**Measures under Consideration User Guide**

**Issue Tracking System Guidance**

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## INTRODUCTION

To comply with Section 3014 of the Patient Protection and Affordable Care Act of 2010 (ACA), which created sections 1890A and 1890(b)(7)(B) of the Social Security Act and requires the Department of Health and Human Services (DHHS) establish a federal pre-rulemaking process for the selection of quality and efficiency measures for use in certain Medicare programs, annually, no later than December 1, DHHS makes publicly available a list of measures DHHS is considering adopting through the federal rulemaking process for use in Medicare program(s). The Measures under Consideration (MUC) List satisfies the statutory requirement.

The Centers for Medicare and Medicaid Services (CMS) is providing this document to give guidance to stakeholders proposing pre-rulemaking measures.  This document will assist stakeholders with gaining access to the web-based system as well as step by step directions on submitting measures using the issue tracking system, JIRA.  Stakeholders will learn how to input quality and efficiency measure specifications for CMS review using JIRA.

Beginning with the first pre-rulemaking cycle in 2011, and each subsequent year thereafter, around the second quarter of each year, through a call for quality and efficiency measures, CMS begins the annual pre-rulemaking cycle of collecting and compiling Measures under Consideration.  In late April or early May, stakeholders are invited to submit proposed quality and efficiency measures.  Stakeholders submitting measures include other Federal DHHS agencies, organizations contracted with these Federal agencies, and healthcare advocacy groups.

Following submission, the pre-rulemaking process includes providing the opportunity for multi-stakeholder groups to provide input to DHHS on the selection of quality and efficiency measures. The National Quality Forum (NQF), the entity with a contract under Section 1890 of

the Act, convenes the Measures Application Partnership (MAP) in December of each year to review and comment on the measures proposed on the annual Measures under Consideration list.

### *Pre-Rulemaking Including Measures*

Beginning in 2011, the statute has been in effect.  Thus, CMS has conducted several pre-rulemaking cycles.  CMS seeks to align measures, fill measure gaps, and respond to priorities.  Contact the program/measure lead for more information about how these priorities shift over time.  Before entering a measure for consideration, the following important caveats should be highlighted.

- ♦ If CMS chooses not to adopt a measure under this published List or any prior cycles List for rulemaking , the measure(s) remains under consideration by the Secretary and may be proposed and adopted in subsequent rulemaking cycles;
- ♦ Existing measures that are proposed for expansion into different CMS programs should be submitted on subsequent Measures under Consideration lists;
- ♦ The annual Measures under Consideration list includes measures that CMS is currently considering for Medicare program(s).  Inclusion of a measure on the List does not require CMS to adopt the measure for the identified program.  All measures included on the annual pre-rulemaking list are subject to the CMS rulemaking process;
- ♦ In an effort to provide a more meaningful List, CMS will only include measures that contain adequate specifications;
- ♦ Proposed measures submissions may be accepted if the measure was previously proposed to be on a prior's year's published Measures under Consideration List, but was rejected by CMS program(s); and
- ♦ Measure specifications may change over time; if a measure has significantly changed, submit the changed measure for each applicable program.

## *Accessing JIRA*

Detailed instructions on accessing JIRA can be found in Chapter 1: Accessing and Navigating JIRA.

*Submitting Questions to JIRA Technical Support*

If submitters have problems related directly to the Measures under Consideration module, they should submit a question within that module (see chapter 4). To report a problem related to JIRA, such as unable to locate the Measures under Consideration module, or long latency periods, submitters should send a question through JIRA's helpdesk. To submit a question or to report a problem directly to JIRA:

1. Select Report A Problem at the bottom of your screen
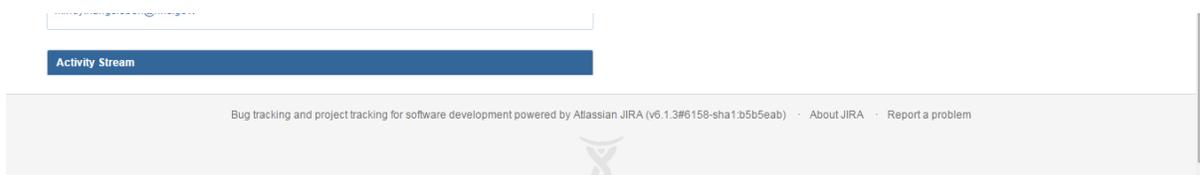


2. In the Project box select JIRA Issue Tracker
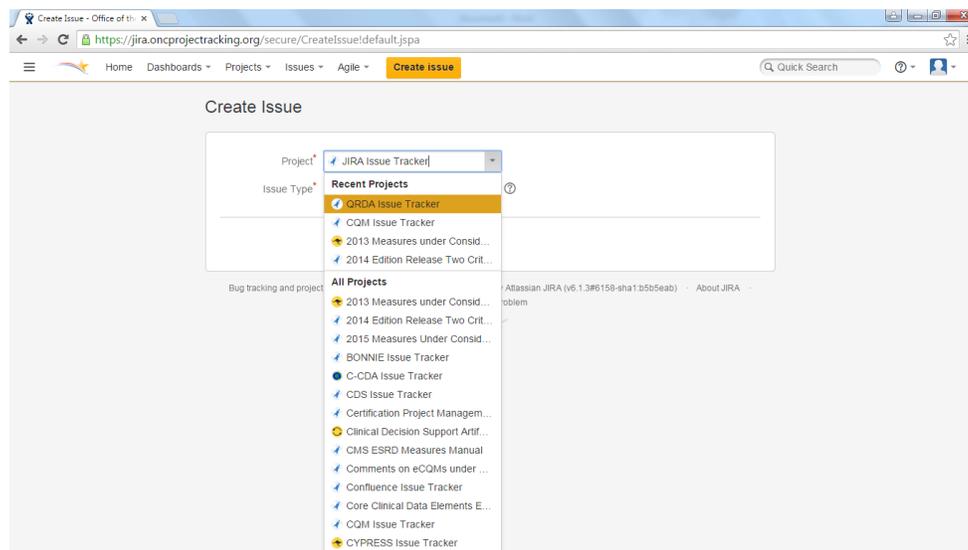
3. Select the Issue Type
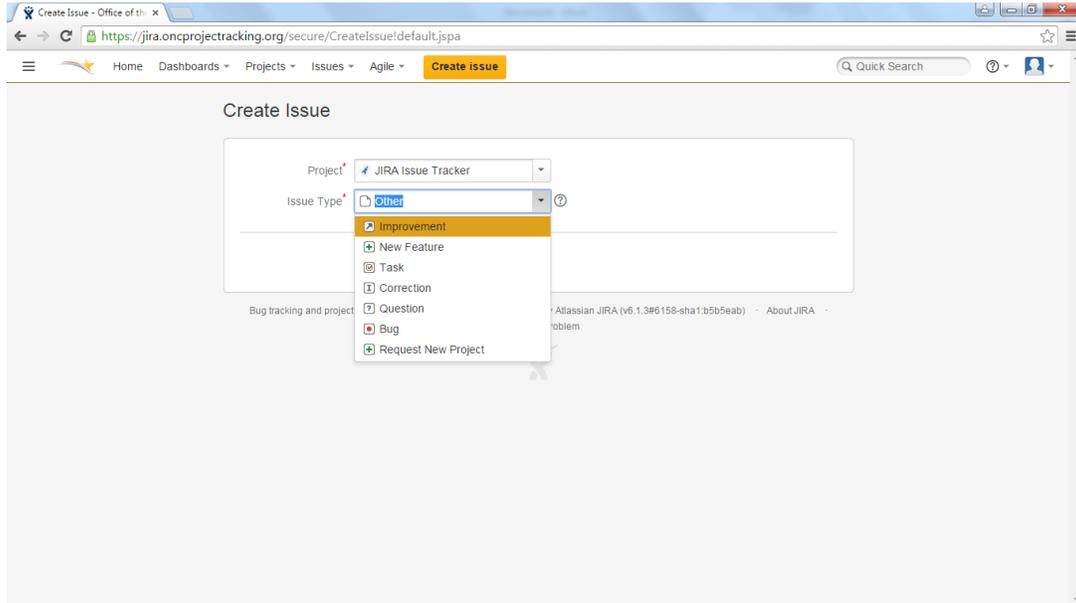


4. Complete the JIRA Issue Tracker form and click Create at the bottom of the screen.
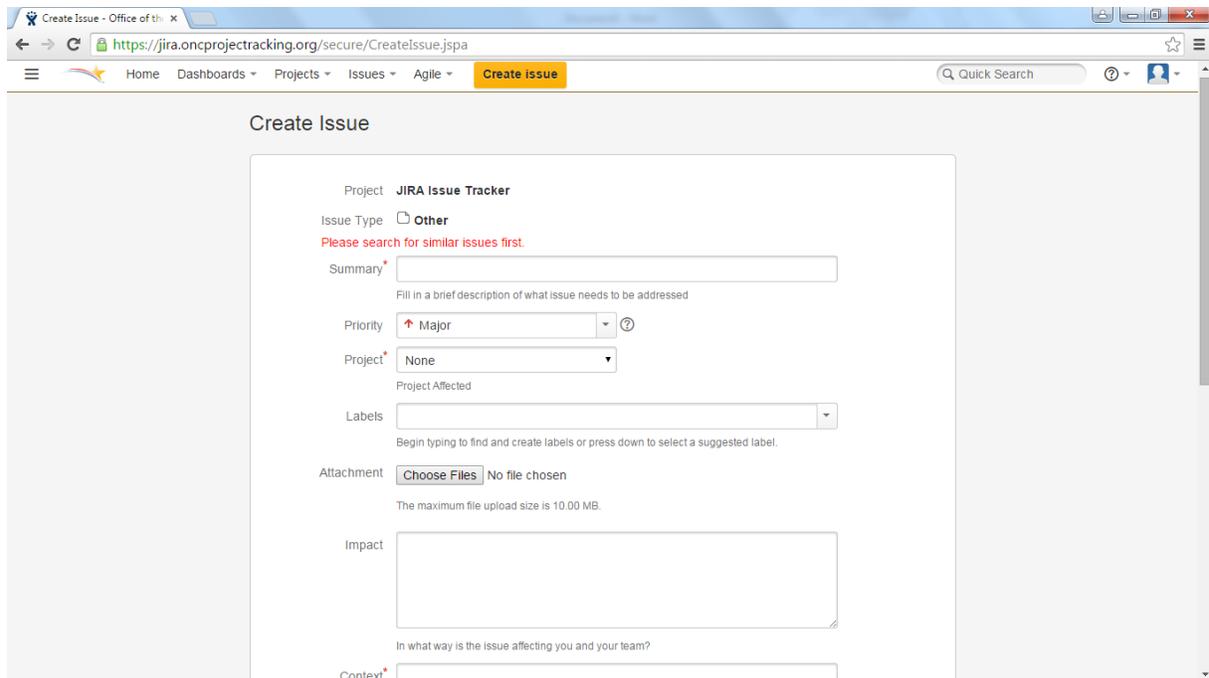
## JIRA Data Fields

CMS gathered and evaluated 2014 Measures under Consideration lessons learned.  In addition, CMS conducted a stakeholder survey in early 2015 and convened a workgroup to address feedback.  As a result, data fields have been adapted to enhance program-specific data needs, decrease the need for revisions and program follow up, and provide meaningful data.  In addition, three new issue types are being introduced including questions, feedback, and modify measure submission. For any given issue type, all data fields must be completed during one online session. Once data entry has begun, you must either submit the issue or cancel it.  Partial data that you have entered cannot be saved for future completion.

## Workflow and Data Processing

Once a new measure, revision request, question or feedback issue is submitted in JIRA, each is processed by the Measure Manager, the CMS Measures under Consideration Coordinator, CMS Program Leads, and the CMS Group and Division Directors. For more information regarding the workflow process, consult the appendix of this document.

## Applicable Programs

The statute requires CMS to implement pre-rulemaking for the following programs:

1. Ambulatory Surgical Center Quality Reporting Program
2. End-Stage Renal Disease (ESRD) Quality Incentive Program
3. Home Health Quality Reporting Program
4. Hospice Quality Reporting Program
5. Hospital-Acquired Condition Reduction Program
6. Hospital Compare
7. Hospital Inpatient Quality Reporting Program
8. Hospital Outpatient Quality Reporting Program
9. Hospital Readmission Reduction Program
10. Hospital Value-Based Purchasing Program
14. Medicare and Medicaid Electronic Health Record (EHR) Incentive Program for Eligible Professionals
15. Medicare and Medicaid Electronic Health Record (EHR) Incentive Program for Eligible Hospitals or Critical Access Hospitals
16. Medicare Physician Quality Reporting System
17. Medicare Shared Savings Program
18. Physician Compare
19. Physician Feedback/Quality and Resource Utilization Reports
20. Physician Value-Based Payment Modifier Program
21. Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program

11. Inpatient Psychiatric Facility Quality Reporting Program
12. Inpatient Rehabilitation Facility Quality Reporting Program
13. Long-Term Care Hospital Quality Reporting Program

22. Skilled Nursing Facility Quality Reporting Program
23. Skilled Nursing Facility Value-Based Purchasing Program

## *How to Navigate the Document*

Before making entries in the JIRA database, you are encouraged to complete the issue submission template. Data, especially free-text fields, can be cut and pasted from the template directly into JIRA. The appendix contains helpful resource documentation.

Headings in this document have been bookmarked to facilitate navigation. Additionally, chapter two, Creating a New Measure, has been split into subsections including measure background and measure alignment, so users can easily identify sections where they need additional guidance. Each submission line in JIRA has been listed individually and is labeled with the title, followed by the on-screen guidance, selection options, and helpful hints. Where possible, screen shots have also been added to aid in the submission process.

Throughout the document there is notation regarding questions that need to be answered only if the answer prior requires additional information. On the JIRA online user interface, these questions will only appear as needed.

Users will also note that while on-line JIRA fields are not numbered, each data entry item of the user manual has been assigned a number, which aligns with how the fields are ordered within JIRA. Slight differences between the screen shot and text in this user guide compared with JIRA may be noted; however, these differences are rare and minor in nature. Significant changes made in JIRA will result in new versions of the User Guide.

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**Helpful Hints:**

The drop-down option 'none' is a default field in JIRA. In order for an answer to be considered complete and valid, submitters must select a valid field.

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## *Training and Contacts*

Prior to starting the submission process, submitters are also encouraged to review all training materials, which are located at:   http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/MultiStakeholderGroupInput.html

All questions, including navigation of the User Guide, JIRA, or data entry, can be directly entered into the JIRA Measures under Consideration system, by selecting the Questions option (see Chapter 4). Questions will be reviewed and triaged with a prompt response.

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**Helpful Hints:**

Completing the Measure Submission template found in the appendix prior to entering measures into JIRA can be helpful in collecting all needed information. JIRA does not allow for saving and returning to finish entering a measure at a later time.

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# CHAPTER 1: ACCESSING AND NAVIGATING JIRA

## *1.1 Accessing JIRA*

JIRA is CMS's source for logging, tracking, and approval triage for the annual pre-rulemaking process. In such, JIRA is the software system being used to collect information on candidate measures for the Measures under Consideration (MUC) list. Once submitters (reporters) have an active username and password, they may access JIRA to enter and submit new measures, request revisions to previously submitted candidate measures from the current year, send feedback, and ask questions.

In order to gain access to JIRA, reactivate an account, or terminate user credentials, stakeholders should email CMS Measures under Consideration Coordinator, [Michelle.Geppi@cms.hhs.gov](mailto:Michelle.Geppi@cms.hhs.gov).

When requesting access or reactivation, complete the [Accessing JIRA](#) form found in Appendix A. Provide the following information:  First and Last Name, email address, organization and CMS Point of Contact (POC).  When emailing the CMS Measures under Consideration Coordinator, cc your CMS POC.

