustment and Stratification | 136 | *Rationale for using neither risk adjustment nor stratification | <p>Select ALL reasons for not implementing a risk adjustment model or stratification approach in the measure. For more information, refer to the Risk Adjustment in Quality Measurement supplemental material on the CMS MMS Hub (https://mmshub.cms.gov/tools-and-resources/mms-supplemental-materials) and the guidance on defining stratification schemes (https://mmshub.cms.gov/measure-lifecycle/measure-specification/development-specification/stratification)</p> | <p><input type="checkbox"/> Addressed through exclusions (e.g., process measures)</p> <p><input type="checkbox"/> Risk adjustment not appropriate based on conceptual or empirical rationale (enter here):</p> <p><input type="checkbox"/> Data were not available to evaluate risk adjustment or stratification (enter here):</p> <p><input type="checkbox"/> Risk adjustment and stratification were not considered during development or testing</p> <p><input type="checkbox"/> Other (enter here):</p> |

Change #57

Location: Page 52, Healthcare Domain, Row 137-138

Reason for Change: Relocated Healthcare Domain rows. Updated Field Label.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-------------------|-----|--|--|--|
| Healthcare Domain | 164 | *What one Meaningful Measures 2.0 priority is most applicable to this measure? | <p>Select the ONE most applicable Meaningful Measures 2.0 priority. For more information, see: https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization</p> | <p><input type="checkbox"/> Person-Centered Care</p> <p><input type="checkbox"/> Equity</p> <p><input type="checkbox"/> Safety</p> <p><input type="checkbox"/> Affordability and Efficiency</p> <p><input type="checkbox"/> Chronic Conditions</p> <p><input type="checkbox"/> Wellness and Prevention</p> |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-------------------|-----|---|---|--|
| | | | | <input type="checkbox"/> Seamless Care Coordination <input type="checkbox"/> Behavioral Health |
| Healthcare Domain | 165 | What, if any, additional Meaningful Measure 2.0 priorities apply to this measure? | Select up to two additional Meaningful Measures 2.0 priorities that apply to this measure. For more information, see: https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization | <input type="checkbox"/> Person-Centered Care <input type="checkbox"/> Equity <input type="checkbox"/> Safety <input type="checkbox"/> Affordability and Efficiency <input type="checkbox"/> Chronic Conditions <input type="checkbox"/> Wellness and Prevention <input type="checkbox"/> Seamless Care Coordination <input type="checkbox"/> Behavioral Health |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-------------------|-----|--|---|--|
| Healthcare Domain | 137 | *What one Meaningful Measures 2.0 priority is most applicable to this measure? | Select the ONE most applicable Meaningful Measures 2.0 priority. For more information, see: https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization | <input type="checkbox"/> Person-Centered Care <input type="checkbox"/> Equity <input type="checkbox"/> Safety <input type="checkbox"/> Affordability and Efficiency <input type="checkbox"/> Chronic Conditions <input type="checkbox"/> Wellness and Prevention <input type="checkbox"/> Seamless Care Coordination <input type="checkbox"/> Behavioral Health |
| Healthcare Domain | 138 | What, if any, additional Meaningful Measures 2.0 priorities apply to this measure? | Select up to two additional Meaningful Measures 2.0 priorities that apply to this measure. For more information, see: https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization | <input type="checkbox"/> Person-Centered Care <input type="checkbox"/> Equity <input type="checkbox"/> Safety <input type="checkbox"/> Affordability and Efficiency <input type="checkbox"/> Chronic Conditions <input type="checkbox"/> Wellness and Prevention <input type="checkbox"/> Seamless Care Coordination <input type="checkbox"/> Behavioral Health |

Change #58

Location: Page 52, Other Priorities, Row 139

Reason for Change: Relocated Other Priorities. Updated Field Label.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------|-----|--|-------------|---|
| Other Priorities | 166 | *Does this measure address CMS priorities to improve maternal health care and maternal outcomes? | Select one. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------------|-----|---|-------------|---|
| Other Priorities | 139 | *Does this measure address CMS priorities to improve maternal health care or maternal outcomes? | Select one. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Change #59

Location: Page 53-54, Endorsement Characteristics, Row 140-146

Reason for Change: Relocated Endorsement Characteristics rows. Updated Guidance, selection options, and skip logic.

