OMB control number: 0938-1314
Expiration Date: 02/28/2027

Centers for Medicare & Medicaid Services

Measures Under Consideration Entry/Review and Information Tool 2025 Data Template for Candidate Measures

Instructions:

1. Before accessing the CMS MERIT (Measures Under Consideration Entry/Review and Information Tool) online system, you are invited to complete the measure template below by entering your candidate measure information in the column titled "Add Your Content Here."
2. All rows that have an asterisk symbol * in the Field Label require a response, 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. Please ensure that if your measure includes Numerator Exclusions, Denominator Exclusions, or Denominator Exceptions, they are listed in their designated locations and not solely identified in the Numerator or Denominator fields. This practice is crucial for maintaining the standardization of the measure submission process.
7. For all free-text fields: Be sure to spell out all abbreviations and define special terms at their first occurrence.
8. Numeric fields are noted, where applicable, in the "Add Your Content Here" column.
9. Row numbers are for convenience only and do not appear on the CMS MERIT user interface.
10. Send any questions to MMSsupport@battelle.org with the subject line "Pre-Rulemaking".

STEWARD or OWNER

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Steward or Owner Information	001	*Measure Steward or Owner	Enter the current Measure Steward or Owner. Typically, this is an organization or other agency/institution/entity name.	See Appendix A.001 for list choices. Copy/paste or enter your choices here:
Steward or Owner Information	002	*Measure Steward or Owner Contact Information	Please provide the contact information of the measure steward or owner.	*ADD YOUR CONTENT HERE*
Steward or Owner Information	003	*Did another federal agency or any other organizations, subcontractors, or partners participate in developing the measure?	To answer the question, please confirm if any external entities such as federal agencies, organizations, subcontractors, or partners were involved in the development of the measure. Simply respond with "Yes" if there was any collaboration, or "No" if the development was carried out independently by your team.	☐ Yes ☐ No
n/a	n/a	*If you select "Yes" in Row 003, then Row 004 becomes a required field. If you select "No" in Row 003, then skip to Row 005.*	*n/a*	*This is not a data entry field.*
Steward or Owner Information	004	*List Collaborators in Measure Development	If yes, please list all federal agencies, organizations, subcontractors, or partners that participated in the development of the measure.	*Free text field*
Measure Developer Information	005	*Is the Measure Developer different than the steward or owner?	Please verify whether the measure developer is the same entity as the measure steward or owner mentioned above.	☐ Yes ☐ No
n/a	n/a	*If you select "Yes" in Row 005, then Row 006 becomes a required field. If you select "No" in Row 005, then skip to Row 007.*	*n/a*	*This is not a data entry field.*
Measure Developer Information	006	*Measure Developer Contact Information	If different from Steward or Owner above, enter the required contact information for the Measure Developer listed above	*ADD YOUR CONTENT HERE*
Submitter Information	007	Is primary submitter the same as steward or owner?	Select "Yes" or "No."	☐ Yes ☐ No

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
n/a	n/a	*If you select "No" in Row 007, then Row 008 becomes a required field. If you select "Yes" in Row 007, then skip to Row 009.*	*n/a*	*This is not a data entry field.*
Submitter Information	008	*Primary Submitter Contact Information	If different from Steward or Owner 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	009	Secondary Submitter Contact Information	If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address.	*ADD YOUR CONTENT HERE*
n/a	n/a	*If applicable, select from drop-down menu "Other MERIT users who will contribute to this measure"*	*n/a*	*This is not a data entry field.*

PROPERTIES

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Information	010	*Measure Title	Provide the measure title only (255 characters or less). Put any program-specific identification (ID) number under Characteristics, not in the title. Note: Do not enter the CMIT ID, consensus-based entity (endorsement) ID, former Jira MUC ID number, or any other ID numbers here (see other fields below). The Medicare program name should not ordinarily be part of the measure title, because each measure record already has a required field that specifies the Medicare program. An exception would be if there are several measures with otherwise identical titles that apply to different programs. In this case, including or imbedding a program name in the title (to prevent there being any otherwise duplicate titles) is helpful. For additional information on measure title, see the Measure Specification tab on the CMS MMS Hub.	*Free text field*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Information	011	*Is any part of the measure or use of the measure proprietary and/or licensed?	Select 'Yes' or 'No' Indicate whether there are any proprietary components of the measure such as specifications, algorithms, and/or software.	☐ Yes ☐ No
n/a	n/a	*If you select "Yes" in Row 011, then Rows 012 and 013 become required fields. If you select "No" in Row 011, then skip to Row 014.*	*n/a*	*This is not a data entry field.*
Measure Information	012	*Are there any licensing fees associated with the use of or reporting of this measure for either CMS or Measured Entities?	Select 'Yes' or 'No' Indicate whether there are any licensing fees associated with the use or reporting of this measure for either CMS or the measured entities.	☐ Yes ☐ No
Measure Information	013	*Proprietary and/or Licensing Details	If you answered "Yes" to either of the following questions: "Is any part of the measure or use of the measure proprietary and/or licensed?" or "Are there any licensing fees associated with the use of or reporting of this measure for either CMS or Measured Entities?" please provide detailed information about the proprietary components and/or licensing fees required.	*Free text field*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Information	014	*Is the measure a composite, survey, and/or a paired measure?	Select all that apply. A composite measure contains two or more individual measures, resulting in a single measure and a single score. This includes index measures. A survey measure refers to a type of performance measure that is derived from data collected through surveys. 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. **If you choose composite or survey, click save and a "Component or Survey-Based Measure" tab will appear at the top of the screen. Navigate to this screen to answer the component and survey-based questions.**	☐ Yes, this is a composite measure ☐ Yes, this is a survey measure ☐ Yes, this is a paired measure ☐ No, this is not a composite, survey, or a paired measure
n/a	n/a	*If you select "Yes, this is a composite or survey measure" in Row 014, then Row 015 becomes a required field. If you select "Yes, this is a paired measure" in Row 014, then Rows 016-017 become required fields. If you select "*No, this is not a composite, survey, or a paired measure*" in Row 014, then skip to Row 018.*	*n/a*	*This is not a data entry field.*
Measure Information	015	*Enter titles of each component or survey-based measure	Please list each title for each specific component or survey-based measure.	Free text field

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Information	016	*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
Measure Information	017	*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
n/a	n/a	If you are submitting a composite or survey measure, Row 018 in MERIT will enable you to input information for each component or survey-based measure included in your submission.	*n/a*	*This is not a data entry field.*
Measure Information	018	*Measure Description	Provide a brief description of the measure. For additional information on measure description, see the Measure Specification tab on the CMS MMS Hub.	Free text field