## *1.2 Navigating JIRA*

1.  Access account through: **http://jira.oncprojectracking.org.**
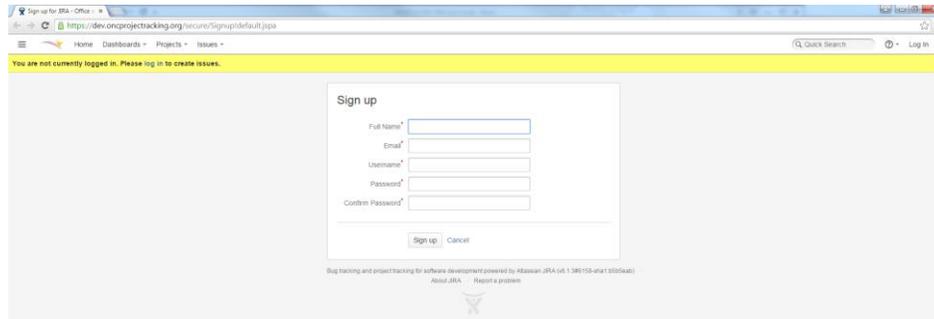


2.  'Log In' at the top right corner

3.  Select 'Create Issue' at the top of the screen



4.  Within the Projects menu, scroll down to "Quality-Measures" and select the

    appropriate year for Measures under Consideration. The Measures under Consideration

    form should now be visible.
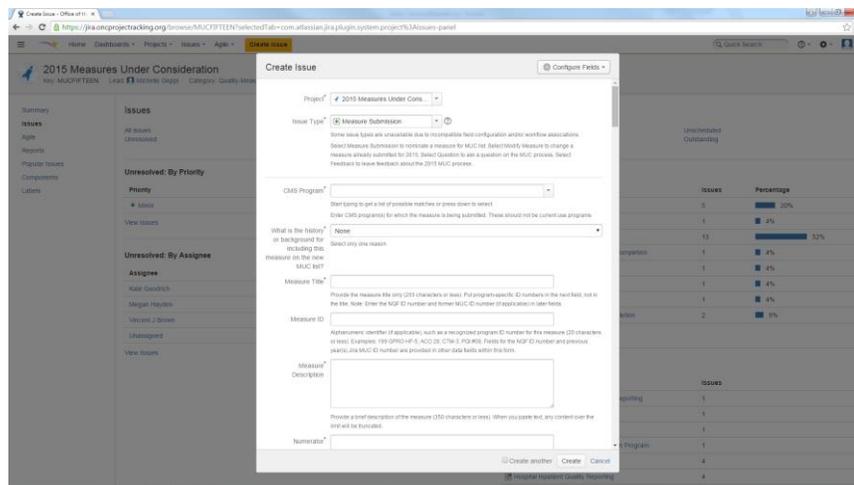
For additional JIRA navigation assistance:

       a.   Proceed to Chapter 2 for submitting a new measure

       b.   Proceed to Chapter 3 to modify a current year candidate measure

       c.   Proceed to Chapter 4 to submit a question

       d.   Proceed to Chapter 5 to submit feedback

# CHAPTER 2: CREATING A NEW MEASURE

To ease data entry, and ensure all information is available prior to beginning, submitters should consider completing the submission template (Appendix G) offline before beginning the process of submitting their measure online using JIRA. A fillable template can be found on CMS' Measures under Consideration website.  While CMS encourages submitters to complete as many fields as possible, fields marked with red asterisks are required to be complete for measure submission.

## *2.1 Measure Information*

Once in JIRA, users can select the path they wish to proceed through: Measure Submission; Modify Measure; Question; or Feedback.

1. Date Reported
    a. Date measure was submitted in JIRA

        ✓ No Action – field automatically populates.

2. Issue Type
    a. Select Measure Submission to nominate a measure for the Measures under Consideration list. Select Modify Measure to change a measure already submitted for the current year. Select Question to ask a question on the Measures under Consideration process. Select Feedback to provide input about the current year Measures under Consideration process.

        1. **Measure Submission**
        2. Modify 2015 Candidate Measure
        3. Question
        4. Feedback
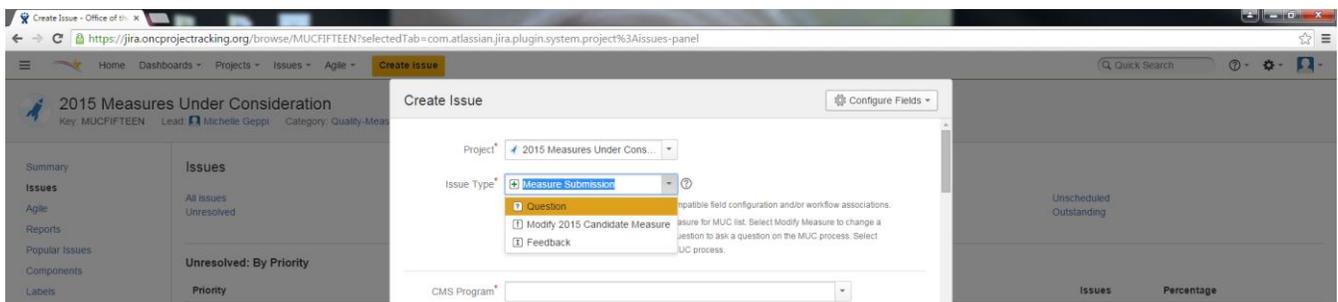
✓ For additional instructions regarding options 2, 3, and 4 move to chapters 3, 4 and 5.

3. CMS Program
   a. Enter CMS program(s) for which the measure is being submitted. These should not be current use programs. Start typing to get a list of possible matches or press down to select.

1. Ambulatory Surgical Center Quality Reporting Program
2. End-Stage Renal Disease (ESRD) Quality Incentive Program
3. Home Health Quality Reporting Program
4. Hospice Quality Reporting Program
5. Hospital-Acquired Condition Reduction Program
6. Hospital Compare
7. Hospital Inpatient Quality Reporting Program
8. Hospital Outpatient Quality Reporting Program
9. Hospital Readmission Reduction Program
10. Hospital Value-Based Purchasing Program
11. Inpatient Psychiatric Facility Quality Reporting Program
12. Inpatient Rehabilitation Facility Quality Reporting Program
13. Long-Term Care Hospital Quality Reporting Program
14. Medicare and Medicaid Electronic Health Record (EHR) Incentive Program for Eligible Professionals
15. Medicare and Medicaid Electronic Health Record (EHR) Incentive Program for Eligible Hospitals or Critical Access Hospitals
16. Medicare Physician Quality Reporting System
17. Medicare Shared Savings Program
18. Physician Compare
19. Physician Feedback/Quality and Resource Utilization Reports
20. Physician Value-Based Payment Modifier Program
21. Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program
22. Skilled Nursing Facility Quality Reporting Program
23. Skilled Nursing Facility Value-Based Purchasing Program
24. Other (enter in Comments below)

✓ Start typing to get a list of possible matches or press down to select.

4. What is the history or background for including this measure on the new Measures under Consideration list?
   a. Select only one reason.

      1. New measure never used in a program
      2. Measure currently used in a CMS program being proposed as-is for a new or different program
      3. Measure currently used in a CMS program, but the measure is undergoing substantial change
      4. None (default – not a valid answer)

5. *If you selected option 2 (CMS Measure proposed as-is) or 3 (Measure with changes) you will need to answer questions 6 and 7 below. If you answered 1 (new measure) or 4 (none) proceed to line 8 (title)*

6. Range of year(s) this measure has been used by CMS Program(s)?
   a. Enter range of years
      1. Free text field (unlimited)

   ✓ E.g., Hospital Quality Reporting (2012-2015)

7. What other programs are currently using this measure?
   a. Select as many as apply. These should be current use programs only, not proposed programs.

*See Line 3 above for list of CMS programs.*

## 2.2 Measure Identification

8.  Measure Title
    a.  Provide the measure title only. Put program-specific ID number in the next field, not in the title.
        1. Free text field (limited to 255 characters or less).

        ✓  This field is not for Measure ID, NQF or MUC ID numbers. Opportunity to enter ID numbers is found below.

> If copying and pasting text into data fields, check to make sure they are within the character limit.
>
> Text greater than the character limits will be truncated and will not be stored.

9.  Measure ID
    a.  If applicable, an alphanumeric identifier such as a recognized program ID number for this measure (20 characters or less). Fields for the NQF ID number and the former JIRA MUC ID number, if applicable, are provided in other data fields within this form.
        1. Free text field (limited to 20 characters or less)

        ✓  E.g., CTM-3; ACO 28
        ✓  This field is not for NQF or MUC ID numbers. Opportunity to enter NQF and MUC numbers is available later in the online submission form.

10. Measure Description
    a.  Provide a brief description of the measure. When you paste text, any content over the limit will be truncated.
        1. Free text field (limited to 350 characters or less)

11. Numerator
    a.  The upper portion of a fraction used to calculate a rate, proportion, or ratio. A clinical action to be counted as meeting a measure's requirements.
        1. Free text field (unlimited)

        ✓  For all fields, especially Numerator and Denominator, use plain text whenever possible. If needed, convert any special symbols, math expressions, or equations to plain text (keyboard alphanumeric, such as + - * /). This will help reduce errors and speed up data conversion, team evaluation, and Measures under Consideration report formatting.

12. Denominator
    a.  The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given patient population that may be counted as eligible to meet a measure's inclusion requirements.
        1. Free text field (unlimited)

13. Exclusions
    a.  Can apply to the Numerator or the Denominator.
        1. Free text (unlimited)

        ✓  Be clear regarding where the exclusion is applied; "Exclusions to the numerator are:…, Exclusions to the denominator are:…"

14. Measure Type
    a.  Select only one type of measure.

| | |
|---|---|
| 1. None (not a valid field) | 7. Patient Engagement/Experience |
| 2. Composite | 8. Patient Reported Outcome |
| 3. Cost/Resource Use | 9. Process |
| 4. Efficiency | 10. Structure |
| 5. Intermediate Outcome | 11. Other (enter in Comments section below) |
| 6. Outcome | |

15. Which clinical guideline(s)?
    a.  The measure should improve compliance with standard clinical guidelines. Provide a detailed description of which guideline the measure is based on and how the measure will enhance compliance with the clinical guidelines.
        1. Free text (unlimited).

        ✓  Submitters may attach a PDF (Line 63 below) or hyperlink (in Line 15) to an external web-based document. If citing an external document, the submitter must provide the page number and reference in JIRA.
        ✓  Resource: The National Guideline Clearinghouse http://www.guideline.gov/

16. Is this measure similar to and/or competing with measure(s) already in a program
    a.  Consider other measures with similar purposes.
        1. Yes
        2. No

17.  *If you selected option 1 (YES) answer the next three questions (18, 19, and 20). If you answered option 2 (NO) proceed to line 21 (Target Population)*

18. Which Existing measure(s) is your measure similar and/or competing with?
    a.  Identify the other measure(s) including title and any other unique identifier.
        1. Free text (unlimited)

        ✓  In addition to listing the title and identifiers, if a similar or competing measure is NQF endorsed or otherwise available on-line, post website link in text box.

19. Rationale for how this measure will add to the CMS program
    a. Describe benefits of this measure, in comparison to existing measure(s).
        1. Free text (unlimited).

20. How will this measure be distinguished from other similar and/or competing measures?
    a. Describe key differences that set this measure apart from others.
        1. Free text (unlimited).

    - ✓ Distinguish between similar measure and the measure being submitted.
    - ✓ Describe how this measure will be distinguished from other similar and/or competing measures.
    - ✓ Demonstrate that an environmental scan has been completed.
    - ✓ Describe the level of investigation.

21. What is the target population of the measure?
    a. What populations are included in this measure? E.g., Medicare Fee for Service, Medicare Advantage, Medicaid, All Payer, etc.
        1. Free text field (unlimited).

## 2.3 Measure Alignment

22. What area of specialty best fits the measure?
    a. Select the most applicable area of specialty. Use the scroll bar to view all available specialties.

1. None (not a valid field)
2. Addiction medicine
3. Allergy/immunology
4. Anesthesiology
5. Cardiac electrophysiology
6. Cardiac surgery
7. Cardiovascular disease (cardiology)
8. Chiropractic medicine
9. Colorectal surgery (proctology)
10. Critical care medicine (intensivists)
11. Dermatology
12. Diagnostic radiology
13. Electrophysiology
14. Emergency medicine
15. Endocrinology
16. Family practice
17. Gastroenterology
18. General practice
19. General surgery
20. Geriatric medicine
21. Gynecological oncology
22. Hand surgery
23. Hematology/oncology
24. Hospice and palliative care
25. Infectious disease
26. Internal medicine
27. Interventional pain management
28. Interventional radiology
29. Maxillofacial surgery
30. Medical oncology

31. Mental health professionals
32. Nephrology
33. Neurology
34. Neuropsychiatry
35. Neurosurgery
36. Nuclear medicine
37. Obstetrics/gynecology
38. Ophthalmology
39. Optometry
40. Oral surgery (dentists only)
41. Orthopedic surgery
42. Osteopathic manipulative medicine
43. Otolaryngology
44. Pain management
45. Palliative care
46. Pathology
47. Pediatric medicine
48. Peripheral vascular disease
49. Physical medicine and rehabilitation
50. Plastic and reconstructive surgery
51. Podiatry
52. Preventive medicine
53. Primary care
54. Psychiatry
55. Pulmonary disease
56. Pulmonology
57. Radiation oncology
58. Rheumatology
59. Sleep medicine
60. Sports medicine
61. Surgical oncology
62. Thoracic surgery
63. Urology
64. Vascular surgery
65. Other (enter in Comments below)

✓ Select the best fit.

23. What NQS priority applies to this measure?
    a. National Quality Strategy priorities (also known as domains);.

    1. Making care safer by reducing harm caused in the delivery of care
        • Patient Safety
    2. Ensuring that each person and family is engaged as partners in their care
        • Person/Family Engagement
    3. Promoting effective communication and coordination of care
        • Effective Communication and Coordination of Care
    4. Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease
        • Prevention and Treatment of [specific disease]
    5. Working with communities to promote wide use of best practices to enable healthy living
        • Health and Wellbeing
    6. Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models
        • Affordable Care

    ✓ Check all that apply

24. Briefly describe the peer reviewed evidence justifying this measure
    a. Description of peer reviewed evidence, for example, cite the relevant publication(s) and summarize the findings that document the value of this measure.
        1. Free text field (unlimited)


25. What is the NQF status of the measure?
    a. Select only one

        1. Endorsed
        2. De-endorsed
        3. Submitted
        4. Failed endorsement
        5. Never submitted
        6. None (default – not a valid answer)


    ✓ The National Quality Forum (NQF) is the quality measure consensus building entity. NQF uses its formal Consensus Development Process (CDP) to evaluate and endorse consensus standards, including performance measures, best practices, frameworks, and reporting guidelines. The Consensus Development Process is designed to call for input and carefully consider the interests of stakeholder groups from across the healthcare industry.

    ✓ http://www.qualityforum.org/

26. NQF ID Number
    a. Four-digit number.

        1. Free text field (4 digits)

        ✓ If no NQF ID number is known or the measure was not submitted to NQF, enter numerals 0000

        ✓ Place zeros ahead of ID if necessary (e.g., 0064)

## 2.4 Measure Testing and Endorsement

27. Evidence the measure can be operationalized
    a. Provide evidence that the data source used by the measure is readily available to CMS. Summarize how CMS would operationalize the measure. For example, if the measure is based on registry data, the submitter must provide evidence that the majority of the hospitals in the program in which the measure will be used participate in the registry; if the measure is registry-based, the submitter must provide a plan for CMS to gain access to the registry data.

        1. Free text field (unlimited)

        ✓ Evidence that the measure can be operationalized

        ✓ CMS can implement measures if the data is available for measure calculation

        ✓ Data has to be extrapolated in order for CMS to operationalize the measure

        ✓ CMS has limitations regarding the data it uses for measurement (e.g., chart abstracted and claims data)

        ✓ For example, describe the number of hospitals, physicians, or long term care facilities that are currently using the measure

        ✓ The measure must be simple enough that large numbers of users are likely to adopt and use it

        ✓ CMS needs to be able to collect/access the data.

        Example 1: Someone proposes a measure that relies on a registry where only 10% of hospitals participate. CMS cannot force the other 90% of hospitals to join this registry, so the measure cannot readily be operationalized.

Example 2: Measure is proposed where the respondent burden involves completing 98 pages of specifications. The measure is too complex to be operationalized.