CY 2023 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-----------------------------|-----|--|---|--|
| Endorsement Characteristics | 167 | *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/ | <input type="checkbox"/> Endorsed <input type="checkbox"/> Endorsement removed <input type="checkbox"/> Submitted <input type="checkbox"/> Failed endorsement <input type="checkbox"/> Never submitted |
| Endorsement Characteristics | 168 | *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 | 169 | 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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "No" in Row 169 then Rows 170-171 become required fields.</i> | n/a | <i>This is not a data entry field.</i> |
| Endorsement Characteristics | 170 | If not exactly as endorsed, specify the locations of the differences | Indicate which specification fields are different. Select all that apply | <input type="checkbox"/> Measure title <input type="checkbox"/> Description <input type="checkbox"/> Numerator <input type="checkbox"/> Denominator <input type="checkbox"/> Exclusions <input type="checkbox"/> Target population <input type="checkbox"/> Setting (for testing) <input type="checkbox"/> Level of analysis <input type="checkbox"/> Data source <input type="checkbox"/> eCQM status <input type="checkbox"/> Other (enter here and see next field): |
| Endorsement Characteristics | 171 | If not exactly as endorsed, describe the nature of the differences | Briefly describe the differences | ADD YOUR CONTENT HERE |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-----------------------------|-----|--|---|---|
| Endorsement Characteristics | 172 | If endorsed: Year of most recent CDP endorsement | Select one | <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 |
| Endorsement Characteristics | 173 | Year of next anticipated CDP endorsement review | Select one. If you are submitting for initial endorsement, select the anticipated year. | <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 <input type="checkbox"/> 2024 <input type="checkbox"/> 2025 <input type="checkbox"/> 2026 <input type="checkbox"/> 2027 |

CY 2024 Final Rule text:

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-----------------------------|-----|--|---|--|
| Endorsement Characteristics | 140 | *What is the endorsement status of the measure? | Select only one. For information on consensus-based entity (CBE) endorsement, measure ID, and other information, refer to: https://p4qm.org/ | <input type="checkbox"/> Endorsed <input type="checkbox"/> Endorsed with conditions <input type="checkbox"/> Endorsement removed <input type="checkbox"/> Submitted <input type="checkbox"/> Failed endorsement or decision to not endorse <input type="checkbox"/> Never submitted |
| Endorsement Characteristics | 141 | *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 | 142 | 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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | If you select "No" in Row 142, then Rows 143-144 become required fields. | n/a | This is not a data entry field. |
| Endorsement Characteristics | 143 | If not exactly as endorsed, specify the locations of the differences | Indicate which specification fields are different. Select all that apply | <input type="checkbox"/> Measure title <input type="checkbox"/> Description <input type="checkbox"/> Numerator <input type="checkbox"/> Denominator <input type="checkbox"/> Exclusions <input type="checkbox"/> Target population <input type="checkbox"/> Setting (for testing) <input type="checkbox"/> Level of analysis <input type="checkbox"/> Data source <input type="checkbox"/> eCQM status <input type="checkbox"/> Other (enter here and see next field): |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|-----------------------------|-----|--|---|---|
| Endorsement Characteristics | 144 | If not exactly as endorsed, describe the nature of the differences | Briefly describe the differences | Free text field |
| Endorsement Characteristics | 145 | If endorsed: Year of most recent CBE endorsement | Select one | <input type="checkbox"/> 2017 <input type="checkbox"/> 2018 <input type="checkbox"/> 2019 <input type="checkbox"/> 2020 <input type="checkbox"/> 2021 <input type="checkbox"/> 2022 <input type="checkbox"/> 2023 |
| Endorsement Characteristics | 146 | Year of next anticipated CBE endorsement review | Select one. If you are submitting for initial endorsement, select the anticipated year. | <input type="checkbox"/> 2024 <input type="checkbox"/> 2025 <input type="checkbox"/> 2026 <input type="checkbox"/> 2027 <input type="checkbox"/> 2028 |

Change #60

Location: Page 55, Related and Competing Measures, Row 147-151

Reason for Change: Renamed section to Similar Measures. Relocated section. Added rows. Updated Guidance, selection options, and skip logic.