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Information	019	*Select the Medicare program(s) for which the measure is being submitted.	Select all that apply. Please note, measures specified and intended for use at more than one level of analysis must be submitted separately for each level of analysis (e.g., individual clinician, facility). If you choose multiple programs for this submission, please ensure the programs fall under the same level of analysis. If you choose multiple programs and need guidance as to whether your selection represents multiple levels of analysis, please contact MMSSupport@battelle.org. 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. 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. If you are submitting a measure to the Hospital Inpatient Quality Reporting Program and your measure is an electronic Clinical Quality Measure (eCQM), it is also required to be submitted to the Medicare Promoting Interoperability Program.	☐ Ambulatory Surgical Center Quality Reporting Program ☐ End-Stage Renal Disease (ESRD) Quality Incentive Program ☐ Home Health Quality Reporting Program ☐ Hospice Quality Reporting Program ☐ Hospital Inpatient Quality Reporting Program ☐ Hospital Outpatient Quality Reporting Program ☐ Hospital Readmissions Reduction Program ☐ Hospital Value-Based Purchasing Program ☐ Hospital-Acquired Condition Reduction Program ☐ Inpatient Psychiatric Facility Quality Reporting Program ☐ Inpatient Rehabilitation Facility Quality Reporting Program ☐ Long-Term Care (LTC) Hospital Quality Reporting Program ☐ Medicare Promoting Interoperability Program ☐ Medicare Shared Savings Program ☐ Merit-based Incentive Payment System-Cost ☐ Merit-based Incentive Payment System-Quality ☐ Part C Star Ratings ☐ Part D Star Ratings ☐ Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program ☐ Rural Emergency Hospital Quality Reporting Program ☐ Skilled Nursing Facility Quality Reporting Program ☐ Skilled Nursing Facility Value-Based Purchasing Program
n/a	n/a	*If you select "Merit-based Incentive Payment System - Quality" in Row 019, then Row 020 becomes an optional field. If you do not select "Merit-based Incentive Payment System - Quality" in Row 019, then skip to Row 021.*	*n/a*	*This is not a data entry field.*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Information	020	MIPS Quality: Identify any links with related Cost measures and Improvement Activities	Where available, provide description of linkages and a rationale that correlates this MIPS quality measure to other performance category measures and activities.	Free text field
Measure Information	021	*Completed Stage(s) of Development	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. The measure conceptualization stage initiates information gathering and business case development. The measure specification stage involves establishing the basic elements of the measure, including the numerator, calculation algorithm, and data source identification. The measure testing stage examines the specifications, usually with a limited number of real settings, to make sure the measure is scientifically acceptable and feasible. Measure specification and measure testing are iterative. For additional information regarding stage of development, see the Blueprint Measure Lifecycle on the CMS MMS Hub.	☐ Measure Conceptualization ☐ Measure Specification ☐ Measure Testing ☐ Measure Use, Continuing Evaluation & Maintenance
n/a	n/a	*If you select only "Measure Conceptualization" and/or "Measure Specification" in Row 021, then Row 022 becomes a required field. If your selections include "Measure Testing" or "Measure Use, Continuing Evaluation & Maintenance" in Row 021, then skip to Row 023.*	*n/a*	*This is not a data entry field.*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Information	022	*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 (e.g., alpha, beta) as well as the types of facilities in which the measure will be tested. For additional information, see the Blueprint Measure Lifecycle on the CMS MMS Hub.	Free text field
Measure Information	023	*Level of Analysis	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. 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. For submission to the MIPS-Cost program, clinician group-level testing is sufficient.	☐ Accountable Care Organization ☐ Clinician: Group ☐ Clinician: Individual ☐ Clinician: Individual and Group ☐ Facility ☐ Health plan ☐ Integrated Delivery System ☐ Medicaid program (e.g., Health Home or 1115) ☐ Population: Community, County or City ☐ Population: Regional and State

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Information	024	*In which setting(s) was this measure tested?	Select all that apply.	☐ Ambulatory surgery center ☐ Ambulatory/office-based care ☐ Behavioral health clinic ☐ Birthing Centers ☐ Community hospital ☐ Dialysis facility ☐ Emergency department ☐ Emergency Medical Services/Ambulance ☐ Federally qualified health center (FQHC) ☐ Health and Drug Plans ☐ Hospital: critical access ☐ Hospital outpatient department (HOD) ☐ Home health ☐ Hospice ☐ Hospital inpatient acute care facility ☐ Inpatient psychiatric facility ☐ Inpatient rehabilitation facility ☐ Long-term care hospital ☐ Nursing home ☐ PPS-exempt cancer hospital ☐ Skilled nursing facility ☐ Veterans Health Administration facility ☐ Not yet tested ☐ Other (enter here):
Measure Information	025	*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.	☐ Yes ☐ No
n/a	n/a	*If you select "Yes" in Row 025, then Rows 026-028 become required fields. If you select, "No", then skip to Row 029.*	*n/a*	*This is not a data entry field.*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Information	026	*Measures with Multiple Scores: Number of Scores	How many measure scores are included in this measure?	Numeric field
Measure Information	027	*Measures with Multiple Scores: Names of Score Reported in MERIT Form	Please enter the name of the score described in this MERIT form.	Free text field
Measure Information	028	*Measures with Multiple Scores: Names of Scores	Please enter the names of all additional scores included in this measure but not described in this MERIT form. Please enter the names separated by a semicolon and do not enter any additional information in this field.	Free text field
n/a	n/a	If you are submitting a composite or survey measure, Rows 029-034 in MERIT will enable you to input information for each component or survey-based measure included in your submission.	*n/a*	*This is not a data entry field.*
Measure Information	029	*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
Measure Information	030	*Numerator Exclusions	For additional information on exclusions/exceptions, see the Measure Testing page on the CMS MMS Hub. If not applicable, enter 'N/A.'	Free text field
Measure Information	031	*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
Measure Information	032	*Denominator Exclusions	For additional information on exclusions/exceptions, see the Measure Testing page on the CMS MMS Hub. If not applicable, enter 'N/A.'	Free text field
Measure Information	033	*Denominator Exceptions	For additional information on exclusions/exceptions, see the Measure Testing page on the CMS MMS Hub. If not applicable, enter 'N/A.'	Free text field
Measure Information	034	*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