28. *If the measure is NQF endorsed, answer questions 29 and 30, if never submitted to NQF move to 34 (state of development).  See Line #25 above for a description of NQF.*

29. If the measure is NQF endorsed, is the measure being proposed <u>exactly</u> as endorsed by NQF?
    a. Select one
        1. Yes
        2. No

30. If not exactly as endorsed, describe the nature of the differences
    a. Briefly describe differences
        1. Free text (unlimited)

31. Year of NQF Consensus Development Process (CDP) endorsement (See item 25 above.)
    a. Four digit year

    | 1. 1999 | 10. 2008 |
    |---------|----------|
    | 2. 2000 | 11. 2009 |
    | 3. 2001 | 12. 2010 |
    | 4. 2002 | 13. 2011 |
    | 5. 2003 | 14. 2012 |
    | 6. 2004 | 15. 2013 |
    | 7. 2005 | 16. 2014 |
    | 8. 2006 | 17. 2015 |
    | 9. 2007 |          |

32. Year of next scheduled NQF CDP endorsement review
    a. Four digit year
        1. None (not a valid field)
        2. 2015
        3. 2016
        4. 2017
        5. 2018

33. In what state of development is the measure?
    a. Select all that apply
        1. Early Development
        2. Field Testing
        3. Fully Developed

34. In what setting was the measure tested?
    a. Select all that apply

    1. None (not a valid field)
    2. Ambulatory surgery center
    3. Ambulatory/office-based care
    4. Community hospitals
    5. Dialysis facility
    6. Emergency department
    7. Hospital outpatient department (HOD)
    8. Home health
    9. Hospital inpatient
    10. Hospital/acute care facility
    11. Inpatient psychiatric facility
    12. Inpatient rehabilitation facility
    13. IP units within acute care hospitals
    14. Long-term care hospital
    15. Nursing home
    16. Post-acute care facility(s)
    17. PPS-exempt cancer hospital
    18. Psychiatric outpatient
    19. Veterans Health Administration facilities
    20. Other (enter in Comments below)

35. At what level of analysis was the measure tested?
    a. Select as many as apply
        1. None (not a valid field)
        2. Clinician
        3. Group
        4. Facility
        5. Health plan
        6. Not yet tested
        7. Other (enter in Comments box below)

36. What data sources are used for the measure?
    a. Select as many as apply

    1. Administrative claims (non-Medicare; enter relevant parts in the field below)
    2. Administrative clinical data
    3. Facility discharge data
    4. Chronic condition data warehouse (CCW)
    5. Claims
    6. CROWNWeb
    7. EHR (enter relevant parts in the field below)
    8. Hybrid
    9. IRF-PAI
    10. LTCH CARE data set
    11. National Healthcare Safety Network
    12. OASIS-C1
    13. Paper medical record
    14. Prescription Drug Event Data Elements
    15. PROMIS
    16. Record review
    17. Registry (enter which Registry in the field below)
    18. Survey
    19. Other (enter in Comments below)
    20. None (not a valid field)

37. *If REGISTRY was selected, answer lines 39 and 40, if REGISTRY not selected, move to line 41 (eCQM)*

38. Specify the registry(ies)
    a. Identify the registry(ies) using the proposed measure. Use the scroll bar to view all available registries. Select as many as apply

    1. AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity
    2. Alere Analytics Registry
    3. American Board of Family Medicine Registry
    4. American College of Cardiology Foundation FOCUS Registry
    5. American College of Cardiology Foundation PINNACLE Registry
    6. American College of Physicians Genesis RegistryTM in collaboration with CECity
    7. American College of Radiology National Radiology Data Registry
    8. American College of Rheumatology Informatics System for Effectiveness
    9. American College of Surgeons (ACS) Surgeon Specific Registry (SSR)
    10. American College of Surgeons National Cancer Data Base (ASC NCDB)
    11. American College of Surgeons National Surgical Quality Improvement Program ASC NSQIP)
    12. American Gastroenterological Association Colorectal Cancer Screening and Surveillance Registry in collaboration with CECity
    13. American Gastroenterological Association Digestive Recognition Program Registry in collaboration with CECity
    14. American Health IT
    15. American Heart Association's Get With the Guidelines Database
    16. American Joint Replacement Registry
    17. American Nursing Association's National Database for Nursing Quality Indicators® (NDNQI®).
    18. American Osteopathic Association Clinical Assessment Program
    19. American Society of Breast Surgeons Mastery of Breast Surgery Program
    20. American Society of Clinical Oncology Quality Oncology Practice Initiative (QOPI)R
    21. Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry (NACOR)
    22. Bayview Physician Services Registry
    23. BMC Clinical Data Warehouse Registry
    24. Care Coordination Institute Registry
    25. CDC, NHSN (National Healthcare Safety Network)
    26. CECity Registry ("PQRSwizard")
    27. Cedaron Medical
    28. Central Utah Informatics
    29. Chronic Disease Registry, Inc
    30. CINA
    31. Clinical Support Services
    32. Clinicient
    33. Clinigence
    34. Conifer Value-Based Care
    35. Corrona, LLC
    36. Covisint Corporation Registry (formerly Docsite)
    37. Crimson Care Registry
    38. CUHSM.ORG
    39. DC2 Healthcare (NOC2 Spine Registry and C3 Total Joint Registry)
    40. Digital Medical Solutions Registry
    41. DrexelMed Registry
    42. E*HealthLine.com Inc
    43. eClinicalWeb (eClinicalWorks) Registry
    44. EVMS Academic Physicians and Surgeons Health Services Foundation

45. Faculty Practice Foundation, Inc. supported by BMC Clinical Data Warehouse Registry
46. Falcon Registry
47. FORCE-TJR Registry QITM
48. FOTO PQRS Registry
49. Fresenium Medical Care CKD Data Registry
50. Geriatric Practice Management LTC Qualified Clinical Data Registry
51. Geriatric Practice Management LTC Registry
52. GI Quality Improvement Consortium's GIQuIC Registry
53. Greenway Health PrimeDATACLOUD PQRS Registry
54. HCA Physician Services PQRS Registry
55. HCFS Health Care Financial Services LLC (HCFS)
56. Health Focus Registry
57. ICLOPS
58. Ingenious Med, Inc.
59. Intellicure, Inc
60. Intelligent Healthcare
61. iPatientCare Registry
62. IPC The Hospitalist Company Registry
63. IRISTM Registry
64. Johns Hopkins Disease Registry
65. Louisiana State University Health Care Quality Improvement Collaborative [Louisiana State University, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity]
66. Lumeris Registry
67. M2S Registry
68. Mankato Clinic Registry
69. Massachusetts eHealth Collaborative Quality Data Center QCDR
70. Massachusetts General Physicians Organization Registry
71. McKesson Population Manager
72. MDinteractive
73. MDSync LLC
74. MedAmerica/CEP America Registry
75. Meditab Software, Inc
76. MedXpress Registry
77. MEGAS, LLC Alpha II Registry
78. Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) QCDR
79. Michigan Bariatric Surgery Collaborative QCDR
80. Michigan Spine Surgery Improvement Collaborative
81. Michigan Urological Surgery Improvement Collaborative QCDR
82. myCatalyst
83. National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement Registry in collaboration with CECity
84. Net Health Specialty Care Registry
85. Net.Orange cOS Registry
86. NeuroPoint Alliance (NPA)'s National Neurosurgery Quality & Outcomes Database (N2QOD)
87. NextGen Healthcare Solutions
88. NJ-HITEC Clinical Reporting Registry
89. OBERD QCDR
90. OmniMD
91. Oncology Nursing Quality Improvement Registry in collaboration with CECity

92. Oncology Quality Improvement Collaborative (The US Oncology Network, McKesson Specialty Health, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity)
93. Patient360
94. Physician Health Partners QCDR
95 PMI Registry
96. PQRS Solutions
97. PQRSPRO NetHealth LLC
98. Premier Healthcare Alliance Physician RegistryTM
99. Pulse PQRS Registry
100. Quintiles PQRS Registry
101. Renal Physicians Association Quality Improvement Registry in collaboration with CECity
102. ReportingMD Registry
103. RexRegistry by Prometheus Research
104. Society of Thoracic Surgeons National Database
105. Solutions for Quality Improvement (SQI) Registry
106. Specialty Benchmarks Registry
107. SunCoast RHIO
108. SupportMed Data Analytics & Registry
109. Surgical Care and Outcomes Assessment Program (SCOAP)
110. SwedishAmerican Medical Group
111. TeamPraxis-Allscripts CQS
112. The Guideline AdvantageTM (American Cancer Society, American Diabetes Association, American Heart Association) supported by Forward Health Group's PopulationManagerR
113. The Pain Center USA PLLC
114. Unlimited Systems Specialty Healthcare Registry
115. Vancouver Clinic
116. Venous Patient Outcome Registry
117. Vericle, Inc.
118. Webconsort LLC
119. WebOutcomes LLC
120. WebPT, Inc
121. Wellcentive, Inc
122. Wisconsin Collaborative for Health Care Quality Registry
123. Wound Care Quality Improvement Collaborative (Paradigm Medical Management, Patient Safety Education Network (PSEN), Net Health Systems, Inc., CECity)
124. Other (specify in comments)

39. If EHR or Administrative Claims or Chart-Abstracted Data, description of parts related to these sources
   a. Provide a brief, specific description of which parts of the measure are taken from EHR, Administrative claims-based, or chart-abstracted data sources.
      1. Free text field (unlimited)

## 2.5 Electronic Clinical Quality Measures (eCQM)

Electronic clinical quality measures (eCQMs) use data obtained from electronic health records (EHR) and/or health Information technology systems for quality measurement.

CMS created a unique "CMS eMeasure Identifier" to clearly and consistently identify eCQM files. The naming convention combines the eMeasure identifier assigned to the eCQM in the Measure Authoring Tool (MAT) with the "eMeasure Version Number", which is prepended by "CMS". The eMeasure Version Number is a positive integer value used to indicate the version of the eMeasure. Based on this universal naming convention, Eligible Professional measure (NQF0056-Diabetes: Foot Exam) would display the following for the first version of the measure: **CMS123v1**. For more eCQM and MAT information, please see: http://www.healthit.gov/ecqi-resource-center/ecqm/index.html

41. Is this measure an eCQM?
    a. Is this an electronic quality measure (eCQM)? Select only one. If your answer is yes, the Measures Application Tool (MAT) ID number must be provided below.
        1. Yes
        2. No
        3. None (not a valid field)

42. If eCQM, enter measuring authoring tool (MAT) number.
    a. If not an eCQM, or if MAT number is not available, enter 0.
        1. Free Text (unlimited)

43. If eCQM, does the measure have a Healthy Quality Measures Format (HQMF)?
    a. If not eCQM, enter No.
        1. Yes
        2. No
        3. None (not a valid field)

## 2.6 Measure Gaps and Consequences

44. Evidence of performance gap
    a. 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 more meaningful. The distribution of performance should be wide. Measure must not address "topped-out" opportunities.
        1. Free text (unlimited).

45. Unintended consequences
    a. Summary of potential unintended consequences if the measure is implemented. Information can be taken from NQF CDP manuscripts or documents. If referencing NQF documents, you must submit the document (Line 63 below) or a link to the document, and the page being referenced.
       1. Free text (unlimited).

## 2.7 Measures under Consideration and Measures Application Partnership (MAP) History

Measures that have been submitted, accepted, and published on a previous Measures under Consideration List should not be resubmitted – only submit if you are expanding the measure into other programs that are not currently using the measure.

Measures that were submitted, but not accepted, may be resubmitted with narrative on why the measure was not previously accepted.

46. Was this measure proposed for a previous year's Measures under Consideration list?
    a. If this measure was on a prior Measures under Consideration list, do not resubmit it at this time.  If this measure was proposed but not accepted/included on a prior Measures under Consideration list (it was rejected), then you must complete this section on prior Measures under Consideration and Measures Application Partnership actions.
       1. Yes
       2. No
       3. None (not a valid field)

    ✓ http://www.qualityforum.org/map/

47. In what prior year(s) was this measure proposed?
    a. Select as many as apply
       1. 2011
       2. 2012
       3. 2013
       4. 2014
       5. Other (enter in comments box at bottom of screen)

---

**Helpful Hints**

Previous MAP and Measures under Consideration reports can be found at:
http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rule-Making.html

---

48. What were the MUC IDs for the measure in each year?
    a. List both the year and the associated MUC ID number in each year. If unknown, enter N/A.
        1. Free text field (unlimited)

    ✓ e.g., 2013    X1432

    ✓ For reference, in the 2014 List of Measures under Consideration, the following prefixes were used to categorize groups of measures:

        E—Currently endorsed by the NQF
        D—Was once endorsed by the NQF but has subsequently been de-endorsed
        F—Was submitted to the NQF for endorsement but was not endorsed
        S—Is currently submitted to the NQF for endorsement
        X—Has yet to be submitted to the NQF for endorsement.

49. Why was the measure rejected in those year(s)?
    a. Briefly describe the reason(s) if known.
        1. Free text field (unlimited)

50. What were the programs that NQF MAP reviewed the measure for in each year?
    a. List both the year and the associated program name in each year.
        1. Free text field (unlimited)

    ✓ Example: "Hospital Inpatient Quality Reporting, 2014; Hospital Value-Based Purchasing, 2013."

51. List the NQF MAP workgroup(s) in each year
    a. List both the year and the associated workgroup name in each year.
        1. Free text field (unlimited)

    ✓ Workgroup options: Clinician; Hospital; Post-Acute Care/Long-Term Care; and Coordinating Committee.

    ✓ Example: "Clinician, 2014"

52. What was the NQF MAP decision each year?
    a. List the year(s), the program(s), and the associated decision(s) in each year. Decision options: Support; Do Not Support; Conditionally Support
        1. Free text field (unlimited)

    ✓ Decision options: Support, Do Not Support, Conditionally Support

    ✓ Example: "Hospital Inpatient Quality Reporting, 2014, Conditionally Support; Hospital Value-Based Purchasing, 2013, Support."

53. NQF MAP report link for each year
   - ✓ This is not a data entry field, but is provided for your reference in completing this section. You can copy/paste the links into your browser to view each year's MAP pre-rulemaking report (2012 to 2015). Click on the following links:

      - o 2015: http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=78711

      - o 2014: http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report__2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx

      - o 2013: http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx

      - o 2012: http://www.qualityforum.org/Publications/2012/02/MAP_Pre-Rulemaking_Report__Input_on_Measures_Under_Consideration_by_HHS_for_2012_Rulemaking.aspx

      - o All major NQF reports going back to 2008 should be locatable here: http://www.qualityforum.org/Publications.aspx

   - ✓ Additional information regarding MAP and the MAP pre-rulemaking report process, go to: http://www.qualityforum.org/map/ or CMS's website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/MultiStakeholderGroupInput.html

54. NQF MAP report page number being referenced for each year
   - a. List both the year and the associated MAP report page number for each year.
      - 1. Free text field (unlimited)

## 2.8 Measure and Statutory Requirement

55. If this measure is being proposed to meet a statutory requirement, please list the corresponding statute
   - a. List title and other identifying citation information.
      - 1. Free text field

## 2.9 Measure Steward and Submitter Information

56. Measure Steward
   - a. Select the current Measure Steward. Select as many as apply. Use the scroll bar to view all available stewards.