CY 2023 Final Rule text:

RELATED AND COMPETING MEASURES

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--------------------------------|-----|--|---|---|
| Similar In-Use Measures | 178 | *Is this measure related and/or competing with measure(s) already in a program? | Select either Yes or No. Related measures are measures that address either the same topic or the same population, Competing measure address both the same topic and population. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "Yes" in Row 178 then Rows 179-181 become required fields. If you select "No" in Row 178, then skip to Row 182.</i> | n/a | <i>This is not a data entry field.</i> |
| Related and Competing Measures | 179 | *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 |
| Related and Competing Measures | 180 | *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 |
| Related and Competing Measures | 181 | *How will this measure be distinguished from | Describe key differences that set this measure apart from others. | ADD YOUR CONTENT HERE |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--|----------|-----------------------|
| | | other similar and/or competing measures? | | |

**CY 2024 Final Rule text:
SIMILAR MEASURES**

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|--------------------------------|-----|---|---|---|
| Related and Competing Measures | 147 | *Is this measure related to and/or competing with measure(s) already in a program? | Select either Yes or No. Consider other measures with related purposes. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| n/a | n/a | <i>If you select "Yes" in Row 147, then Rows 148-150 become required fields. If you select "No" in Row 147, then skip to Row 151.</i> | n/a | <i>This is not a data entry field.</i> |
| Related and Competing Measures | 148 | *Which measure(s) already in a program is your measure related to and/or competing with? | Identify the other measure(s) including title and any other unique identifier. | Free text field |
| Related and Competing Measures | 149 | *How will this measure add value to the CMS program? | Describe benefits of this measure, in comparison to measure(s) already in a program. | Free text field |
| Related and Competing Measures | 150 | *How will this measure be distinguished from other related and/or competing measures? | Describe key differences that set this measure apart from others. | Free text field |
| Related and Competing Measures | 151 | *Universal Foundation Measure | <p>Select one. Indicate whether this measure is a Universal Foundation quality measure.</p> <p>To be considered a Universal Foundation quality measure, the submitted measure's population must align with the population of the existing Universal Foundation measure (i.e., adult and/or pediatric).</p> <p>Please refer to the "Aligning Quality Measures Across CMS – the Universal Foundation" webpage for more information about Universal Foundation of quality measures available at: https://www.cms.gov/aligning-quality- </p> | <input type="checkbox"/> Measure is a Universal Foundation quality measure (populations must align) <input type="checkbox"/> Measure is not a Universal Foundation quality measure |

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|-------------|--|-----------------------|
| | | | measures-across-cms-universal-foundation | |

Change #61

Location: Page 56, Attachments, Row 152-153

Reason for Change: Relocated Attachments section.

CY 2023 Final Rule text:

ATTACHMENTS

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|---|---|---|
| N/A | 182 | Attachment(s) | <p>You are encouraged to attach the measure information form (MIF) if available. This is a detailed description of the measure used by the CMS consensus-based entity (CBE) during endorsement proceedings. If a MIF is not available, comprehensive measure methodology documents are encouraged.</p> <p>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</p> <p>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</p> <p>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.</p> | ADD YOUR CONTENT HERE |
| N/A | 183 | 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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

CY 2024 Final Rule text:

ATTACHMENTS

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|---|---|---|
| N/A | 152 | Attachment(s) | <p>You are encouraged to attach the measure information form (MIF) if available. This is a detailed description of the measure used by the CMS consensus-based entity (CBE) during endorsement proceedings. If a MIF is not available, comprehensive measure methodology documents are encouraged.</p> <p>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</p> <p>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</p> <p>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.</p> | ADD YOUR CONTENT HERE |
| N/A | 153 | 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. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Change #62

Location: Page 56, Submitter Comments, Row 154

Reason for Change: Relocated and renamed Submitter Comments section.

CY 2023 Final Rule text:

COMMENTS

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--------------------|---|-----------------------|
| N/A | 184 | Submitter Comments | Any notes, qualifiers, external references, or other information not specified above. | ADD YOUR CONTENT HERE |

CY 2024 Final Rule text:

SUBMITTER COMMENTS

| Subsection | Row | Field Label | Guidance | ADD YOUR CONTENT HERE |
|------------|-----|--------------------|---|------------------------------|
| N/A | 154 | Submitter Comments | Any notes, qualifiers, external references, or other information not specified above. | Free text field |