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Implementation	035	*Feasibility of Data Elements	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. • 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. For a PRO-PM, select the most appropriate option based on the data collection format(s).	☐ ALL data elements are in defined fields in electronic sources ☐ Some data elements are in defined fields in electronic sources ☐ No data elements are in defined fields in electronic sources ☐ Not applicable (applies only for CAHPS measures) ☐ Unable to determine (applies only if a feasibility assessment has not yet been completed)
n/a	n/a	*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 035, then Row 036 becomes a required field, otherwise, skip to row 037.*	*n/a*	*This is not a data entry field.*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Implementation	036	*USCDI Data Elements	Select one. Indicate the extent to which the data elements that are in defined fields in electronic sources align with the current version of the United States Core Data for Interoperability (USCDI) or USCDI+ Quality draft standard definitions. For more information about USCDI, please refer to the HealthIT.gov website. For more information about USCDI+ Quality, please refer to the HealthIT.gov website.	☐ ALL data elements align with USCDI/USCDI+ Quality standard definitions ☐ Some data elements align with USCDI/USCDI+ Quality standard definitions ☐ None of the data elements align with USCDI/USCDI+ Quality standard definitions ☐ USCDI/USCDI+ Quality alignment not assessed

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Implementation	037	*Method of Measure Calculation	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: • 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 information technology systems, using the Quality Data Model (QDM) to define the data elements and Clinical Quality Language (CQL) to express measure logic. • 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.	☐ Electronically Derived Administrative Data (Claims and/or Non-Claims) ☐ eCQM ☐ Other digital method ☐ Manual abstraction ☐ Combination
Measure Implementation	n/a	*If you select "Combination" in Row 037, then Row 038 becomes a required field; otherwise, skip to Row 039.*	*n/a*	*This is not a data entry field.*
Measure Implementation	038	*Combination measure: Methods of calculation	Select all that apply. A minimum of two options must be selected.	☐ Electronically Derived Administrative Data (Claims and/or Non-Claims) ☐ eCQM ☐ Other digital method ☐ Manual abstraction

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Implementation	039	*How is the measure expected to be reported to the program?	This is the anticipated data submission method. Select all that apply. Use the "Submitter Comments" field to specify or elaborate on the type of reporting data, if needed to define your measure.	☐ eCQM ☐ Clinical Quality Measure (CQM) ☐ Claims ☐ Web interface ☐ Other (enter here):

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Burden	040	*Did the provider workflow have to be modified to collect additional data needed to report the measure?	Select one. 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. 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. Select "Not applicable" if the measure imposes no data entry burden on the clinician or provider because: 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 B) the data are collected by someone other than the clinician or provider (e.g., CAHPS), OR C) the measure repurposes existing data sets to calculate a measure score (e.g., HEDIS). 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.	☐ Yes ☐ No ☐ Not applicable ☐ Unable to determine

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Groups	041	*Is this measure an electronic clinical quality measure (eCQM)?	Select 'Yes' or 'No'. If your answer is yes, CMS ID must be provided below. For more information on eCQMs, visit the Measure Authoring Development Integrated Environment (MADiE) website. If you select "yes" to this question and are submitting to the Hospital Inpatient Quality Reporting Program, you are also required to submit this measure to the Medicare Promoting Interoperability Program.	☐ Yes ☐ No
Groups	n/a	*If you select "Yes" in Row 041, then Rows 042-044 become required fields. If you select "No" in Row 041, then skip to Row 045.*	*n/a*	*This is not a data entry field.*
Groups	042	*CMS ID found in MADiE	CMS encourages all submitters to submit both Quality Data Model (QDM) and Fast Health Interoperability Resources (FHIR) specifications, where available. For QDM specifications, you must attach the eCQM specification exported from MADiE, test cases exported from MADiE, with 100% coverage/100% passing both QRDA and Excel format), attestation that value sets are published in Value Set Authority Center (VSAC), and feasibility scorecard. For FHIR specifications, you must attach the MADiE output of the FHIR specifications using QI-Core 4.1.1 or QI-Core STU 6, MADiE output of the QI-Core 4.1.1 or Qi-Core STU 6 compliant test cases (QI-Core version should align between specification and test cases), and attestation to value sets published in VSAC. Additional Feasibility scorecard is not required at this time. If not an eCQM, or if MAT number is not available, enter 0.	*ADD YOUR CONTENT HERE*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Groups	043	*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),Quality Data Model (QDM), Fast Health Interoperability Resources (FHIR) and Quality Improvement Core (QI-Core)?	Select 'Yes' or 'No'. For additional information on HQMF standards, visit the eCQI Resource Centers HQMF page.	☐ Yes ☐ No
Groups	044	*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
n/a	n/a	If you are submitting a composite or survey measure, Rows 045-063 in MERIT will enable you to input information for each component or survey-based measure included in your submission.	*n/a*	*This is not a data entry field.*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Score Level (Accountable Entity Level) Testing	045	*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 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. Select "Yes" if acceptable accountable entity-level reliability testing has been completed as of submission of this form. 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. 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.	☐ Yes ☐ No
n/a	n/a	*If you select "Yes" in Row 045, then Rows 046-054 becomes required fields. If you select "No" in Row 045, then skip to Row 055.*	*n/a*	*This is not a data entry field.*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Score Level (Accountable Entity Level) Testing	046	*Reliability: Type of analysis	Select all that apply. Signal-to-noise (or inter-unit reliability) is the precision attributed to an actual construct versus random variation (e.g., ratio of between unit variance to total variance) (Adams J. The reliability of provider profiling: a tutorial. Santa Monica, CA: RAND; 2009.). 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.	☐ Signal-to-Noise (e.g., Beta-Binomial, Mixed Logistic Regression) ☐ Random Split-Half Correlation
n/a	n/a	*If you select "Signal-to-Noise" in Row 046, then Rows 047-050 become required fields. If you select, "Random Split-Half Correlation" in Row 046, then Rows 051-054 become required fields.*	*n/a*	*This is not a data entry field.*
Measure Score Level (Accountable Entity Level) Testing	047	* 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. For submission to the MIPS-Cost program, clinician group-level testing is sufficient.	☐ Accountable Care Organization ☐ Clinician – Group ☐ Clinician – Individual ☐ Facility ☐ Health plan ☐ Integrated Delivery System ☐ Medicaid program (e.g., Health Home or 1115) ☐ Population: Community, County or City ☐ Population: Regional and State
Measure Score Level (Accountable Entity Level) Testing	048	* 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

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Score Level (Accountable Entity Level) Testing	049	* 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	050	* 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).	Free text field
Measure Score Level (Accountable Entity Level) Testing	051	*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. For submission to the MIPS-Cost program, clinician group-level testing is sufficient.	☐ Accountable Care Organization ☐ Clinician – Group ☐ Clinician – Individual ☐ Facility ☐ Health plan ☐ Integrated Delivery System ☐ Medicaid program (e.g., Health Home or 1115) ☐ Population: Community, County or City ☐ Population: Regional and State
Measure Score Level (Accountability Entity Level) Testing	052	*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