1. None (not a valid field)
2. Agency for Healthcare Research & Quality
3. Alliance of Dedicated Cancer Centers
4. American Academy of Allergy, Asthma, & Immunology (AAAAI)
5. American Academy of Dermatology
6. American Academy of Neurology
7. American Academy of Otolaryngology – Head and Neck Surgery (AAOHN)
8. American College of Cardiology
9. American College of Emergency Physicians
10. American College of Emergency Physicians (previous steward – Partners-Brigham & Women's)
11. American College of Obstetricians and Gynecologists (ACOG)
12. American College of Radiology
13. American College of Rheumatology
14. American College of Surgeons
15. American Gastroenterological Association
16. American Medical Association
17. American Medical Association – Consortium for Performance Improvement
18. American Medical Association – Consortium for Performance Improvement/American College of Cardiology/American Heart Association
19. American Nurses Association
20. American Society for Gastrointestinal Endoscopy
21. American Society for Radiation Oncology
22. American Society of Addiction Medicine
23. American Society of Anesthesiologists
24. American Urogynecologic Society
25. American Urological Association (AUA)
26. ASC Quality Collaboration
27. Bridges to Excellence
28. Centers for Disease Control and Prevention
29. Centers for Medicare & Medicaid Services
30. Health Resources and Services Administration (HRSA) – HIV/AIDS Bureau
31. Heart Rhythm Society (HRS)
32. Indian Health Service
33. Infectious Diseases Society of America (IDSA)
34. MN Community Measurement
35. National Committee for Quality Assurance
36. Office of the National Coordinator for Health Information Technology
37. Office of the National Coordinator for Health Information Technology/Centers for Medicare & Medicaid Services
38. Pharmacy Quality Alliance
39. Philip R. Lee Institute for Health Policy Studies
40. RAND Corporation
41. Renal Physicians Association; joint copyright with American Medical Association – Physician Consortium for Performance Improvement
42. Society of Interventional Radiology
43. The Joint Commission
44. The Society for Vascular Surgery
45. University of Minnesota Rural Health Research Center
46. University of North Carolina – Chapel Hill
47. Other (enter in comments section below)

57. Measure Steward Contact Information

   a. Last name, First name; Affiliation (if different); Telephone number; E-mail address
      1. Free text (unlimited).

58. Long-Term Measure Steward (if different)

   a. Entity or entities that will be the permanent measure steward(s), responsible for maintaining the measure and conducting NQF maintenance review. Use the scroll bar to view all available stewards.

*See Line 56 above for a list of Measure Stewards.*



59. Long-term Measure Steward Contact Information

  a. If different from Steward above: Last name, First Name; Affiliation; Telephone number; E-mail address.
    1. Free text field (unlimited).

60. Primary Submitter Contact Information

  a. If different from Steward above: Last name, First name; Affiliation; Telephone number; E-mail address.
    1. Free text field (unlimited).

   ✓ If same as Steward listed above, note: "same as steward."

61. Secondary Submitter Contact Information

  a. If different from name(s) above: Last name, First name; Affiliation; Telephone number; E-mail address.
    1. Free text field (unlimited).

## *2.10 Comments and Attachments*

Any field marked 'other' in previous drop-down fields, must be addressed in the comments box. Not addressing 'other' fields in the comments section can delay review, and require additional work by the submitter.



62. Comments

    a. Any notes, qualifiers, external references, or other information not specified above. For OTHER entries:  please indicate the type of additional data you are providing, such as Measure Type, Setting, Level of Analysis, or Measure Steward.
        1. Free text field (unlimited).

        ✓ Example: In what prior year(s) was the measure proposed: 2008; If not exactly as endorsed, specify the locations of the: CMS program

63. Attachment(s) differences

    a. Attach measure information form (MIF) if available. This is a detailed description of the measure used by NQF during endorsement proceedings. If a MIF is not available, a detailed Measure Methodology form is acceptable. The maximum file upload size is 10.00 MB.

# CHAPTER 3: MODIFYING A CURRENT YEAR MEASURE

As stated in the above JIRA Data Field section, due to system functionality measure reporters will not enable save work and return back to the system at a later time to further update data fields. CMS recommends measure reporters complete the "measure submission" template as prescribed in Chapter 2. In the event a submitter (reporter) recognizes the need to modify a measure submission subsequent to the original entry this chapter describes the steps for creating a 'Modify 2015 Candidate Measure' issue type. Submitters (reporters) are not able to modify a candidate measure submission records after initial submission.

CMS understands proposed measures statuses may change or human data field entry errors may occur. If either of these situations arise, create the "Modify Measure" issue type for assistance with editing the proposed measure submission. JIRA will log, track and triage the approval process for the modify candidate measure type for CMS' review and approval of all requests for changes. If the modification is approved, the original JIRA generated MUC ID measure record itself will be changed.

> This section is for current year measures only.
> Modifications cannot be made to measures submitted in previous years.

1. Issue Type
    a. Select Measure Submission to nominate a measure for the Measures under Consideration list. Select Modify Measure to change a measure already submitted for the current year. Select Question to ask a question on the Measures under Consideration process. Select Feedback to leave feedback about the current year Measures under Consideration process.

        1. Measure Submission
        2. **Modify Candidate Measure**
        3. Question
        4. Feedback

        ✓ For additional instructions regarding options 2, 3, and 4 move to chapters 3 – 5.

2. Component(s)
   a. Enter CMS program(s) for which the measure is proposed. These should not be current use programs. Start typing to get a list of possible matches or press down to select.

*See Chapter 2, Line 3 above for a list of CMS Programs.*

3. Measure Title
   a. Provide the measure title only (255 characters or less). Put program-specific ID number in the next field, not in the title. Use the same measure title as originally submitted.
      1. Free text field (limited to 255 characters or less).

4. Measure ID
   a. Alphanumeric identifier (if applicable), such as a recognized program ID number for this measure (20 characters or less). Use the same Measure ID as originally submitted (if applicable).
      1. Free text field (limited to 20 characters or less).

   ✓ Example: CTM-3; ACO 28
   ✓ This field is not for NQF or MUC ID numbers.

5. MUC ID
   a. Provide the original MUC ID that JIRA generated with your proposed measure submission.
      1. Free text field (limited to 20 characters or less).

6. Change
   a. Type your proposed change here. Use this form only for candidate measures that have already been submitted through JIRA for the current year Measures under Consideration process. Describe the change specifically.
      1. Free text field (unlimited).

7. Primary Contact Information for Person Requesting Change
   a. Last name, First name; Affiliation; Telephone number; Email address
      1. Free text field (unlimited).

8. Secondary Contact Information for Person Requesting Change
   a. Last name, First name; Affiliation; Telephone number; Email address
      1. Free text field (unlimited).

   ✓ Provide detailed and accurate contact information to allow for additional follow-up by measure managers.

# CHAPTER 4: SUBMITTING A QUESTION OR REPORTING A PROBLEM

Problems or questions related to the Measures under Consideration process, can be entered within this section. All questions and problems will be reviewed per the workflow located in the appendix.

1. Issue Type
   a. Select Measure Submission to nominate a measure for Measures under Consideration list. Select Modify Measure to change a measure already submitted for the current year. Select Question to ask a question on the Measures under Consideration process. Select Feedback to leave feedback about the current year Measures under Consideration process.
      1. Measure Submission
      2. Modify Candidate Measure
      3. **Question**
      4. Feedback



2. CMS Program
   a. Please select the program(s) you are asking about

*See Chapter 2, Line 3 above for a list of CMS programs.*

✓ To select program, begin by typing the name of the program, JIRA will pull up options for selection.



3. Type of question
    a. Select type of question (main purpose)
        1. JIRA user interface
        1. Measure content/specifications
        2. Measure supporting information
        3. Training
        4. Data request
        5. Other

4. Question
    a. Type your question here. Provide specific references to the JIRA fields, measure attributes, or policies that you are asking about.
        1. Free text field (unlimited).

5. Primary Contact Information for Person Requesting Change
    a. Last name, First name; Affiliation; Telephone number; Email address
        1. Free text field (unlimited).

6. Secondary Contact Information for Person Requesting Change
    a. Last name, First name; Affiliation; Telephone number; Email address
        1. Free text field (unlimited).

# CHAPTER 5: PROVIDING FEEDBACK

Feedback related to the Measures under Consideration process, can be entered within this section. All questions and problems will be reviewed per the [workflow](#) located in the appendix.

1. Issue Type
   a. Select Measure Submission to nominate a measure for the Measures under Consideration list. Select Modify Measure to change a measure already submitted for the current year. Select Question to ask a question on the Measures under Consideration process. **Select Feedback to leave feedback about the current year Measures under Consideration process.**
      1. Measure Submission
      2. Modify Candidate Measure
      3. Question
      4. **Feedback**

2. CMS Program
    a. Please select the program(s) you are asking about

    ✓ Type in the beginning of the program name – JIRA will generate options for selection.



3. Feedback Type
    a. Select type of question (main purpose)
        1. JIRA user interface
        1. Measure content/specifications
        2. Measure supporting information
        3. Training
        4. Other
        5. None (not a valid field)



4. Feedback
    b. Type your feedback here. Provide specific references to the JIRA fields, measure attributes, or policies that you are asking about.
        1. Free text field (unlimited).

5.  Primary Contact Information for Person Requesting Change
    b.  Last name, First name; Affiliation; Telephone number; Email address
        1.  Free text field (unlimited).

6.  Secondary Contact Information for Person Requesting Change
    b.  Last name, First name; Affiliation; Telephone number; Email address
        1.  Free text field (unlimited).

# APPENDIX A: ACCESS TO JIRA APPLICATION

In order to gain access to JIRA, email the following form to CMS Measures under Consideration

Coordinator, Michelle Geppi, at [Michelle.Geppi@cms.hhs.gov](mailto:Michelle.Geppi@cms.hhs.gov).


Submitter Name:

Submitter Email:

Organization/Agency Name:

Your Manager's Name:

Your Manager's Phone Number:

Your Manager's Email:

CMS Program Name:

CMS Program Lead Name:

Is this an activation, reactivation, or removal?

# APPENDIX B: GLOSSARY

CMS has included a list of terms used in the Table of Measure Specifications for clarity and

consistency. For a more detailed list of common properties used in health care measure

development, go to: http://www.qualitymeasures.ahrq.gov/about/glossary.aspx

**Accountable Care Organizations**
> Umbrella organizations that provide coordinated care, chronic disease management, and thereby improve the quality of care patients get. The organizations are paid for an episode of care and distribute funds to the providers who participate in that care. The organizations' payments are tied to achieving health care quality goals and outcomes that result in cost savings.

**Administrative clinical data**
> Data such as enrollment or eligibility information, claims information, and managed care encounters. The claims and encounters may be for hospital and other facility services, professional services, prescription drug services, laboratory services, and so on, gathered from billing codes or other coding systems. This refers to information that is collected, processed, and stored in automated information systems.

**Administrative management data**
> Data that describe attributes of delivery organizations, staff, equipment, non-clinical operations, and financing.

**Ambulatory/Office-based Care**
> Health care services provided to patients on an ambulatory basis rather than by admission to a hospital or other health care facility. The services may be provided by a hospital augmenting its inpatient services or may be provided at a free-standing facility.

**Ambulatory Procedure/Imaging Center**
> Health care facilities where diagnostic imaging services and/or surgical procedures not requiring an overnight hospital stay are performed. Comprehensive care including pre-screening, pain management and post-operative nursing care is provided. Services include acupuncture, angiography, biopsy, chemotherapy, computed tomography, lab tests, laser medicine, magnetic resonance imaging (MRI), radiography, electrocardiography (ECG), endoscopy, hemodialysis, palliative care, physical therapy, radiation therapy, ultrasonography, and various outpatient surgeries.

**Ancillary Services**
> Supplemental services, including laboratory, radiology, physical therapy, and inhalation therapy, that are provided in conjunction with medical or hospital care.

**Assisted Living Facilities**

Long-term care facilities that typically permit residents to live in their own apartments or rooms. They provide services such as meals, housekeeping, 24-hour security, onsite staff for emergencies, and social programs. Assisted living facilities may also offer assistance with personal care, medications, and other activities of daily living.

**Behavioral Health Care**

Health care services organized to provide mental health care, which may include diagnostic, therapeutic, and preventive mental health services; therapy and/or rehabilitation for substance-dependent individuals; and the use of community resources, individual case work, or group work to promote the adaptive capacities of individuals in relation to their social and economic environments.

**Clinical Practice Guideline**

Gives users an identifier to refer to a measure. Clinical practice guidelines are statement that include recommendations intended to optimize patient care that are informed by systematic review of evidence and an assessment of the benefits and harm of alternative care options.

**Clinical training documentation**

The recording of the details of educational and related activities intended to augment the skills and knowledge of clinical personnel.

**CMS Program(s)**

Refers to the applicable Medicare program(s) that may adopt the measure through rulemaking in the future.

**Community Health Care**

Diagnostic, therapeutic, and preventive health care services provided for individuals or families in the community for the purpose of promoting, maintaining, or restoring health or minimizing the effects of illness and disability. Community health care takes a public health perspective of addressing the health of all residents in a community and undertaking health education and other public health measures as well as delivery of personal health care. Classic examples of community health care are the federally funded community health centers, most of which are in towns and cities.

**Composite Measure**

A composite measure summarizes the answers to two or more related measures or survey questions (or "items"). Composites can represent concepts that are too complex to be measured with a single item and can thus provide a bigger picture. Using composite measures helps users evaluate the information quickly and easily by summarizing several pieces of information so that users do not get bogged down in details. However, identical scores for the same composite may conceal important differences in the underlying measures; it is therefore desirable to examine the results of the underlying measures as well as the composite.

**Composite**

Refers to a measure that contains two or more individual measures, resulting in a single measure and a single score. Composite measures may be composed of one or more process measures and/or one or more outcome measures.

**Cost/Resource Use**

Refers to broadly applicable and comparable measures of health services counts (in terms of units or dollars) applied to a population or event (broadly defined to include diagnoses, procedures, or encounters). A resource use measure counts the frequency of defined health system resources; some may further apply a dollar amount (for example, allowable charges, paid amounts, or standardized prices) to each unit of resource use—that is, monetizes the health service or resource use units.

**Data Source**

Identifies the data source(s) necessary to implement the measure.

**Denominator**

The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given patient population that may be counted as eligible to meet a measure's inclusion requirements.

**Description**

Gives users more detailed information about the measure, such as medical conditions to be measured, particular outcomes or results that could or should/should not result from the care and patient populations.

**Documentation of organizational self-assessment**

An organization's record keeping of its identifiable strengths and noticeable gaps in agency performance. The assessment serves to provide agencies with the means to evaluate and understand their own systems and program operations in order to strengthen the services delivered to the community and gain accreditation.

**Efficiency**

Refers to a measure concerning the cost of care associated with a specified level of health outcome.

**Electronic health/medical record**

In health informatics, an electronic medical record (EMR) is considered to be one of several types of electronic health records (EHRs), but EMR and EHR are also used interchangeably. EHRs are sometimes defined as including other systems that keep track of medical information, such as practice management software that facilitates the day-to-day operations of a medical practice. Such software frequently allows users to capture patient demographics, schedule appointments, maintain lists of insurance payers, perform billing tasks, and generate reports.

**eMeasure**

Performance measures that have been specified such that they can be implemented using data directly from electronic health records (EHR) or other electronic data sources, without manual coding or abstraction from paper records.

**Emergency Department**

A section of an institution that is staffed and equipped to provide rapid and varied emergency

care, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma.

**Emergency Medical Services**

Services specifically designed, staffed, and equipped for the emergency care of patients.

**Exclusion Criteria**

Specifications of those characteristics that would cause groups of individuals to be removed from the numerator and/or denominator of a measure although they experience the denominator index event. For instance, the denominator index event may specify a discharge diagnosis, but patients with certain co-morbidities may be excluded.

**Exclusions**

Exclusions are patients included in an initial population for whom there are valid reasons a process or outcome of care has not occurred. These cases are removed from the denominator. When clinical judgment is allowed, these are referred to as "exceptions". Denominator exceptions fall into three general categories: medical reasons, patients' reasons, and system reasons. Exceptions must be captured in a way that they could be reported separately.

**Exclusions/Exceptions**

Characteristics defined during the delivery of care that would mean that care specified in the numerator was contraindicated, refused by the patient, or not possible for some other compelling and particular circumstance of this case.

**External audit**

A review of a health care organization by a separate organizational entity that examines structures in the health care setting (e.g., facilities, staffing, or the availability of drugs and equipment) or the management of particular clinical or administrative processes.

**Health professional survey**

An investigation aimed at gathering information from health professionals to search and disseminate information relating to their professions.

**Home Care**

Community health and nursing services providing coordinated multiple service home care to the patient. It includes home-offered services provided by visiting nurses, home health agencies, hospitals, or organized community groups using professional staff for care delivery.

**Hospices**

Facilities or services, that are specifically devoted to providing palliative and supportive care to the patient with a terminal illness and to the patient's family.