Change #63**Location:** Page 57-58, Appendix**Reason for Change:** Updated row numbers.**CY 2023 Final Rule text:****Appendix: Lengthy Lists of Choices****A. 084-086 Choices for **Measure Steward (084)** and **Long-Term Measure Steward (if different) (086)****

| | |
|--|---|
| Agency for Healthcare Research & Quality | Minnesota (MN) Community Measurement |
| Alliance of Dedicated Cancer Centers | National Committee for Quality Assurance |
| Ambulatory Surgical Center (ASC) Quality Collaboration | National Minority Quality Forum |
| American Academy of Allergy, Asthma & Immunology (AAAAI) | Office of the National Coordinator for Health Information Technology/Centers for Medicare & Medicaid Services |
| American Academy of Dermatology | Oregon Urology Institute |
| American Academy of Neurology | Oregon Urology Institute in collaboration with Large Urology Group Practice Association |
| American Academy of Ophthalmology | Pharmacy Quality Alliance |
| American Academy of Otolaryngology – Head and Neck Surgery (AAOHN) | Philip R. Lee Institute for Health Policy Studies |
| American College of Cardiology | Primary (care) Practice Research Network (PPRNet) |
| American College of Cardiology/American Heart Association | RAND Corporation |
| American College of Emergency Physicians | Renal Physicians Association; joint copyright with American Medical Association - |
| American College of Emergency Physicians (previous steward Partners-Brigham & Women's) | Seattle Cancer Care Alliance |
| American College of Obstetricians and Gynecologists (ACOG) | Society of Gynecologic Oncology |
| American College of Radiology | Society of Interventional Radiology |
| American College of Rheumatology | The Academy of Nutrition and Dietetics |
| American College of Surgeons | The Joint Commission |
| American Gastroenterological Association | The Society for Vascular Surgery |
| American Health Care Association | The University of Texas MD Anderson Cancer Center |
| American Medical Association | University of Minnesota Rural Health Research Center |
| American Nurses Association | University of North Carolina- Chapel Hill |
| American Psychological Association | Wisconsin Collaborative for Healthcare Quality (WCHQ) |
| American Society for Gastrointestinal Endoscopy | Other (enter in Row 084 and/or Row 086) |
| American Society for Radiation Oncology | |
| American Society of Addiction Medicine | |
| American Society of Anesthesiologists | |
| American Society of Clinical Oncology | |
| American Society of Clinical Oncology | |
| American Urogynecologic Society | |
| American Urological Association (AUA) | |
| Audiology Quality Consortium/American Speech-Language-Hearing Association (AQC/ASHA) | |
| Bridges to Excellence | |
| Centers for Disease Control and Prevention | |
| Centers for Medicare & Medicaid Services | |
| Eugene Gastroenterology Consultants, PC Oregon | |
| Endoscopy Center, LLC | |
| Health Resources and Services Administration (HRSA) - HIV/AIDS Bureau | |
| Heart Rhythm Society (HRS) | |
| Indian Health Service | |
| Infectious Diseases Society of America (IDSA) | |
| Intersocietal Accreditation Commission (IAC) | |

KCQA- Kidney Care Quality Alliance

A.097 Choices for Areas of specialty (097)

Addiction medicine
Allergy/immunology
Anesthesiology
Behavioral health
Cardiac electrophysiology
Cardiac surgery
Cardiovascular disease (cardiology)
Chiropractic medicine
Colorectal surgery (proctology)
Critical care medicine (intensivists)
Dermatology
Diagnostic radiology
Electrophysiology
Emergency medicine
Endocrinology
Family practice
Gastroenterology
General practice
General surgery
Geriatric medicine
Gynecological oncology
Hand surgery
Hematology/oncology
Hospice and palliative care
Infectious disease
Internal medicine
Interventional pain management
Interventional radiology
Maxillofacial surgery
Medical oncology
Nephrology
Neurology
Neuropsychiatry
Neurosurgery
Nuclear medicine
Nursing
Nursing homes
Obstetrics/gynecology
Ophthalmology
Optometry
Oral surgery (dentists only)
Orthopedic surgery
Osteopathic manipulative medicine
Otolaryngology
Pain management
Palliative care
Pathology
Pediatric medicine
Peripheral vascular disease
Physical medicine and rehabilitation
Plastic and reconstructive surgery
Podiatry
Preventive medicine
Primary care
Psychiatry
Public and/or population health
Pulmonary disease
Pulmonology
Radiation oncology
Rheumatology
Sleep medicine
Sports medicine
Surgical oncology
Thoracic surgery
Urology
Vascular surgery
Other (enter in Row 097)

CY 2024 Final Rule text:**Appendix: Lengthy Lists of Choices****A. 085 Choices for Measure Steward and Long-Term Measure Steward (if different)**