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Score Level (Accountability Entity Level) Testing	053	*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	054	*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	055	*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. Note: This section refers to the empiric validity of the accountable entity level measure scores in the final performance measure. Refer to the Patient-Reported Data section for testing of surveys or patient reported tools. Note: for MIPS-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.	☐ Yes ☐ No
n/a	n/a	*If you select "Yes" in Row 055, then Rows 056-059 become required fields. If you select "No" in Row 055, then skip to Row 060.*	*n/a*	*This is not a data entry field.*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Score Level (Accountable Entity Level) Testing	056	*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. For submission to the MIPS-Cost program, clinician group-level testing is sufficient.	☐ Accountable Care Organization ☐ Clinician – Group ☐ Clinician – Individual ☐ Facility ☐ Health plan ☐ Integrated Delivery System ☐ Medicaid program (e.g., Health Home or 1115) ☐ Population: Community, County or City ☐ Population: Regional and State
Measure Score Level (Accountability Entity Level) Testing	057	*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.	Numeric field
Measure Score Level (Accountability Entity Level) Testing	058	*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 results 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.	Free text field
Measure Score Level (Accountable Entity Level) Testing	059	*Empiric Validity: Interpretation of results	Indicate whether the statistical result affirmed the hypothesized relationship for the analysis conducted.	☐ Yes ☐ No

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Score Level (Accountable Entity Level) Testing	060	*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. 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.	☐ Yes ☐ No
n/a	n/a	*If you select "Yes" in Row 060, then Rows 061-063 become required fields. If you select "No" in Row 060, then skip to Row 064.*	*n/a*	*This is not a data entry field.*
Measure Score Level (Accountable Entity Level) Testing	061	*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
Measure Score Level (Accountable Entity Level) Testing	062	*Face validity: Number of experts and patients/caregivers who voted in agreement	Indicate the number of experts and patients/caregivers who voted in agreement that the measure could differentiate good from poor quality care among accountable entities. If votes were conducted using a scale, sum all responses in agreement with the statement. Do not include neutral votes. If more than one question was asked of the experts and patients/caregivers, only provide results from the question relating to the ability of the final performance measure to differentiate good from poor quality care.	Numeric field

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Score Level (Accountable Entity Level) Testing	063	Face validity: Interpretation	Briefly explain the interpretation of the result, including any disagreement with the face validity of the performance measure.	Free text field

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Patient/Encounter Level (Data Element Level) Testing	064	*Patient/Encounter Level Testing	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. • Select "Yes" if data element agreement was assessed at the individual data element 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. • Select "Not applicable" if the measure relies entirely on administrative claims data. Note: This section includes tests of both data element reliability and validity.	☐ Yes ☐ No ☐ Not applicable
n/a	n/a	*If you select "Yes" in Row 064, then Rows 065-069 become required fields. If you select "No" or "Not applicable" in Row 064, then skip to Row 070.*	*n/a*	*This is not a data entry field.*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Patient/Encounter Level (Data Element Level) Testing	065	*Type of Analysis	Select all that apply. For more information on patient/encounter level testing, refer to the Blueprint content on the CMS MMS Hub. Note: This section refers to the patient/encounter level data elements in the final performance measure. Refer to the Patient-Reported Data section for testing of patient/encounter level data elements in surveys or patient reported tools.	☐ Agreement between two manual reviewers ☐ Agreement between eCQM and manual reviewer ☐ Agreement between other gold standard and manual reviewer
Patient/Encounter Level (Data Element Level) Testing	066	*Sample Size	Indicate the number of patients/encounters sampled.	Numeric field
Patient/Encounter Level (Data Element Level) Testing	067	*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.	☐ Correlation coefficient ☐ Kappa ☐ Percent agreement ☐ Positive Predictive Value ☐ Sensitivity
Patient/Encounter Level (Data Element Level) Testing	068	*Statistical Results: Individual Data Element	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. 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%. The percent value should be entered as a whole number; for example, 70% would be entered as 70 and NOT 0.7. If not tested at the individual data element level, enter 9999.	Numeric field

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Patient/Encounter Level (Data Element Level) Testing	069	*Interpretation of results	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. 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.	Free text field

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Patient-Reported Data	070	*Does the performance measure use survey or patient-reported data?	Indicate whether the performance measure utilizes data from structured surveys or patient-reported tools.	☐ Yes ☐ No
n/a	n/a	*If you select "Yes" in Row 070, then Rows 071 and 072 become required fields. If you select "No" in Row 070, then skip to Row 073.*	*n/a*	*This is not a data entry field.*
Patient-Reported Data	071	*Survey level testing methodology and results	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. Describe the mode(s) of administration available (e.g., electronic, phone, mail) and the number of languages the survey(s) or tool(s) are available in. Indicate whether any of the surveys or tools is proprietary requiring licenses or fees for use. 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.	Free text field

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Patient-Reported Data	072	*Spanish development of the survey instrument.	Select all that apply. Survey instruments are expected to be developed in Spanish, in addition to English.	☐ Survey instrument was developed in Spanish and validated ☐ Survey instrument was developed in Spanish but not yet validated ☐ Working on Spanish version of survey instrument ☐ There are no plans to develop a Spanish version of survey instrument
n/a	n/a	If you are submitting a composite or survey measure, Rows 073-082 in MERIT will enable you to input information for each component or survey-based measure included in your submission.	*n/a*	*This is not a data entry field.*
Measure Performance	073	*Measure performance - type of score	Select one. Measure performance score type should be at the level of accountable entity.	☐ Categorical (e.g., measured entity scores yes/no, pass/fail, or rating scale/score) ☐ Composite scale/non-weighted score ☐ Composite scale/weighted score ☐ Continuous variable (e.g., average) ☐ Count ☐ Frequency Distribution ☐ Proportion ☐ Rate ☐ Ratio
Measure Performance	074	*Measure performance score interpretation	Select one	☐ Better performance = Higher score ☐ Better performance = Lower score ☐ Better performance = Score within a defined interval ☐ Passing score above a specified threshold defines better performance ☐ Passing score below a specified threshold defines better performance
Measure Performance	075	*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

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Performance	076	*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	077	*Number of persons	Provide the number of persons included in the analysis of the distribution of performance scores	Numeric field
Measure Performance	078	*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	079	*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	080	*90th percentile	Provide the performance score at the 90th percentile for the testing sample that is relevant to the intended use of the measure. 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. If a 90th percentile performance score is not available, enter 9999.	Numeric field
Measure Performance	081	*Additional measure performance information	Provide the following additional measure performance information, as applicable: - 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	082	*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, social, economic, and geographic factors linguistic and cultural context, sex, social relationships, residential and community environments, Medicare/Medicaid dual eligibility, insurance status (insured/uninsured), urbanicity/rurality, disability, and health literacy.	☐ Yes ☐ No ☐ Not tested