**Hospital Inpatient**

A hospital setting in which patients are admitted for diagnosis or treatment that requires at least one overnight stay.

**Hospital Outpatient**
> A hospital setting in which patients are admitted for diagnosis or treatment that does not require at least one overnight stay.

**Hospital - Other**
> A hospital setting that cannot be characterized as "hospital inpatient," "hospital outpatient," "intensive care units," or "emergency room."

**Imaging data**
> Data derived from the use of radiographic, sonographic, and other technologies.

**Inclusion Criteria**
> Specifications of the characteristics that define membership in a group. (a) Denominator inclusion criteria define those individuals or events that are included in the denominator of a measure. (b) Numerator inclusion criteria define those individuals or events, already defined as belonging to the denominator, that are also included in the numerator of a measure. (c) NQMC Inclusion Criteria are used to define those among submitted measures that can be included in NQMC.

**Inspections/Site visits**
> A formal visit to a hospital or heath care facility by representatives from an accrediting organization (e.g., The Joint Commission [TJC], Centers for Medicare & Medicaid Services [CMS]) to assess the quality of care provided in the institution, as reflected by the facility's adherence to guidelines for providing such care.

**Intensive Care Units**
> A hospital unit in which is concentrated special equipment and specially trained personnel for the care of seriously ill patients requiring immediate and continuous attention.

**Intermediate Outcome**
> Refers to a measure that aims to meet specific thresholds of health outcomes.

**Laboratory data**
> Data collected from a site equipped for experimentation, observation, testing and analysis, or practice in a field of study. In regards to clinical practice, laboratory data may provide information on diagnosis, prognosis, prevention, or treatment of disease based on close examination of the human body.

**Long-term Care Facilities — Other**
> Long-term care facilities that cannot be characterized as "assisted living facilities" or "skilled nursing facilities/nursing homes."

**Managed Care Plans**
> Health insurance plans intended to reduce unnecessary health care costs through a variety of mechanisms, including economic incentives for physicians and patients to select less costly forms of care, programs for reviewing the medical necessity of specific services, increased beneficiary cost sharing, controls on inpatient admissions and lengths of stay, the establishment of cost-sharing incentives for outpatient surgery, selective contracting with health care

providers, and the intensive management of high-cost health care cases. The programs may be provided in a variety of settings, such as health maintenance organizations (HMO), independent practice associations (IPA), and preferred provider organizations (PPO), etc.

**Measure Steward**
Refers to the primary (and secondary, if applicable) party responsible for updating and maintaining a measure

**Measure Title**
Refers to the title of the measure.

**Measure Type**
Refers to the domain of quality that a measure assesses

**Measurement Setting**
The setting for which the measure was developed.

**National public health data**
Public health data include national health status (gathered through birth and death certificates, hospital discharge diagnoses, other epidemiologic sources), communicable disease (food/water/air/waste/vector borne), environmental health risks, presence of and use of health care facilities and providers, preventive services, and other information identified by the nation as helpful for planning.

**National Public Health Programs**
An officially authorized entity concerned with the prevention and control of disease and disability and the promotion of physical and mental health of the population on the national level.

**Numerator**
The numerator reflects the subset of patients in the denominator for whom a particular service has been provided or for whom a particular outcome has been achieved.

**Organizational policies and procedures**
Refers to the principles and methods, whether formalized, authorized, or documented, that enable people affiliated with an organization to perform in a predictable, repeatable, and consistent way.

**Outcome**
Refers to a measure that assesses the results that are experienced by patients who have received health care.

**Paper medical record**
A collection of hard-copy documents compiled and maintained by health care professionals in the course of providing care to patients.

**Patient-centered Medical Homes**
Primary care facilities that adopt a model of providing coordinated, relationship-based care with

an orientation toward the whole person. Patient-centered medical homes involve changes to the way care is organized, paid for, and certified. The model is centered on partnering with patients and their families, and requires understanding of and respect for each patient's unique needs, culture, values, and preferences.

**Patient/Individual survey**

An instrument that assesses patients' perspectives on any of the following: their health and the care they receive, including the level of patients' satisfaction, or patients' understanding of their health status.

**Patient Reported Outcome**

Refers to a measure that focuses on a patient's report concerning observations of and participation in health care.

**Pharmacy data**

A database that provides information on prescription and/or dispensing of drug and non-drug products that may be obtained from a pharmacy (retail or health care institution-based). The information provided may include clinical attributes such as the product's ingredients (e.g., ampicillin), drug classes (e.g., antibiotics, penicillins), strength (e.g., 500mg), and form (e.g., capsule). Non-clinical information provided may include manufacturer (e.g., Merck), packaging (e.g., 500 per bottle), and price (e.g., $2 per 500).

**Population Health**

The health states of a group of individuals, including the distribution of such states within the group. There are multiple determinants of such health states, however measured. These determinants include medical care, public health interventions, aspects of the social environment (income, education, employment, social support, culture) and of the physical environment (urban design, clean air and water), genetics, and individual behavior.

**Population Health Quality**

The degree of accomplishment of desired population health objectives by a public health practitioner or organization or by the health system serving a geographically or otherwise non-clinically-identified group of people.

**Population Health Quality Measure**

A mechanism to assess the degree to which public health providers or the health system serving a population effectively and safely delivers health services that are appropriate for the population in the optimal time period.

**Process**

Refers to a measure that focuses on a process that leads to a certain outcome, meaning that a scientific basis exists for believing that the process, when executed well, will increase the probability of achieving a desired outcome.

**Provider characteristics**

Specific descriptive information about the clinician provider or the facility caring for the patient.

**Rationale for the Measure**

    The rationale is a brief statement describing the patients and the specific aspect of health care to which the measure applies. The rationale may also include the evidence basis for the measure and an explanation of how to interpret results.

**Region, county, or city public health data**

    Public health data include community health status on a region/county/city level (gathered through birth and death certificates, hospital discharge diagnoses, local surveys, other epidemiologic sources), communicable disease (food/water/air/waste/vector borne), environmental health risks, presence of and use of health care facilities and providers, preventive services, and other information identified by the local community as helpful for planning.

**Regional, County, or City Public Health Programs**

    An officially authorized entity concerned with the prevention and control of disease and disability and the promotion of physical and mental health of the population on the regional, county, or city level.

**Registry data**

    Data derived from an organized system for the collection, storage, retrieval, analysis, and dissemination of information on individual persons who have a clinical condition that predisposes them to the occurrence of a health-related event, or prior exposure to substances (or circumstances) known or suspected to cause adverse health effects.

**Rehabilitation Centers**

    Facilities/programs that provide interventions and support services intended for rehabilitating individuals with mental illnesses or physical disabilities.

**Residential Care Facilities**

    Communal living facilities for residents who, though unrelated, live together. Includes group homes, halfway houses, and orphanages.

**Rural Health Care**

    Rural health care generally refers to health care services provided to patients who live in rural areas. The services include the promotion of health and the delivery of health care. Some measures specifically address the challenges of delivering quality of care in the special circumstances of rural settings where travel distances are long and public transportation is virtually non-existent.

**Skilled Nursing Facilities/Nursing Homes**

    Long-term care facilities that house chronically ill, usually elderly patients, and provide long-term nursing care, rehabilitation, and other services.

**State/Province public health data**

    Public health data include community health status on a state/province level (gathered through birth and death certificates, hospital discharge diagnoses, statewide and local surveys, other epidemiologic sources), communicable disease (food/water/air/waste/vector borne),

environmental health risks, presence of and use of health care facilities and providers, preventive services, and other information identified by the community as helpful for planning.

**State/Provincial Public Health Programs**

An officially authorized entity concerned with the prevention and control of disease and disability and the promotion of physical and mental health of the population on the state level.

**Substance Use Treatment Programs/Centers**

Facilities/programs providing therapy and/or rehabilitation for substance-dependent individuals. Includes inpatient programs and outpatient programs (e.g., methadone distribution centers).

**Structure**

Refers to a measure that assesses aspects of the health care infrastructure that generally are broad in scope and system wide (for example, staffing level).

**Target Population**

This refers to the entire group of individuals or objects to which researchers are interested in generalizing the conclusions. Individuals/events in the denominator of a measure are sampled from a target population whose care the measure is intended to represent.

**Transition**

The transfer of a patient or responsibility for a patient between providers, settings, or time points.

## APPENDIX C: WORKFLOW DEFINITIONS

Open

This issue is in the initial 'Open' state, ready for the assignee to start work on it

In Progress

This issue is being actively worked on at the moment by the assignee.

Resolved

A Resolution has been identified or implemented, and this issue is awaiting verification by the reporter. From here, issues are either 'Reopened' or are 'Closed'.

Reopened

This issue was once 'Resolved' or 'Closed', but is now being re-examined. (For example, an issue with a *Resolution* of 'Cannot Reproduce' is reopened when more information becomes available and the issue becomes reproducible). From here, issues are either marked *In Progress, Resolved* or *Closed.*

Closed

This issue is complete.

**Issue Log**
Issue waiting to be worked on

**Program Lead (1st Approver) –**
Parent issue waiting on approval by program leads

**Closed**
Went through the entire process

**Rejected and Closed**
Rejected and closed

**Adjustment Needed-Enter in Log**
Issue needs editing

**Review**
Measure processing flowing JIRA submission
      Measures Manager for Completion
      CMS MUC Project Lead Review for Completion
      First and Second Level Review and Approval by Program
      CMS Group Director Review
      Measures Manager for Harmonization

**Approve**
If more than one program selected / proposed, subtasks are generated and approved as each first and second level approver accepts and approves the subtasks

## APPENDIX D: MEASURES UNDER CONSIDERATION COMPONENT APPROVAL CHART

**MUC2015 Component Approval**
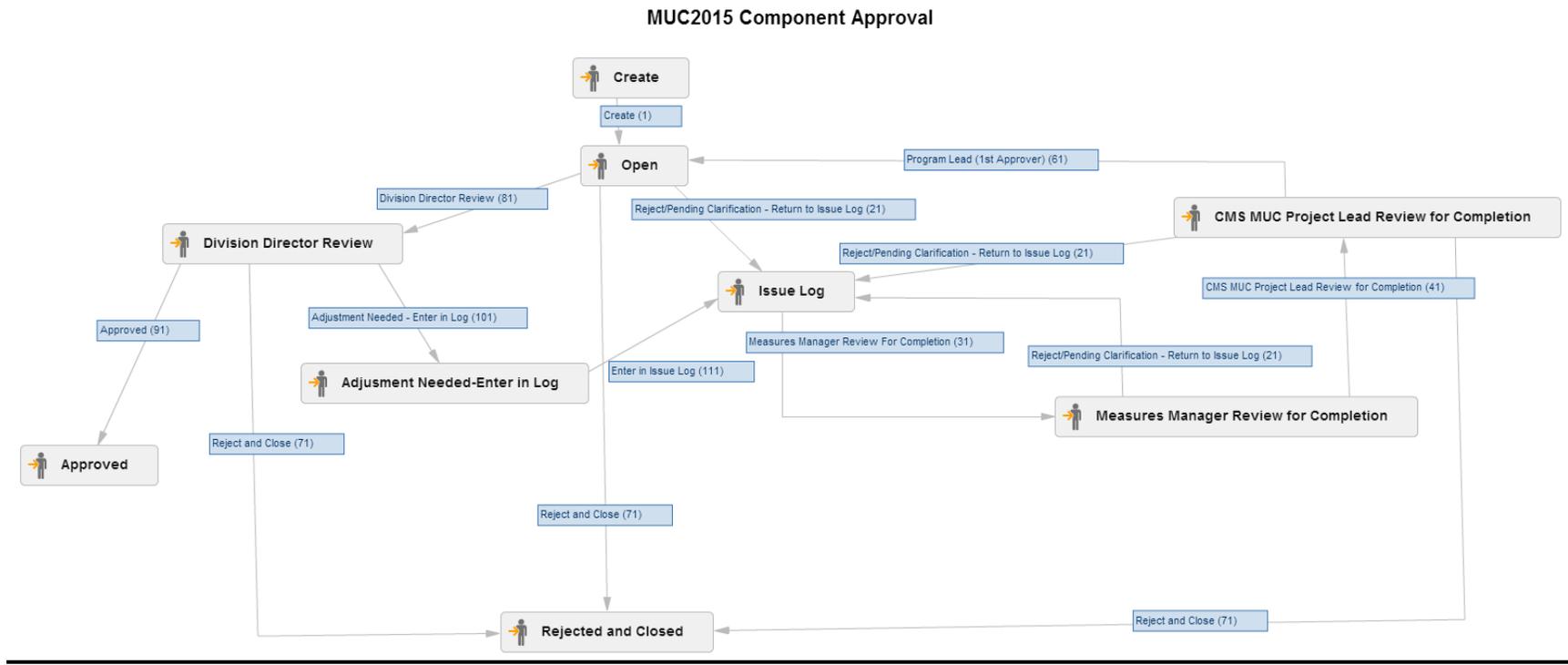
## APPENDIX E: MEASURES UNDER CONSIDERATION MEASURE SUBMISSION WORKFLOW



MUC2015 Measure Submission Workflow
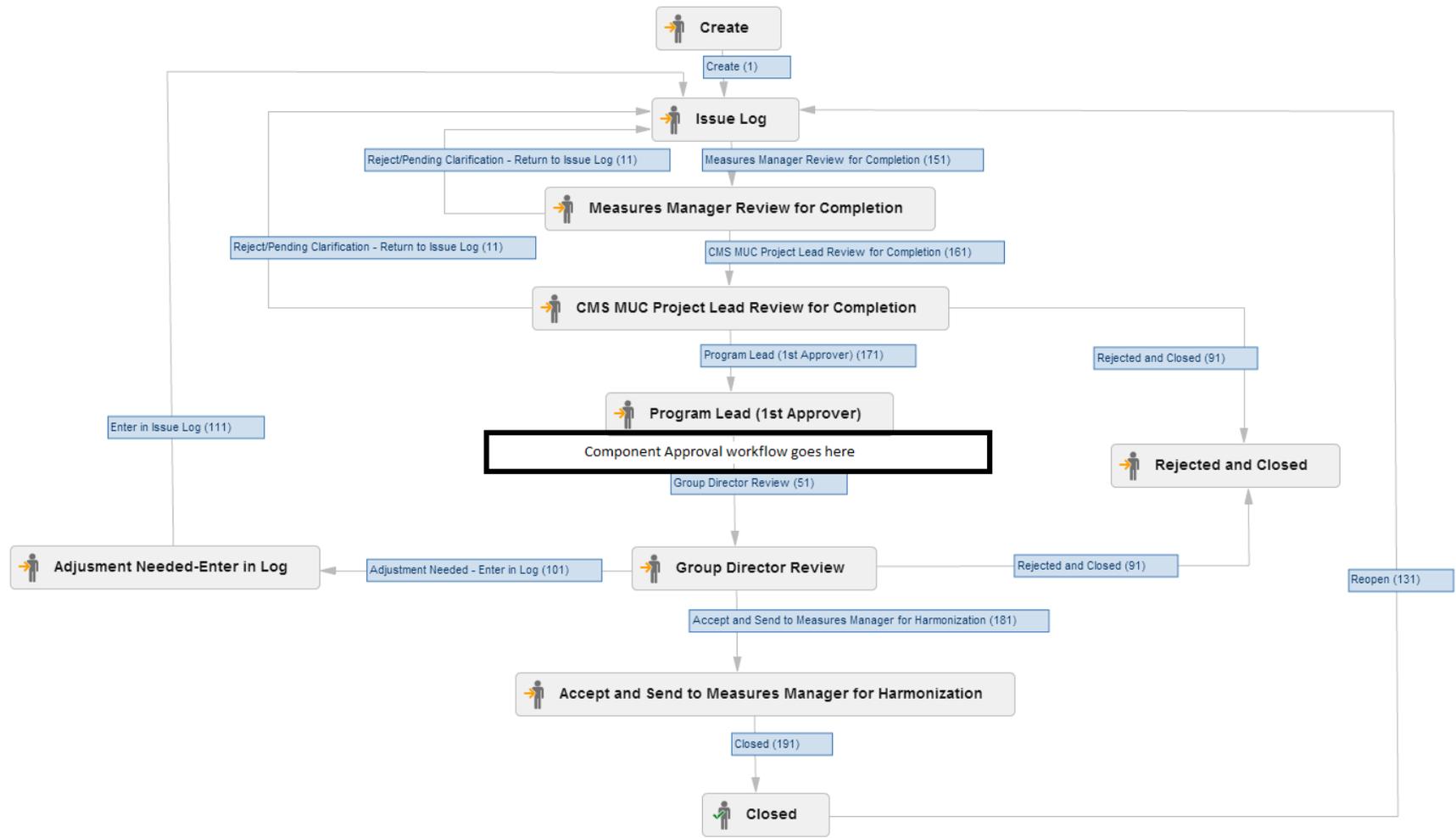
## APPENDIX F: MEASURES UNDER CONSIDERATION FEEDBACK/QUESTION/MODIFY MEASURE WORKFLOW