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|--|--|
| Agency for Healthcare Research & Quality | National Minority Quality Forum |
| Alliance of Dedicated Cancer Centers | Office of the National Coordinator for Health Information Technology/Centers for Medicare & Medicaid Services |
| Ambulatory Surgical Center (ASC) Quality Collaboration | Oregon Urology Institute |
| American Academy of Allergy, Asthma & Immunology (AAAAI) | Oregon Urology Institute in collaboration with Large Urology Group Practice Association |
| American Academy of Dermatology | Pharmacy Quality Alliance |
| American Academy of Neurology | Philip R. Lee Institute for Health Policy Studies |
| American Academy of Ophthalmology | Primary (care) Practice Research Network (PPRNet) |
| American Academy of Otolaryngology – Head and Neck Surgery (AAOHN) | RAND Corporation |
| American College of Cardiology | Renal Physicians Association; joint copyright with American Medical Association - Seattle Cancer Care Alliance |
| American College of Cardiology/American Heart Association | Society of Gynecologic Oncology |
| American College of Emergency Physicians | Society of Interventional Radiology |
| American College of Emergency Physicians (previous steward Partners-Brigham & Women's) | The Academy of Nutrition and Dietetics |
| American College of Obstetricians and Gynecologists (ACOG) | The Joint Commission |
| American College of Radiology | The Society for Vascular Surgery |
| American College of Rheumatology | The University of Texas MD Anderson Cancer Center |
| American College of Surgeons | University of Minnesota Rural Health Research Center |
| American Gastroenterological Association | University of North Carolina- Chapel Hill |
| American Health Care Association | Wisconsin Collaborative for Healthcare Quality (WCHQ) |
| American Medical Association | Other (enter in Row 084 and/or Row 086) |
| American Nurses Association | |
| American Psychological Association | |
| American Society for Gastrointestinal Endoscopy | |
| American Society for Radiation Oncology | |
| American Society of Addiction Medicine | |
| American Society of Anesthesiologists | |
| American Society of Clinical Oncology | |
| American Society of Clinical Oncology | |
| American Urogynecologic Society | |
| American Urological Association (AUA) | |
| Audiology Quality Consortium/American Speech-Language-Hearing Association (AQC/ASHA) | |
| Bridges to Excellence | |
| Centers for Disease Control and Prevention | |
| Centers for Medicare & Medicaid Services | |
| Eugene Gastroenterology Consultants, PC Oregon Endoscopy Center, LLC | |
| Health Resources and Services Administration (HRSA) - HIV/AIDS Bureau | |
| Heart Rhythm Society (HRS) | |
| Indian Health Service | |
| Infectious Diseases Society of America (IDSA) | |
| Intersocietal Accreditation Commission (IAC) | |
| KCQA- Kidney Care Quality Alliance | |
| Minnesota (MN) Community Measurement | |
| National Committee for Quality Assurance | |

A.098 Choices for Areas of specialty

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|---------------------------------------|-----------------------------------|--------------------------------------|
| Addiction medicine | Hospice and palliative care | Pathology |
| Allergy/immunology | Infectious disease | Pediatric medicine |
| Anesthesiology | Internal medicine | Peripheral vascular disease |
| Behavioral health | Interventional pain management | Physical medicine and rehabilitation |
| Cardiac electrophysiology | Interventional radiology | Plastic and reconstructive surgery |
| Cardiac surgery | Maxillofacial surgery | Podiatry |
| Cardiovascular disease (cardiology) | Medical oncology | Preventive medicine |
| Chiropractic medicine | Nephrology | Primary care |
| Colorectal surgery (proctology) | Neurology | Psychiatry |
| Critical care medicine (intensivists) | Neuropsychiatry | Public and/or population health |
| Dermatology | Neurosurgery | Pulmonary disease |
| Diagnostic radiology | Nuclear medicine | Pulmonology |
| Electrophysiology | Nursing | Radiation oncology |
| Emergency medicine | Nursing homes | Rheumatology |
| Endocrinology | Obstetrics/gynecology | Sleep medicine |
| Family practice | Ophthalmology | Sports medicine |
| Gastroenterology | Optometry | Surgical oncology |
| General practice | Oral surgery (dentists only) | Thoracic surgery |
| General surgery | Orthopedic surgery | Urology |
| Geriatric medicine | Osteopathic manipulative medicine | Vascular surgery |
| Gynecological oncology | Otolaryngology | Other (enter in Row 097) |
| Hand surgery | Pain management | |
| Hematology/oncology | Palliative care | |

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