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Importance	083	*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: • Patients • Primary caregivers • Family • Other relatives	☐ Yes ☐ No ☐ Not evaluated
n/a	n/a	*If you select "Yes" in Row 083, then Row 084 becomes a required field. If you select "No" or "Not evaluated" in Row 083, then skip to Row 085.*	*n/a*	*This is not a data entry field.*
Importance	084	*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 is meaningful and produces information that is valuable in making care decisions.	Free text field
Importance	085	Description of input collected from measured entities.	Describe the input collected from measured entities, or others such as consumers, purchasers, policy makers, etc., using any of the following methods: • Focus groups • Structured interviews • Surveys of potential users Notes: • This is separate from face validity testing of the performance measure.	Free text field

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Background Information	086	*What is the history or background for including this measure on the current year MUC List?	Select one Note: • "Medicare 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.	☐ Measure currently used in a Medicare program being submitted without substantive changes for a new or different program ☐ Measure currently used in a Medicare program, but the measure is undergoing substantive change ☐ Measure currently used in a Medicare program, but the measure is undergoing substantive changes for a new or different program ☐ Measure previously submitted to MAP or PRMR, refined, and resubmitted per MAP or PRMR recommendation ☐ New measure never reviewed by Measure Applications Partnership (MAP) Workgroup, or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program ☐ Submitted previously but not included in MUC List

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
n/a	n/a	*If you select "New measure never reviewed by Measure Applications Partnership (MAP) Workgroup, or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare Program", "Submitted previously but not included in MUC List" or "Measure previously submitted to MAP or PRMR, refined, and resubmitted per MAP or PRMR recommendation" in Row 086, then skip to Row 091. If you select "Measure currently used in a* Medicare *program being submitted without substantive changes for a new or different program", "Measure currently used in a* Medicare *program, but the measure is undergoing substantial change" or "Measure currently used in a Medicare program, but the measure is undergoing substantive changes for a new or different program" then Rows 087-090 become required fields.*	*n/a*	*This is not a data entry field.*
Background Information	087	*Range of year(s) this measure has been used by Medicare Program(s).	Example: Hospice Quality Reporting (2012-2018)	Free text field

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Background Information	088	*What other federal programs are currently using this measure?	Select all that apply. These should be current use programs only, not programs for the upcoming year's submittal.	☐ Ambulatory Surgical Center Quality Reporting Program ☐ End-Stage Renal Disease (ESRD) Quality Incentive Program ☐ Home Health Quality Reporting Program ☐ Hospice Quality Reporting Program ☐ Hospital Inpatient Quality Reporting Program ☐ Hospital Outpatient Quality Reporting Program ☐ Hospital Readmissions Reduction Program ☐ Hospital Value-Based Purchasing Program ☐ Hospital-Acquired Condition Reduction Program ☐ Inpatient Psychiatric Facility Quality Reporting Program ☐ Inpatient Rehabilitation Facility Quality Reporting Program ☐ Long-Term Care Hospital Quality Reporting Program ☐ Medicare Promoting Interoperability Program ☐ Medicare Shared Savings Program ☐ Merit-based Incentive Payment System-Cost ☐ Merit-based Incentive Payment System-Quality ☐ Part C Star Rating ☐ Part D Star Rating ☐ Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program ☐ Rural Emergency Hospital Quality Reporting Program ☐ Skilled Nursing Facility Quality Reporting Program ☐ Skilled Nursing Facility Value-Based Purchasing Program ☐ Other (enter here):

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Background Information	089	*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
Background Information	090	*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
Previous Measures	091	*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 Medicare programs or the measure has substantially changed since originally published.	☐ Yes ☐ No
n/a	n/a	*If you select "Yes" in Row 091, then Rows 092-098 become required fields. If you select "No" in Row 091, then skip to Row 099.*	*n/a*	*This is not a data entry field.*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Previous Measures	092	*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.	☐ 2011 ☐ 2012 ☐ 2013 ☐ 2014 ☐ 2015 ☐ 2016 ☐ 2017 ☐ 2018 ☐ 2019 ☐ 2020 ☐ 2021 ☐ 2022 ☐ 2023 ☐ 2024

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Previous Measures	093	*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	094	*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	095	*What were the programs that MAP or PRMR reviewed the measure for in each year?	List both the year and the associated Medicare programs in each year.	Free text field
Previous Measures	096	*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	097	*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	098	*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

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Data Sources	099	*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 - Digital Quality Measures" webpage on the eCQI Resource Center.	☐ Digital-Administrative systems: Administrative Data (non-claims) ☐ Digital-Administrative systems: Claims Data ☐ Digital-Applications: Patient-Generated Health Data (e.g., home blood pressure monitoring) ☐ Digital-Applications: Patient-Reported Health Data or Survey Data (electronic) ☐ Digital-Case Management Systems ☐ Digital-Clinical Registries ☐ Digital-Electronic Clinical Data (non-EHR) or Social Needs Assessments ☐ Digital-Electronic Health Record (EHR) Data ☐ Digital-Health Information Exchanges (HIE) Data ☐ Digital-Instrument Data (e.g., medical devices and wearables) ☐ Digital-Laboratory Systems Data ☐ Digital-Patient Portal Data ☐ Digital-Prescription Drug Monitoring Program Data ☐ Digital-Standardized Patient Assessment Data (electronic) ☐ Digital-Other (enter here): ☐ Non-Digital-Paper Medical Records ☐ Non-Digital-Standardized Patient Assessments (paper-based) ☐ Non-Digital-Patient-Reported Health Data or Survey Data (telephonic or paper-based) ☐ Non-Digital-Other (enter here):
n/a	n/a	*If your selections in Row 099 only include digital data sources, then skip to Row 102. Otherwise, Row 100 becomes a required field.*	*n/a*	*This is not a data entry field.*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Data Sources	100	*Because you selected a non-digital data source, is there a version of this measure that only uses digital data sources?	Select one. Indicate whether there is a version of the measure that uses only digital data sources.	☐ Yes ☐ No
n/a	n/a	*If you select "Yes" in Row 100, then skip to Row 102. Otherwise, Row 101 becomes a required field.*	*n/a*	*This is not a data entry field.*
Data Sources	101	*Path to Digital Format	Select one. Indicate whether there is a viable path for the measure to be transitioned to an exclusively digital format.	☐ Yes ☐ No