MUC2015 Feedback/Question/Modify Measure Workflow
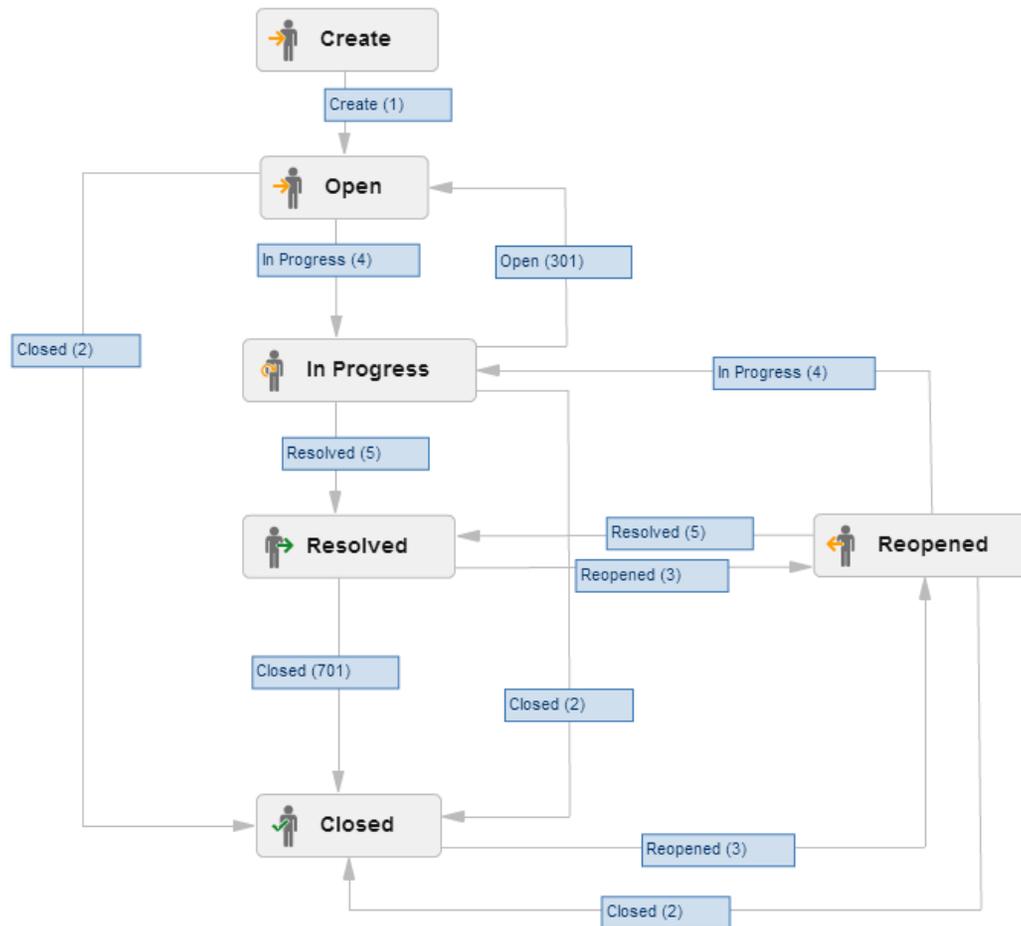
## APPENDIX G: MEASURES UNDER CONSIDERATION DATA TEMPLATE (BLANK)

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|-------------|-------|-----------------|-----------|-----------------|----------------------|
| 1 | Auto Date (no user input required) | | | | | |
| 2 | Issue Type | Yes | Some issue types are unavailable due to incompatible field configuration and/or workflow associations. Select Measure Submission to nominate a measure for MUC list. Select Modify Measure to change a measure already submitted for 2015. Select Question to ask a question on the MUC process. Select Feedback to leave feedback about the 2015 MUC process. | Select one | Measure Submission<br><br>Question<br><br>Modify 2015 Candidate Measure<br><br>Feedback | |
| 3 | CMS Program | Yes | Start typing to get a list of possible matches or press down to select. Enter CMS program(s) for which the measure is being submitted. These should not be current use programs. | Multi-select | Ambulatory Surgical Center Quality Reporting<br><br>End-Stage Renal Disease QIP<br><br>Home Health Quality Reporting<br><br>Hospice Quality Reporting<br><br>Hospital Acquired Condition Reduction Program<br><br>Hospital Compare<br><br>Hospital Inpatient Quality Reporting<br><br>Hospital Outpatient Quality Reporting<br><br>Hospital Readmission Reduction Program | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|---|---|---|---|---|---|---|
| | | | | | Hospital Value-Based Purchasing | |
| | | | | | Inpatient Psychiatric Facility Quality Reporting | |
| | | | | | Inpatient Rehabilitation Facility Quality Reporting | |
| | | | | | Long-Term Care Hospital Quality Reporting | |
| | | | | | Medicaid and Medicare EHR Incentive Program for Eligible Hospitals or Critical Access Hospitals | |
| | | | | | Medicare and Medicaid EHR Incentive Program for Eligible Professionals | |
| | | | | | Medicare Physician Quality Reporting System | |
| | | | | | Medicare Shared Savings | |
| | | | | | Physician Compare | |
| | | | | | Physician Feedback/QRUR | |
| | | | | | Physician Value-Based Payment Modifier | |
| | | | | | Prospective Payment System-Exempt Cancer Hospital Quality Reporting | |
| | | | | | Skilled Nursing Facility Quality Reporting Program | |
| | | | | | Skilled Nursing Facility Value-Based Purchasing Program | |
| 4 | What is the history or background for including this measure on the new MUC list? | Yes | Select only one reason | Select one | None (not a valid field)<br>New measure never used in a program<br>Measure currently used in a CMS program being proposed as-is for a new or different program | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|---|---|---|---|---|---|---|
| | | | | | Measure currently used in a CMS program, but the measure is undergoing substantial change | |
| 5 | If currently used: | | | | | |
| 6 | Range of year(s) this measure has been used by CMS Program(s). | No | For example: Hospice Quality Reporting (2012-2015) | Free text | | |
| 7 | What other programs are currently using this measure? | No | Select as many as apply. These should be current use programs only, not proposed programs. | Multi-select | None (not a valid field)<br><br>Ambulatory Surgical Center Quality Reporting<br><br>End-Stage Renal Disease QIP<br><br>Home Health Quality Reporting<br><br>Hospice Quality Reporting<br><br>Hospital Acquired Condition Reduction Program<br><br>Hospital Compare<br><br>Hospital Inpatient Quality Reporting<br><br>Hospital Outpatient Quality Reporting<br><br>Hospital Readmission Reduction Program<br><br>Hospital Value-Based Purchasing<br><br>Inpatient Psychiatric Facility Quality Reporting<br><br>Inpatient Rehabilitation Facility Quality Reporting<br><br>Long-Term Care Hospital Quality Reporting | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|-------------|-------|-----------------|-----------|-----------------|----------------------|
| | | | | | Medicaid and Medicare EHR Incentive Program for Eligible Hospitals or Critical Access Hospitals | |
| | | | | | Medicare and Medicaid EHR Incentive Program for Eligible Professionals | |
| | | | | | Medicare Physician Quality Reporting System | |
| | | | | | Medicare Shared Savings | |
| | | | | | Physician Compare | |
| | | | | | Physician Feedback/QRUR | |
| | | | | | Physician Value-Based Payment Modifier | |
| | | | | | Prospective Payment System-Exempt Cancer Hospital Quality Reporting | |
| | | | | | Skilled Nursing Facility Quality Reporting Program | |
| | | | | | Skilled Nursing Facility Value-Based Purchasing Program | |
| 8 | Measure title | Yes | Provide the measure title only (255 characters or less). Put program-specific ID number in the next field, not in the title.  Note:  Enter the NQF ID number and former MUC ID number (if applicable) in later fields. | Free text 255 characters max | | |
| 9 | Measure ID | No | 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. | Free text 20 characters max | | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|---|---|---|---|---|---|---|
| | | | Fields for the NQF ID number and previous year(s) JIRA MUC ID number are provided in other data fields within this form. | | | |
| 10 | Measure description | Yes | Provide a brief description of the measure (350 characters or less). When you paste text, any content over the limit will be truncated. | Free text 350 characters or less) | | |
| 11 | Numerator | Yes | [show Preview button; Markup button] The upper portion of a fraction used to calculate a rate, proportion, or ratio. A clinical action to be counted as meeting a measure's requirements. For all fields, especially Numerator and Denominator, use plain text whenever possible. If needed, convert any special symbols, math expressions, or equations to plain text (keyboard alphanumeric, such as + - * /). This will help reduce errors and speed up data conversion, team evaluation, and MUC report formatting. | Free text | | |
| 12 | Denominator | Yes | [show Preview button; Markup button] The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given | Free text | | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|-------------|-------|-----------------|-----------|-----------------|----------------------|
| | | | patient population that may be counted as eligible to meet a measure's inclusion requirements. | | | |
| 13 | Exclusions | Yes | [show Preview button; Markup button] Can apply to the Numerator or the Denominator. | Free text | | |
| 14 | Measure Type | Yes | Select only one type of measure. | Select one | None (not a valid field)<br><br>Composite<br><br>Cost/Resource Use<br><br>Efficiency<br><br>Intermediate Outcome<br><br>Outcome<br><br>Patient Engagement/Experience<br><br>Patient Reported Outcome<br><br>Process<br><br>Structure<br><br>Other (enter in Comments at far bottom of this form) | |
| 15 | Which clinical guideline(s)? | No | The measure should improve compliance with standard clinical guidelines. Provide a detailed description of which guideline the measure is based on and how the measure will enhance compliance with the clinical guidelines. | Free text | | |

| Row | Field Label | | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|---|---|---|---|---|---|---|---|
| 16 | Is this measure similar to and/or competing with measure(s) already in a program? | | Yes | Consider other measures with similar purposes. | Select one | Yes<br><br>No | |
| 17 | If Yes: | | | | | | |
| 18 | | Which existing measure(s) is your measure similar to and/or competing with? | No | Identify the other measure(s) including title and any other unique identifier | Free text | | |
| 19 | | Rationale for how this measure will add to the CMS program | No | Describe benefits of this measure, in comparison to existing measure(s). | Free text | | |
| 20 | | How will this measure be distinguished from other similar and/or competing measures? | No | Describe key differences that set this measure apart from others. | Free text | | |
| 21 | What is the target population of the measure? | | Yes | [show Preview button; Markup button] What populations are included in this measure? e.g., Medicare Fee for Service, Medicare Advantage, Medicaid, All Payer, etc. | Free text | | |
| 22 | What area of specialty best fits the measure? | | Yes | Select the most applicable area of specialty. Use the scroll bar to view all available specialties. | Select one | **See Appendix A.22 below for list choices.** | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|---|---|---|---|---|---|---|
| 23 | What NQS priority applies to this measure? | Yes | National Quality Strategy priorities (also known as domains); select as many as apply. | Multi-select | Making care safer by reducing harm caused in the delivery of care<br><br>Ensuring that each person and family is engaged as partners in their care<br><br>Promoting effective communication and coordination of care<br><br>Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease<br><br>Working with communities to promote wide use of best practices to enable healthy living<br><br>Making quality care more affordable for individuals, families, employers, and governments by developing and spreading new health care delivery models<br><br>Measure not able to be categorized | |
| 24 | Briefly describe the peer reviewed evidence justifying this measure | Yes | [show Preview button; Markup button] Add description of evidence. | Free text | | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|---|---|---|---|---|---|---|
| 25 | What is the NQF status of the measure? | Yes | Select only one | Select one | None (not a valid field)<br><br>Endorsed<br><br>De-endorsed<br><br>Submitted<br><br>Failed endorsement<br><br>Never submitted | |
| 26 | NQF ID number | Yes | Four digit number with leading zeros if needed. If no NQF ID number is known, enter numerals 0000. | Four-digit ID value | | |
| 27 | Evidence that the measure can be operationalized | No | Provide evidence that the data source used by the measure is readily available to CMS. Summarize how CMS would operationalize the measure. For example, if the measure is based on registry data, the submitter must provide evidence that the majority of the hospitals in the program in which the measure will be used participate in the registry; if the measure is registry-based, the submitter must provide a plan for CMS to gain access to the registry data. | Free text | | |
| 28 | If endorsed: | | | | | |
| 29 | Is the measure being proposed **exactly** as | No | Select only one | Radio button | Yes<br><br>No | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|---|---|---|---|---|---|---|
| | endorsed by NQF? | | | | | |
| 30 | If not exactly as endorsed, specify the locations of the differences | No | Which specification fields are different? Select as many as apply. | Multi-select | Measure title<br><br>Description<br><br>Numerator<br><br>Denominator<br><br>Exclusions<br><br>Target Population<br><br>Area of specialty<br><br>Setting (for testing)<br><br>Level of analysis<br><br>Data source<br><br>eCQM status<br><br>Other (see next field) | |
| 31 | If not exactly as endorsed, describe the nature of the differences | No | Briefly describe the differences | Free text | | |
| 32 | Year of NQF Consensus Development Process (CDP) endorsement | No | Select one | Select one | None (not a valid field)<br><br>1999<br><br>2000<br><br>2001<br><br>2002<br><br>2003<br><br>2004 | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|-------------|-------|-----------------|-----------|-----------------|------------------------|
| | | | | | 2005 | |
| | | | | | 2006 | |
| | | | | | 2007 | |
| | | | | | 2008 | |
| | | | | | 2009 | |
| | | | | | 2010 | |
| | | | | | 2011 | |
| | | | | | 2012 | |
| | | | | | 2013 | |
| | | | | | 2014 | |
| | | | | | 2015 | |
| 33 | Year of next scheduled NQF CDP endorsement review | No | Select one | Select one | None (not a valid field)<br>2015<br>2016<br>2017<br>2018 | |
| 34 | In what state of development is the measure? | Yes | Select as many as apply. | Multi-select | Early Development<br>Field Testing<br>Fully Developed | |
| 35 | In which setting was this measure tested? | Yes | Select as many as apply. | Multi-select | None<br>Ambulatory surgery center<br>Ambulatory/office-based care<br>Community hospitals<br>Dialysis facility | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|-------------|-------|-----------------|-----------|-----------------|----------------------|
| | | | | | Emergency department | |
| | | | | | Hospital outpatient department (HOD) | |
| | | | | | Home health | |
| | | | | | Hospital inpatient | |
| | | | | | Hospital/acute care facility | |
| | | | | | Inpatient psychiatric facility | |
| | | | | | Inpatient rehabilitation facility | |
| | | | | | IP units within acute care hospitals | |
| | | | | | Long-term care hospital | |
| | | | | | Nursing home | |
| | | | | | Post-acute care facility(s) | |
| | | | | | PPS-exempt cancer hospital | |
| | | | | | Psychiatric outpatient | |
| | | | | | Veterans Health Administration facilities | |
| | | | | | Other (enter in Comments at far bottom of this screen) | |
| 36 | At what level of analysis was the measure tested? | Yes | Select as many as apply. | Multi-select | None (not a valid field) | |
| | | | | | Clinician | |
| | | | | | Group | |
| | | | | | Facility | |
| | | | | | Health plan | |
| | | | | | Not yet tested | |
| | | | | | Other (enter in Comments at far bottom of this screen) | |
| 37 | What data sources are used for the measure? | Yes | Select as many as apply. | Multi-select | Administrative claims (non-Medicare; enter relevant parts in the field below) | |

| Row | Field Label | | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|---|---|---|---|---|---|---|---|
| | | | | | | Administrative clinical data | |
| | | | | | | Facility discharge data | |
| | | | | | | Chronic condition data warehouse (CCW) | |
| | | | | | | Claims | |
| | | | | | | CROWNWeb | |
| | | | | | | EHR (enter relevant parts in the field below) | |
| | | | | | | Hybrid | |
| | | | | | | IRF-PAI | |
| | | | | | | LTCH CARE data set | |
| | | | | | | National Healthcare Safety Network | |
| | | | | | | OASIS-C1 | |
| | | | | | | Paper medical record | |
| | | | | | | Prescription Drug Event Data Elements | |
| | | | | | | PROMIS | |
| | | | | | | Record review | |
| | | | | | | Registry (enter which Registry in the field below) | |
| | | | | | | Survey | |
| | | | | | | Other (enter in Comments at far bottom of this screen) | |
| | | | | | | None | |
| 38 | If Registry: | | | | | | |
| 39 | | Specify the registry(ies) | No | Identify the registry using the proposed measure. Select as many as apply. Use | Multi-select | **See Appendix A.39 below for list choices.** | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|-------------|-------|-----------------|-----------|-----------------|------------------------|
| | | | the scroll bar to view all available registries. | | | |
| 40 | If EHR or Administrative Claims or Chart-Abstracted Data, description of parts related to these sources | No | Provide a brief, specific description of which parts of the measure are taken from EHR, administrative claims-based, or chart-abstracted (i.e., paper medical records) data sources. | Free text | | |
| 41 | Is this measure an eCQM? | Yes | Is this an electronic quality measure (eCQM)?  Select only one.  If your answer is yes, the Measures Application Tool (MAT) ID number must be provided below. | Select one | Yes<br><br>No | |
| 42 | If eCQM, enter measuring authoring tool (MAT) number | Yes | If not an eCQM, or if MAT number is not available, enter 0 | Free text | | |
| 43 | If eCQM, does the measure have a Health Quality Measures Format (HQMF) specification? | Yes | If not eCQM, enter No | Select one | Yes<br><br>No | |
| 44 | Evidence of performance gap | Yes | 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 | Free text | | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|---|---|---|---|---|---|---|
| | | | measure would be meaningful. The distribution of performance should be wide. Measures must not address "topped-out" opportunities. | | | |
| 45 | Unintended consequences | No | Summary of potential unintended consequences if the measure is implemented. Information can be taken from NQF CDP manuscripts or documents. If referencing NQF documents, you must submit the document or a link to the document, and the page being referenced. | Free text | | |
| 46 | Was this measure proposed for a previous year's MUC list? | Yes | If this measure was on a prior MUC list, do not resubmit it at this time. If this measure was proposed but not accepted/included a prior MUC list (it was rejected), then you must complete this section on prior MUC/MAP actions. | Select one | Yes<br><br>No | |
| 47 | In what prior year(s) was this measure proposed? | No | Select as many as apply. | Multi-select | None (not a valid field)<br><br>2011<br><br>2012<br><br>2013<br><br>2014<br><br>Other (enter in Comments at far bottom of this screen) | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|-------------|-------|-----------------|-----------|-----------------|------------------------|
| 48 | What were the MUC IDs for the measure in each year? | No | List both the year and the associated MUC ID number in each year. If unknown, enter N/A. | Free text | | |
| 49 | Why was the measure rejected in those year(s)? | No | Briefly describe the reason(s) if known. | Free text | | |
| 50 | What were the programs that NQF MAP reviewed the measure for in each year? | No | List both the year and the associated program name in each year. | Free text | | |
| 51 | List the NQF MAP workgroup(s) in each year | No | List both the year and the associated workgroup name in each year. Workgroup options: Clinician; Hospital; Post-Acute Care/Long-Term Care; Coordinating Committee.  Example: "Clinician, 2014" | Free text | | |
| 52 | What was the NQF MAP decision in each year? | No | List the year(s), the program(s), and the associated decision(s) in each year. Decision options: Support; Do Not Support; Conditionally Support | Free text | | |
| 53 | NQF MAP report link for each year | For your reference in completing this section, click on the links below or copy/paste the links into your browser to view each year's MAP pre-rulemaking report (2012 to 2015).<br><br>2015: http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=78711 | | | | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| | | | 2014: http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report__2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx <br><br> 2013: http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx <br><br> 2012: http://www.qualityforum.org/Publications/2012/02/MAP_Pre-Rulemaking_Report__Input_on_Measures_Under_Consideration_by_HHS_for_2012_Rulemaking.aspx <br><br> All major NQF reports going back to 2008 should be locatable here: http://www.qualityforum.org/Publications.aspx | | | |
| 54 | NQF MAP report page number being referenced for each year | No | List both the year and the associated MAP report page number for each year. | Free text | | |
| 55 | If this measure is being proposed to meet a statutory requirement, please list the corresponding statute | No | List title and other identifying citation information. | Free text | | |
| 56 | Measure steward | Yes | Select the current Measure Steward. Select as many as apply. Use the scroll bar to view all available stewards. | Multi-select | **See Appendix A.56-58 below for list choices.** | |
| 57 | Measure Steward Contact Information | Yes | Last name, First name; Affiliation (if different); Telephone number; Email address | Free text | | |
| 58 | Long-Term Measure Steward (if different) | No | Entity or entities that will be the permanent measure steward(s), responsible for | Multi-select | **See Appendix A.56-58 below for list choices.** | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| | | | maintaining the measure and conducting NQF maintenance review. Use the scroll bar to view all available stewards. | | | |
| 59 | Long-Term Measure Steward Contact Information | No | If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address | Free text | | |
| 60 | Primary Submitter Contact Information | Yes | If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address | Free text | | |
| 61 | Secondary Submitter Contact Information | No | If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address | Free text | | |
| 62 | Comments | No | Any notes, qualifiers, external references, or other information not specified above. For OTHER entries: please indicate the type of additional data you are providing, such as Measure Type, Setting, Level of Analysis, or Measure Steward. | Free text | | |
| 63 | Attachment(s) | No | The maximum file upload size is 10.00 MB. Attach measure information form (MIF) if available. This is a detailed description of the measure used by NQF during endorsement proceedings. If | Browse for files | | |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|-------------|-------|-----------------|-----------|-----------------|------------------------|
|     |             |       | a MIF is not available, a detailed Measure Methodology form is acceptable. |  |  |  |

Appendix: Lengthy Drop-Down List Choices

A.22  Choices for **What area of specialty best fits the measure?**

None
Addiction medicine
Allergy/immunology
Anesthesiology
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
Mental health professionals
Nephrology
Neurology
Neuropsychiatry
Neurosurgery

Nuclear medicine
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
Pulmonary disease
Pulmonology
Radiation oncology
Rheumatology
Sleep medicine
Sports medicine
Surgical oncology
Thoracic surgery
Urology
Vascular surgery
Other (enter in Comments at far bottom of this screen)

## A.39  Choices for **Specify the registry(ies)**

None

CDC, NHSN (National Healthcare Safety Network)

American Nursing Association's National Database for Nursing Quality Indicators® (NDNQI®)

American College of Surgeons National Surgical Quality Improvement Program ASC NSQIP)

American College of Surgeons National Cancer Data Base (ASC NCDB)

American Heart Association's Get With the Guidelines Database

Alere Analytics Registry

American Board of Family Medicine Registry

American College of Surgeons (ACS) Surgeon Specific Registry (SSR)

American Health IT

American Osteopathic Association Clinical Assessment Program

American Society of Clinical Oncology's Quality Oncology Practice Initiative (QOPI)

Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry (NACOR)

Bayview Physician Services Registry

BMC Clinical Data Warehouse Registry

Care Coordination Institute Registry

CECity Registry ("PQRSwizard")

Cedaron Medical

Central Utah Informatics

CINA

Clinical Support Services

Clinicient

Clinigence

Conifer Value-Based Care

Corrona, LLC

Covisint Corporation Registry (formerly Docsite)

Crimson Care Registry

DC2 Healthcare (NOC2 Spine Registry and C3 Total Joint Registry)

Digital Medical Solutions Registry

DrexelMed Registry

E*HealthLine.com Inc

eClinicalWeb (eClinicalWorks) Registry

EVMS Academic Physicians and Surgeons Health Services Foundation

Falcon Registry

FORCE-TJR Registry QITM

FOTO PQRS Registry

Fresenium Medical Care CKD Data Registry

Geriatric Practice Management LTC Registry

Greenway Health PrimeDATACLOUD PQRS Registry

HCA Physician Services PQRS Registry

HCFS Health Care Financial Services LLC (HCFS)

Health Focus Registry

ICLOPS

Ingenious Med, Inc.

Intellicure, Inc

Intelligent Healthcare

iPatientCare Registry

IPC The Hospitalist Company Registry

IRISTM Registry

Johns Hopkins Disease Registry

Lumeris Registry

M2S Registry

Mankato Clinic Registry

Massachusetts General Physicians Organization Registry

McKesson Population Manager

MDinteractive

MDSync LLC

MedAmerica/CEP America Registry

Meditab Software, Inc

MedXpress Registry

MEGAS, LLC Alpha II Registry

Michigan Spine Surgery Improvement Collaborative

myCatalyst

Net Health Specialty Care Registry

Net.Orange cOS Registry

NeuroPoint Alliance (NPA)'s National Neurosurgery Quality & Outcomes Database (N2QOD)

NextGen Healthcare Solutions

NJ-HITEC Clinical Reporting Registry

OmniMD

Patient360

PMI Registry

PQRS Solutions

PQRSPRO NetHealth LLC

Pulse PQRS Registry

Quintiles PQRS Registry

ReportingMD Registry

RexRegistry by Prometheus Research

Solutions for Quality Improvement (SQI) Registry

Specialty Benchmarks Registry

SunCoast RHIO

SupportMed Data Analytics & Registry

Surgical Care and Outcomes Assessment Program (SCOAP)

SwedishAmerican Medical Group

TeamPraxis-Allscripts CQS

The Pain Center USA PLLC

Unlimited Systems Specialty Healthcare Registry

Venous Patient Outcome Registry

Vericle, Inc.

Webconsort LLC

WebOutcomes LLC

WebPT, Inc

Wellcentive, Inc

Wisconsin Collaborative for Health Care Quality Registry

AAAAI Allergy, Asthma & Immunology Quality Clinical Data Registry in collaboration with CECity

American College of Cardiology Foundation FOCUS Registry

American College of Cardiology Foundation PINNACLE Registry

American College of Physicians Genesis RegistryTM in collaboration with CECity

American College of Radiology National Radiology Data Registry

American College of Rheumatology Rheumatology Informatics System for Effectiveness

American Gastroenterological Association Colorectal Cancer Screening and Surveillance Registry in collaboration with CECity

American Gastroenterological Association Digestive Recognition Program Registry in collaboration with CECity

American Joint Replacement Registry

American Society of Breast Surgeons Mastery of Breast Surgery Program

American Society of Clinical Oncology Quality Oncology Practice Initiative (QOPI)R

Anesthesia Quality Institute National Anesthesia Clinical Outcomes Registry

Chronic Disease Registry, Inc

CUHSM.ORG

Faculty Practice Foundation, Inc. supported by BMC Clinical Data Warehouse Registry

Geriatric Practice Management LTC Qualified Clinical Data Registry

GI Quality Improvement Consortium's GIQuIC Registry

Louisiana State University Health Care Quality Improvement Collaborative [Louisiana State University, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity]

Massachusetts eHealth Collaborative Quality Data Center QCDR

Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) QCDR

Michigan Bariatric Surgery Collaborative QCDR

Michigan Urological Surgery Improvement Collaborative QCDR

National Osteoporosis Foundation and National Bone Health Alliance Quality Improvement Registry in collaboration with CECity

OBERD QCDR

Oncology Nursing Quality Improvement Registry in collaboration with CECity

Oncology Quality Improvement Collaborative (The US Oncology Network, McKesson Specialty Health, Quality in Health Care Advisory Group, LLC (QHC Advisory Group), CECity)

Physician Health Partners QCDR

Premier Healthcare Alliance Physician RegistryTM

Renal Physicians Association Quality Improvement Registry in collaboration with CECity

Society of Thoracic Surgeons National Database

The Guideline AdvantageTM (American Cancer Society, American Diabetes Association, American Heart Association) supported by Forward Health Group's PopulationManagerR

Vancouver Clinic

Wisconsin Collaborative for Healthcare Quality

Wound Care Quality Improvement Collaborative (Paradigm Medical Management, Patient Safety Education Network (PSEN), Net Health Systems, Inc., CECity)

A.56-58  Choices for **Measure steward (56)** and **Long-Term Measure Steward (if different) (58)**

None

Agency for Healthcare Research & Quality

Alliance of Dedicated Cancer Centers

American Academy of Allergy, Asthma & Immunology (AAAAI)

American Academy of Dermatology

American Academy of Neurology

American Academy of Otolaryngology – Head and Neck Surgery (AAOHN)

American College of Cardiology

American College of Emergency Physicians

American College of Emergency Physicians (previous steward Partners-Brigham & Women's)

American College of Obstetricians and Gynecologists (ACOG)

American College of Radiology

American College of Rheumatology

American College of Surgeons

American Gastroenterological Association

American Medical Association

American Medical Association - Physician Consortium for Performance Improvement

American Medical Association - Physician Consortium for Performance Improvement/American College of Cardiology/American Heart Association

American Nurses Association

American Society for Gastrointestinal Endoscopy

American Society for Radiation Oncology

American Society of Addiction Medicine

American Society of Anesthesiologists

American Urogynecologic Society

American Urological Association (AUA)

ASC Quality Collaboration

Bridges to Excellence

Centers for Disease Control and Prevention

Centers for Medicare & Medicaid Services

Health Resources and Services Administration (HRSA) - HIV/AIDS Bureau

Heart Rhythm Society (HRS)

Indian Health Service

Infectious Diseases Society of America (IDSA)

MN Community Measurement

National Committee for Quality Assurance

Office of the National Coordinator for Health Information Technology

Office of the National Coordinator for Health Information Technology/Centers for Medicare & Medicaid Services

Pharmacy Quality Alliance

Philip R. Lee Institute for Health Policy Studies

RAND Corporation

Renal Physicians Association; joint copyright with American Medical Association - Physician Consortium for Performance Improvement

Society of Interventional Radiology

The Joint Commission

The Society for Vascular Surgery

University of Minnesota Rural Health Research Center

University of North Carolina- Chapel Hill

Other (enter in Comments at far bottom of this screen)

## APPENDIX H: MEASURES UNDER CONSIDERATION DATA TEMPLATE (COMPLETED)

Note: This is a mock measure submission. The responses given are not the actual responses submitted with any previously submitted measure.