CHARACTERISTICS

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
General Characteristics	102	*Measure Type	Select only one type of measure. For definitions, visit the "About Quality Measurement" page on the CMS MMS Hub.	☐ Cost/Resource Use ☐ Efficiency ☐ Intermediate Outcome ☐ Outcome ☐ PRO-PM or Patient Experience of Care ☐ Process ☐ Structure
n/a	*n/a*	*If you select "PRO-PM or Patient Experience of Care" in Row 102, then Row 103 and Row 128 become required fields. If not, then skip to Row 104. If you select "Outcome" in Row 102, then Row 128 becomes a required field.*	*n/a*	*This is not a data entry field.*
General Characteristics	103	*Assessment of patient experience of care	Select one. Indicate whether this measure assesses patient experience of care.	☐ Yes ☐ No
General Characteristics	104	*Is this measure in the CMS Measures Inventory Tool (CMIT)?	Select Yes or No. Current measures can be found at the CMS Measure Inventory Tool (CMIT) website.	☐ Yes ☐ No
n/a	n/a	*If you select "Yes" in Row 104, then Row 105 becomes a required field. If you select "No" in Row 104, then skip to Row 106.*	*n/a*	*This is not a data entry field.*
General Characteristics	105	*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 the CMS Measure Inventory Tool (CMIT) website.	*ADD YOUR CONTENT HERE*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
General Characteristics	106	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	107	*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	108	*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.108 for list choices. Copy/paste or enter your choice(s) here:
n/a	n/a	If you are submitting a composite or survey measure, Row 109 in MERIT will enable you to input information for each component or survey-based measure included in your submission.	*n/a*	*This is not a data entry field.*
General Characteristics	109	*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	110	*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

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Evidence	111	*Type of evidence to support the measure	Select all that apply. Refer to the Blueprint content on the CMS MMS Hub and the Environmental Scan supplemental material to obtain updated guidance.	☐ Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines ☐ Empirical data ☐ Grey Literature ☐ Peer-Reviewed Original Research ☐ Peer-Reviewed Systematic Review
n/a	n/a	*If you select "Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines" in Row 111, then Rows 112-119 become required fields. If you select "Peer-Reviewed Systematic Review" in Row 111, then Rows 120 and 121 become required fields. If you select "Peer-Reviewed Original Research" in Row 111, then Rows 122 and 123 become required fields. If you select "Empirical data" in Row 111, then Rows 124 and 125 become required fields. If you select "Grey Literature" in Row 111, then Rows 126 and 127 become required fields.*	*n/a*	*This is not a data entry field.*
n/a	n/a	If you are submitting a composite or survey measure, Rows 112-142 in MERIT will enable you to input information for each component or survey-based measure included in your submission.	*n/a*	*This is not a data entry field.*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Evidence	112	*Outline the clinical guideline(s) supporting this measure	Provide a detailed description of which guideline(s) support the measure and indicate for each, whether they are evidence-based or consensus-based. Summarize the meaning/rationale of the guideline statements that are being referenced, their relation to the measure concept and how they support the measure whether directly or indirectly, and how the guideline statement(s) relate to the measure's intended accountable entity. Describe the body of evidence that supports the statement(s) by describing the quantity, quality and consistency of the studies that are pertinent to the guideline statements/sentence. Quantity of studies represent the number of studies and not the number of publications associated with a study. If the statement is advised by 3 publications reporting outcomes from the same RCT at 3 different time points, this is considered a single study and not 3 studies. If referencing a standard norm which may or may not be driven by evidence, provide the description and rationale for this norm or threshold as reasoned by the guideline panel. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a link between at least one process, structure, or intervention and the outcome. Document the criteria used to assess the quality of the clinical guidelines such as those proposed by the Institute of Medicine or ECRI Guideline's Trust (see the Information Gathering Overview on the CMS MMS Hub and the Environmental Scan supplemental material section addressing evidence review). If there is lengthy text, describe the guidelines in an evidence attachment.	Free text field

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Evidence	113	*Guideline citation	Provide any of the following: • 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	☐ Citation (enter here) ☐ URL (enter here) ☐ DOI (enter here) ☐ Not available
Evidence	114	*List the guideline statement that most closely aligns with the measure concept.	If there are more than one statement from this clinical guideline that may be relevant to this measure concept, document the statement that most closely aligns with the measure concept as it is written in the guideline document. For example, Statement 1: In patients aged 65 years and older who have prediabetes, we recommend a lifestyle program similar to the Diabetes Prevention Program to delay progression to diabetes. No more than one statement should be written in the text box. All other relevant statements should be submitted in a separate evidence attachment.	Free text field
Evidence	115	*Is the guideline graded?	A graded guideline is one which explicitly provides evidence rating and recommendation grading conventions in the document itself. Grades are usually found next to each recommendation statement. Select one.	☐ Yes ☐ No
n/a	n/a	*If you select "Yes" in Row 115, then Rows 116-117, and 119 become required fields.*	*n/a*	*This is not a data entry field.*
Evidence	116	*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.	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. If there is lengthy text, include details in a separate evidence attachment.	Free text field

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Evidence	117	*For the guideline statement that most closely aligns with the measure concept, what is the associated strength of recommendation?	Select the associated strength of recommendation using the convention used by the guideline developer. Select one.	☐ USPSTF Grade A, Strong recommendation or similar ☐ USPSTF Grade B, Moderate recommendation or similar ☐ USPSTF Grade C or I, Conditional/weak recommendation or similar ☐ Expert Opinion ☐ USPSTF Grade D, Moderate or high certainty that service has no net benefit or harm outweighs benefit ☐ Best Practice Statement/Standard Practice
n/a	*n/a*	*If you select "USPSTF Grade D, Moderate or high certainty that the service has no net benefit or harm outweighs benefit" in Row 117, then Row 118 becomes a becomes a required field; otherwise, skip to Row 119.*	*n/a*	*This is not a data entry field.*
Evidence	118	*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" is used to promote the practice of not performing a specific action, process or intervention to support an inappropriate use or inappropriate care measure.	☐ Yes ☐ No
Evidence	119	*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

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Evidence	120	*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	121	*Peer-reviewed systematic review citation	If more than one article was identified, provide at least one of the following for one key article: • Citation • URL • DOI Provide the complete list of citations with accompanying DOI or URL in a separate attachment.	☐ Citation (enter here:) ☐ URL (enter here:) ☐ DOI (enter here:) ☐ Not available
Evidence	122	*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 (e.g., years searched, keywords and search terms used, databases used, etc.).	☐ Yes ☐ No
Evidence	123	*Peer-reviewed original research citation	If more than one article was identified, provide at least one of the following for one key article: • Citation • URL • DOI Provide the complete list of citations with accompanying DOI or URL in a separate attachment.	☐ Citation (enter here:) ☐ URL (enter here:) ☐ DOI (enter here:) ☐ Not available

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Evidence	124	*Summarize the empirical data	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.). If there is lengthy text, include details in a separate evidence attachment.	Free text field
Evidence	125	*Empirical data citation	If more than one empirical data was identified, provide at least one of the following for one key empirical data: • Citation • URL • DOI Provide the complete list of citations with accompanying DOI or URL in a separate attachment.	☐ Citation (enter here:) ☐ URL (enter here:) ☐ DOI (enter here:) ☐ Not available
Evidence	126	*Summarize the grey literature	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. Provide the complete list of citations with accompanying DOI or URL in a separate attachment.	*ADD YOUR CONTENT HERE*
Evidence	127	*Grey literature citation	If more than one grey literature was identified, provide at least one of the following for one key piece of evidence: • Citation • URL • DOI Provide the complete list of citations with accompanying DOI or URL in a separate attachment.	☐ Citation (enter here:) ☐ URL (enter here:) ☐ DOI (enter here:) ☐ Not available

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Evidence	128	*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.	☐ Yes ☐ No
Risk Adjustment and Stratification	129	*Is the measure risk adjusted?	Indicate whether the final measure is risk adjusted. Note that if you select "Yes," you are encouraged to upload documentation about the risk adjustment model as an attachment.	☐ Yes ☐ No
n/a	n/a	*If you select "Yes" in Row 129, then Row 130 becomes a become required field. If you select "No" in Row 129, then skip to Row 140.*	*n/a*	*This is not a data entry field.*
Risk Adjustment and Stratification	130	*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.	☐ Yes ☐ No
n/a	n/a	*If you select "Yes" in Row 130, then Row 131 becomes a required field. If you select "No" in Row 130, then skip to Row 132.*	*n/a*	*This is not a data entry field.*
Risk Adjustment and Stratification	131	*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 approach, select "No" and describe the anticipated impact on measure scores (e.g., magnitude and direction of bias).	☐ Yes ☐ No (enter here:)

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Risk Adjustment and Stratification	132	Risk adjustment variable types	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. Select "Patient-level demographics" if the measure uses information related to each patient's age, sex, social, economic, and geographic factors, etc. Select "Patient-level health status & clinical conditions" if the measure uses information specific to each individual patient about their health status prior to the start of care (e.g., case-mix adjustment). Select "Patient functional status" if the measure uses information specific to each individual patient's functional status prior to the start of care (e.g., body function, ability to perform activities of daily living, etc.) Select "Patient-level social risk factors" if the measure uses patient-reported information related to their individual social risks (e.g., income, living alone, etc.). Select "Proxy social risk factors" if the measure uses data related to characteristics of the people in the patient's community (e.g., neighborhood level income from the census). Select "Patient community characteristics" if the measure uses information about the patient's community (e.g., percent of vacant houses, crime rate). Select "Other" if the risk factor is related to the healthcare provider, health system, or other factor that is not related to the patient.	☐ Patient community characteristics ☐ Patient functional status ☐ Patient-level demographics ☐ Patient-level health status & clinical conditions ☐ Patient-level social risk factors ☐ Proxy social risk factors ☐ Other (enter here):

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Risk Adjustment and Stratification	n/a	*If you select "Patient-level demographics" in Row 132, then Row 133 becomes a required field. If you select "Patient-level health status & clinical conditions" in Row 132, then Row 134 becomes a required field. If you select "Patient functional status" in Row 132, then Row 135 becomes a required field. If you select "Patient-level social risk factors" in Row 132, then Row 136 becomes a required field. If you select "Proxy social risk factors" in Row 132, then Row 137 becomes a required field. If you select "Patient community characteristics" in Row 132, then Row 138 becomes a required field.*	*n/a*	*This is not a data entry field.*
Risk Adjustment and Stratification	133	*Patient-level demographics: please select all that apply	Select all that apply	☐ Age ☐ Social, Economic, and Geographic Factors ☐ Sex ☐ Other (enter here):
Risk Adjustment and Stratification	134	*Patient-level health status & clinical conditions: please select all that apply	Select all that apply	☐ Case-Mix Adjustment ☐ Comorbidities ☐ Health behaviors/health choices ☐ Severity of Illness ☐ Other (enter here):
Risk Adjustment and Stratification	135	*Patient functional status: please select all that apply	Select all that apply	☐ Ability to perform activities of daily living ☐ Body Function ☐ Other (enter here):

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Risk Adjustment and Stratification	136	*Patient-level social risk factors: please select all that apply	Select all that apply	☐ Education ☐ Income ☐ Living Alone ☐ Social Support ☐ Wealth ☐ Other (enter here):
Risk Adjustment and Stratification	137	*Proxy social risk factors: please select all that apply	Select all that apply	☐ Dual Eligibility for Medicare and Medicaid ☐ Neighborhood Level Income from the Census ☐ Other (enter here):
Risk Adjustment and Stratification	138	*Patient community characteristics: please select all that apply	Select all that apply	☐ Crime Rate ☐ Percent of Vacant Houses ☐ Urban/Rural ☐ Other (enter here):
Risk Adjustment and Stratification	139	*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	140	*Is the measure recommended to be stratified based on evidence from testing and/or literature?	Select one. Indicate whether the final measure is recommended to be stratified. Indicate whether the recommended stratification is intended to address the closing of care gaps. Elements for stratification to address the closing of care gaps includes sociodemographic data such as language, sex, disability status, tribal sovereignty, and social, economic, and geographic factors, 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. For more information about elements related to closing care gaps, please refer to the Standardizing Data to Close the Care Gap page on the CMS MMS Hub.	☐ Yes, the measure is recommended to be stratified to address a gap in care ☐ Yes, the measure is recommended to be stratified for reasons unrelated to a gap in care ☐ Yes, the measure is recommended to be stratified both to address a gap in care AND for other reasons ☐ No, the measure is not recommended to be stratified

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
n/a	n/a	*If you select a "Yes" response in Row 140, then Row 141 becomes a required field. If you select a "No" response in Row 140 AND selected a "No" response in Row 129, then Row 142 becomes a required field. Otherwise skip to Row 143.*	*n/a*	*This is not a data entry field.*
Risk Adjustment and Stratification	141	*Stratification approach	Describe the recommended stratification approach including the data elements used to stratify scores for subgroups. Demonstrate that there is sufficient sample size within measured entities to stratify measure scores. Indicate whether the recommendation to stratify the measure is based on evidence from testing and/or the literature. 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. If evidence from the literature informed the recommendation to stratify the measure, provide citations supporting your stratification approach.	Free text field
Risk Adjustment and Stratification	142	*Rationale for using neither risk adjustment nor stratification	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 and the guidance on defining stratification schemes.	☐ Addressed through exclusions ☐ Data were not available to evaluate risk adjustment or stratification (enter here): ☐ Risk adjustment and stratification were not considered during development or testing ☐ Risk adjustment not appropriate based on conceptual or empirical rationale (enter here): ☐ Other (enter here):

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Healthcare Domain	143	*What one Meaningful Measures 2.0 domain is most applicable to this measure?	Select the ONE most applicable Meaningful Measures 2.0 domain.	☐ Behavioral Health ☐ Chronic Conditions and Related Acute Events ☐ Closing Gaps of Care ☐ Person-Centered Care ☐ Safety ☐ Seamless Care Coordination ☐ Value, Affordability, and Efficiency ☐ Wellness and Prevention
Healthcare Domain	144	What, if any, additional Meaningful Measures 2.0 domain apply to this measure?	Select up to two additional Meaningful Measures 2.0 domain that apply to this measure.	☐ Behavioral Health ☐ Chronic Conditions and Related Acute Events ☐ Closing Gaps of Care ☐ Person-Centered Care ☐ Safety ☐ Seamless Care Coordination ☐ Value, Affordability, and Efficiency ☐ Wellness and Prevention
Other Priorities	145	*Does this measure address CMS priorities to improve maternal health care or maternal outcomes?	Select one.	☐ Yes ☐ No
Endorsement Characteristics	146	*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 the PQM Webpage.	☐ Endorsed ☐ Endorsed with conditions ☐ Endorsement removed ☐ Submitted ☐ Failed endorsement or decision to not endorse ☐ Never submitted
Endorsement Characteristics	147	*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	148	If endorsed: Is the measure being submitted **exactly** as endorsed by the CMS CBE?	Select 'Yes' or 'No'. Note that 'Yes' should only be selected if the submission is an EXACT match to the CBE-endorsed measure.	☐ Yes ☐ No
n/a	n/a	*If you select "No" in Row 148, then Rows 149-150 become required fields.*	*n/a*	*This is not a data entry field.*

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Endorsement Characteristics	149	If not exactly as endorsed, specify the locations of the differences	Indicate which specification fields are different. Select all that apply	☐ Measure title ☐ Description ☐ Numerator ☐ Denominator ☐ Exclusions ☐ Target population ☐ Setting (for testing) ☐ Level of analysis ☐ Data source ☐ eCQM status ☐ Other (enter here and see next field):
Endorsement Characteristics	150	If not exactly as endorsed, describe the nature of the differences	Briefly describe the differences	Free text field
Endorsement Characteristics	151	If endorsed: Year of most recent CBE endorsement	Select one	☐ 2017 ☐ 2018 ☐ 2019 ☐ 2020 ☐ 2021 ☐ 2022 ☐ 2023 ☐ 2024
Endorsement Characteristics	152	Year of next anticipated CBE endorsement review	Select one. If you are submitting for initial endorsement, select the anticipated year.	☐ 2025 ☐ 2026 ☐ 2027 ☐ 2028 ☐ 2029

SIMILAR MEASURES

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Related and Competing Measures	153	*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.	☐ Yes ☐ No
n/a	n/a	*If you select "Yes" in Row 153, then Rows 154-156 become required fields. If you select "No" in Row 153, then skip to Row 157.*	*n/a*	*This is not a data entry field.*
Related and Competing Measures	154	*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	155	*How will this measure add value to the Medicare program?	Describe benefits of this measure, in comparison to measure(s) already in a program. In your response, please also consider distribution of measure impact, benefits, and burdens across program entities and populations (Appropriateness of Scale) as well as potential near and long term impacts of measure implementation (Time to Value Realization).	Free text field
Related and Competing Measures	156	*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	157	*Universal Foundation Measure	Select one. Indicate whether this measure is a Universal Foundation quality measure. 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). Please refer to the "Aligning Quality Measures Across CMS – the Universal Foundation" webpage for more information about Universal Foundation of quality measures.	☐ Measure is a Universal Foundation quality measure (populations must align) ☐ Measure is not a Universal Foundation quality measure

ATTACHMENTS

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
N/A	158	Attachment(s)	You are encouraged to attach the Measure Information and Justification Form (MIJF) if available. The MIJF is a guide for documenting specifications and measure development information when submitting contracted measure deliverables to CMS. Previously, the recommended form included the Measure Information Form (MIF), which was combined with the Measure Justification Form (MJF) into a single form. For all future measure submissions, CMS prefers the MIJF. However, if a submitter already has a MIF from last year's submission, that would be accepted. If a MIJF is not available, comprehensive measure methodology documents are encouraged. If you are submitting for MIPS (either Quality or Cost), you are required to download the MIPS Peer Reviewed Journal Article Template and attach the completed form to your submission using the "Attachments" feature. If your measure is risk adjusted, you are encouraged to attach documentation that provides additional detail about the measure risk adjustment model such as variables included, associated code system codes, and risk adjustment model coefficients If eCQM, you must attach the eCQM specifications exported from MADiE, test cases exported from MADiE with 100% coverage/100% passing (both QRDA and Excel format), attestation that value sets are published in VSAC, and feasibility scorecard.	☐ Alternative Level Testing Results ☐ eCQM Materials (Specifications, Test Cases, Value Sets, Feasibility Scorecard) ☐ Measure Information and Justification Form (MIJF) ☐ Measure Information Form (MIF) ☐ MIPS Peer Reviewed Journal Article Template ☐ Risk Adjusted Materials ☐ Other (Please specify:)
N/A	159	MIPS Peer Reviewed Journal Article Template	Select Yes or No. For those submitting quality measures to MIPS program, enter "Yes." Attach your completed Peer Reviewed Journal Article Template.	☐ Yes ☐ No

SUBMITTER COMMENTS

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
N/A	160	Submitter Comments	Any notes, qualifiers, external references, or other information not specified above.	Free text field

Send any questions to MMSsupport@battelle.org

Appendix: Lengthy Lists of Choices

A.001 Choices for **Measure Steward or Owner** and **Long-Term Measure Steward or Owner (if different)**

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

A.108 Choices for **Areas of specialty**

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)

Send any questions to MMSsupport@battelle.org

According to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.), no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1314 (Expiration date: 2/28/2027). This information collection is the tool for measure developers to submit their clinical quality measures for consideration by CMS. The time required to complete this information collection is estimated to average 3.5 hours per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is voluntary and all information collected will be kept private in accordance with regulations at 45 CFR 155.260, Privacy and Security of Personally Identifiable Information. Pursuant to this regulation, CMS may only use or disclose personally identifiable information to the extent that such information is necessary to carry out their statutory and regulatory mandated functions. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850. If you have questions or concerns regarding where to submit your documents, please contact QPP at qpp@cms.hhs.gov.

Under the Privacy Act of 1974 (5 U.S.C. 552a) any personally identifying information obtained will be kept private to the extent of the law.