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|---|---|---|---|---|---|---|
| 1 | Auto Date (no user input required) | | | | | |
| 2 | Issue Type | Yes | Some issue types are unavailable due to incompatible field configuration and/or workflow associations. Select Measure Submission to nominate a measure for MUC list. Select Modify Measure to change a measure already submitted for 2015. Select Question to ask a question on the MUC process. Select Feedback to leave feedback about the 2015 MUC process. | Select one | Measure Submission\n\nQuestion\n\nModify 2015 Candidate Measure\n\nFeedback | Measure Submission |
| 3 | CMS Program | Yes | Start typing to get a list of possible matches or press down to select. Enter CMS program(s) for which the measure is being submitted. These should not be current use programs. | Multi-select | Ambulatory Surgical Center Quality Reporting\n\nEnd-Stage Renal Disease QIP\n\nHome Health Quality Reporting\n\nHospice Quality Reporting\n\nHospital Acquired Condition Reduction Program\n\nHospital Compare\n\nHospital Inpatient Quality Reporting\n\nHospital Outpatient Quality Reporting\n\nHospital Readmission Reduction Program | Hospital Compare\n\nHospital Inpatient Quality Reporting Program\n\nHospital Value-Based Purchasing |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|-------------|-------|-----------------|-----------|-----------------|----------------------|
| | | | | | Hospital Value-Based Purchasing | |
| | | | | | Inpatient Psychiatric Facility Quality Reporting | |
| | | | | | Inpatient Rehabilitation Facility Quality Reporting | |
| | | | | | Long-Term Care Hospital Quality Reporting | |
| | | | | | Medicaid and Medicare EHR Incentive Program for Eligible Hospitals or Critical Access Hospitals | |
| | | | | | Medicare and Medicaid EHR Incentive Program for Eligible Professionals | |
| | | | | | Medicare Physician Quality Reporting System | |
| | | | | | Medicare Shared Savings | |
| | | | | | Nursing Home Quality Initiative | |
| | | | | | Physician Compare | |
| | | | | | Physician Feedback/QRUR | |
| | | | | | Physician Value-Based Payment Modifier | |
| | | | | | Prospective Payment System-Exempt Cancer Hospital Quality Reporting | |
| | | | | | Skilled Nursing Facility Quality Reporting Program | |
| | | | | | Skilled Nursing Facility Value-Based Purchasing Program | |
| 4 | What is the history or background for including this measure on the new MUC list? | Yes | Select only one reason | Select one | None<br><br>New measure never used in a program<br><br>Measure currently used in a CMS program being proposed as-is for a new or different program | Measure currently used in a CMS program being proposed as-is for a new or different program |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| | | | | | Measure currently used in a CMS program, but the measure is undergoing substantial change | |
| 5 | If currently used: | | | | | |
| 6 | Range of year(s) this measure has been used by CMS Program(s). | No | For example: Hospice Quality Reporting (2012-2015) | Free text | | Hospital Compare (2012 – 2015) Hospital Inpatient Quality Reporting Program (2014 – 2015) |
| 7 | What other programs are currently using this measure? | No | Select as many as apply. These should be current use programs only, not proposed programs. | Multi-select | None (not a valid field)<br><br>Ambulatory Surgical Center Quality Reporting<br><br>End-Stage Renal Disease QIP<br><br>Home Health Quality Reporting<br><br>Hospice Quality Reporting<br><br>Hospital Acquired Condition Reduction Program<br><br>Hospital Compare<br><br>Hospital Inpatient Quality Reporting<br><br>Hospital Outpatient Quality Reporting<br><br>Hospital Readmission Reduction Program<br><br>Hospital Value-Based Purchasing<br><br>Inpatient Psychiatric Facility Quality Reporting<br><br>Inpatient Rehabilitation Facility Quality Reporting<br><br>Long-Term Care Hospital Quality Reporting | Hospital Compare<br><br>Hospital Inpatient Quality Reporting Program |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|---|---|---|---|---|---|---|
| | | | | | Medicaid and Medicare EHR Incentive Program for Eligible Hospitals or Critical Access Hospitals | |
| | | | | | Medicare and Medicaid EHR Incentive Program for Eligible Professionals | |
| | | | | | Medicare Physician Quality Reporting System | |
| | | | | | Medicare Shared Savings | |
| | | | | | Nursing Home Quality Initiative | |
| | | | | | Physician Compare | |
| | | | | | Physician Feedback/QRUR | |
| | | | | | Physician Value-Based Payment Modifier | |
| | | | | | Prospective Payment System-Exempt Cancer Hospital Quality Reporting | |
| | | | | | Skilled Nursing Facility Quality Reporting Program | |
| | | | | | Skilled Nursing Facility Value-Based Purchasing Program | |
| 8 | Measure title | Yes | Provide the measure title only (255 characters or less). Put program-specific ID number in the next field, not in the title.  Note:  Enter the NQF ID number and former MUC ID number (if applicable) in later fields. | Free text 255 characters max | | Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Arterial Procedures |
| 9 | Measure ID | No | Alphanumeric identifier (if applicable), such as a recognized program ID number for this measure (20 characters or less). | Free text 20 characters max | | NMZAB5222 |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|-------------|-------|-----------------|-----------|-----------------|-----------------------|
| | | | Examples: 199 GPRO HF-5; ACO 28; CTM-3; PQI #08.  Fields for the NQF ID number and previous year(s) JIRA MUC ID number are provided in other data fields within this form. | | | |
| 10 | Measure description | Yes | Provide a brief description of the measure (350 characters or less). When you paste text, any content over the limit will be truncated. | Free text 350 characters or less) | | hospital risk-standardized 30-day unplanned readmission rates following hospital stays with one or more qualifying arterial procedure in patients who are 65 years of age or older and either admitted to the hospital or are not admitted as an inpatient. |
| 11 | Numerator | Yes | [show Preview button; Markup button] The upper portion of a fraction used to calculate a rate, proportion, or ratio. A clinical action to be counted as meeting a measure's requirements. For all fields, especially Numerator and Denominator, use plain text whenever possible. If needed, convert any special symbols, math expressions, or equations to plain text (keyboard alphanumeric, such as + - * /). This will help reduce errors and speed up data conversion, team | Free text | | The outcome for this measure is 30-day all-cause unplanned readmission following a qualifying index hospital stay. We define a readmission as a subsequent hospital inpatient admission within 30 days of either the discharge date (for inpatients) or claim end date (for outpatients – hereafter referred to as "discharge date") following a qualifying hospital stay. We do not count as readmissions any subsequent outpatient procedures or any |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|-------------|-------|-----------------|-----------|-----------------|-----------------------|
| | | | evaluation, and MUC report formatting. | | | subsequent admissions which are identified as "staged" or planned. If a patient has more than one unplanned readmission within 30 days of discharge from the index hospital stay, only the first one is counted as a readmission. The measure looks for a dichotomous yes or no outcome of whether each index hospital stay has an unplanned readmission within 30 days. |
| 12 | Denominator | Yes | [show Preview button; Markup button] The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given patient population that may be counted as eligible to meet a measure's inclusion requirements. | Free text | | The target population for this measure includes inpatient and outpatient hospital stays for patients at least 65 years of age who receive one or more qualifying arterial procedure. |
| 13 | Exclusions | Yes | [show Preview button; Markup button] Can apply to the Numerator or the Denominator. | Free text | | Hospital stays for patients without at least 30 days of post-discharge information<br>Hospital stays for patients who leave the hospital against medical advice<br>Hospital stays with a qualifying arterial procedure that occur within 30 days of a previous |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| | | | | | | hospital stay with a qualifying arterial procedure |
| 14 | Measure Type* | Yes | Select only one type of measure. | Select one | None (not a valid field)<br><br>Composite<br><br>Cost/Resource Use<br><br>Efficiency<br><br>Intermediate Outcome<br><br>Outcome<br><br>Patient Engagement/Experience<br><br>Patient Reported Outcome<br><br>Process<br><br>Structure<br><br>Other (enter in Comments at far bottom of this form) | Outcome |
| 15 | Which clinical guideline(s)? | No | The measure should improve compliance with standard clinical guidelines. Provide a detailed description of which guideline the measure is based on and how the measure will enhance compliance with the clinical guidelines. | Free text | | Hospital readmission within 30 days of a arterial procedure is often unplanned and due to an adverse event, arterial as one of the seven conditions which account for nearly 30 percent of potentially preventable readmissions within 15 days of discharge. The rate of preventable readmissions within 15 days of discharge in 2005 following these procedures was 11.7% and cost $182 million |

| Row | Field Label | | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| | | | | | | | |
| 16 | Is this measure similar to and/or competing with measure(s) already in a program? | | Yes | Consider other measures with similar purposes. | Select one | Yes<br><br>No | Yes |
| 17 | If Yes: | | | | | | |
| 18 | | Which existing measure(s) is your measure similar to and/or competing with? | No | Identify the other measure(s) including title and any other unique identifier | Free text | | Hospital-Wide All-Cause Unplanned Readmission Measure (HWR) |
| 19 | | Rationale for how this measure will add to the CMS program | No | Describe benefits of this measure, in comparison to existing measure(s). | Free text | | The Hospital 30-Day All-Cause Risk-Standardized Readmission Rate (RSRR) following Arterial Procedures measure (hereafter referred to as the vascular readmission measure) was developed to help hospitals understand the outcomes of patients undergoing arterial procedures |
| 20 | | How will this measure be distinguished from other similar and/or competing measures? | No | Describe key differences that set this measure apart from others. | Free text | | There is currently no other measure measuring readmission rates associated with arterial procedures. |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| 21 | What is the target population of the measure? | Yes | [show Preview button; Markup button] What populations are included in this measure? e.g., Medicare Fee for Service, Medicare Advantage, Medicaid, All Payer, etc. | Free text | | patients who are 65 years of age or older with a vascular procedure as either an inpatient or outpatient |
| 22 | What area of specialty best fits the measure? | Yes | Select the most applicable area of specialty. Use the scroll bar to view all available specialties. | Select one | **See Appendix A.22 for list choices.** | 1. None |
| 23 | What NQS priority applies to this measure? | Yes | National Quality Strategy priorities (also known as domains); select as many as apply. | Multi-select | Making care safer by reducing harm caused in the delivery of care<br><br>Ensuring that each person and family is engaged as partners in their care<br><br>Promoting effective communication and coordination of care<br><br>Promoting the most effective prevention and treatment practices for the leading causes of mortality, starting with cardiovascular disease<br><br>Working with communities to promote wide use of best practices to enable healthy living<br><br>Making quality care more affordable for individuals, families, employers, and | 3. Promoting effective communication and coordination of care |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| | | | | | governments by developing and spreading new health care delivery models<br><br>Measure not able to be categorized | |
| 24 | Briefly describe the peer reviewed evidence justifying this measure | Yes | [show Preview button; Markup button] Add description of evidence. | Free text | | *Report to the Congress: Promoting Greater Efficiency in Medicare*. 2007, Medicare Payment Advisory Commission (MEDPAC). Boutwell, A.S., *Effective Interventions to Reduce Rehospitalizations: A Survey of the Published Evidence*. 2009, Institute for Healthcare Improvement: Cambridge, MA. p. 1-18. |
| 25 | What is the NQF status of the measure? | Yes | Select only one | Select one | None (not a valid field)<br>Endorsed<br>De-endorsed<br>Submitted<br>Failed endorsement<br>Never submitted | Endorsed |
| 26 | NQF ID number | Yes | Four digit number with leading zeros if needed. If no NQF ID number is known, enter numerals 0000. | Four-digit ID value | | 4598 |

| Row | Field Label | | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| 27 | Evidence that the measure can be operationalized | | No | Provide evidence that the data source used by the measure is readily available to CMS. Summarize how CMS would operationalize the measure. For example, if the measure is based on registry data, the submitter must provide evidence that the majority of the hospitals in the program in which the measure will be used participate in the registry; if the measure is registry-based, the submitter must provide a plan for CMS to gain access to the registry data. | Free text | | Data source is administrative claims |
| 28 | If endorsed: | | | | | | |
| 29 | | Is the measure being proposed **exactly** as endorsed by NQF? | No | Select only one | Radio button | Yes<br><br>No | No |
| 30 | | If not exactly as endorsed, specify the locations of the differences | No | Which specification fields are different? Select as many as apply. | Multi-select | Measure title<br><br>Description<br><br>Numerator<br><br>Denominator<br><br>Exclusions<br><br>Target Population<br><br>Area of specialty<br><br>Setting (for testing) | Numerator<br>Exclusions<br>Other |

| Row | | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| | | | | | | Level of analysis | |
| | | | | | | Data source | |
| | | | | | | eCQM status | |
| | | | | | | Other (see next field) | |
| 31 | | If not exactly as endorsed, describe the nature of the differences | No | Briefly describe the differences | Free text | | N/A |
| 32 | | Year of NQF Consensus Development Process (CDP) endorsement | No | Select one | Select one | None (not a valid field) | 2014 |
| | | | | | | 1999 | |
| | | | | | | 2000 | |
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| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| | | | | | 2015 | |
| 33 | Year of next scheduled NQF CDP endorsement review | No | Select one | Select one | None (not a valid field) 2015 2016 2017 2018 | 2016 |
| 34 | In what state of development is the measure? | Yes | Select as many as apply. | Multi-select | Early Development Field Testing Fully Developed | Fully Developed |
| 35 | In which setting was this measure tested? | Yes | Select as many as apply. | Multi-select | None Ambulatory surgery center Ambulatory/office-based care Community hospitals Dialysis facility Emergency department Hospital outpatient department (HOD) Home health Hospital inpatient Hospital/acute care facility Inpatient psychiatric facility Inpatient rehabilitation facility IP units within acute care hospitals Long-term care hospital Nursing home | Hospital Inpatient Hospital Outpatient |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| | | | | | Post-acute care facility(s) | |
| | | | | | PPS-exempt cancer hospital | |
| | | | | | Psychiatric outpatient | |
| | | | | | Veterans Health Administration facilities | |
| | | | | | Other (enter in Comments at far bottom of this screen) | |
| 36 | At what level of analysis was the measure tested? | Yes | Select as many as apply. | Multi-select | None (not a valid field)<br><br>Clinician<br><br>Group<br><br>Facility<br><br>Health plan<br><br>Not yet tested<br><br>Other (enter in Comments at far bottom of this screen) | Facility |
| 37 | What data sources are used for the measure? | Yes | Select as many as apply. | Multi-select | Administrative claims (non-Medicare; enter relevant parts in the field below)<br><br>Administrative clinical data<br><br>Facility discharge data<br><br>Chronic condition data warehouse (CCW)<br><br>Claims<br><br>CROWNWeb<br><br>EHR (enter relevant parts in the field below)<br><br>Hybrid<br><br>IRF-PAI<br><br>LTCH CARE data set | Medicare claims |

| Row | Field Label | | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|---|---|---|---|---|---|---|---|
| | | | | | | National Healthcare Safety Network | |
| | | | | | | OASIS-C1 | |
| | | | | | | Paper medical record | |
| | | | | | | Prescription Drug Event Data Elements | |
| | | | | | | PROMIS | |
| | | | | | | Record review | |
| | | | | | | Registry (enter which Registry in the field below) | |
| | | | | | | Survey | |
| | | | | | | Other (enter in Comments at far bottom of this screen) | |
| | | | | | | None | |
| 38 | If Registry: | | | | | | |
| 39 | | Specify the registry(ies) | No | Identify the registry using the proposed measure. Select as many as apply. Use the scroll bar to view all available registries. | Multi-select | **See Appendix A.39 for list choices.** | N/A |
| 40 | | If EHR or Administrative Claims or Chart-Abstracted Data, description of parts related to these sources | No | Provide a brief, specific description of which parts of the measure are taken from EHR, administrative claims-based, or chart-abstracted (i.e., paper medical records) data sources. | Free text | | (not a required field - no answer) |
| 41 | Is this measure an eCQM? | | Yes | Is this an electronic quality measure (eCQM)?  Select only one.  If your answer is yes, the Measures Application Tool (MAT) ID | Select one | Yes<br>No | No |

95

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|-----|-------------|-------|-----------------|-----------|-----------------|------------------------|
| | | | number must be provided below. | | | |
| 42 | If eCQM, enter measuring authoring tool (MAT) number | Yes | If not an eCQM, or if MAT number is not available, enter 0 | Free text | | 0 |
| 43 | If eCQM, does the measure have a Health Quality Measures Format (HQMF) specification? | Yes | If not eCQM, enter No | Select one | Yes<br><br>No | No |
| 44 | Evidence of performance gap | Yes | Evidence of a performance gap among the units of analysis in which the measure will be implemented. Provide analytic evidence that the units of analysis have room for improvement and therefore that the implementation of the measure would be meaningful. The distribution of performance should be wide. Measures must not address "topped-out" opportunities. | Free text | | This measure is important to decrease cost, address gaps in care, and enhance coordination of communication. Cost. This measure is important to decrease cost, address gaps in care, and enhance coordination of communication. |
| 45 | Unintended consequences | No | Summary of potential unintended consequences if the measure is implemented. Information can be taken from NQF CDP manuscripts or documents. If referencing NQF documents, you must submit the document or a | Free text | | None |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| | | | link to the document, and the page being referenced. | | | |
| 46 | Was this measure proposed for a previous year's MUC list? | Yes | If this measure was on a prior MUC list, do not resubmit it at this time. If this measure was proposed but not accepted/included a prior MUC list (it was rejected), then you must complete this section on prior MUC/MAP actions. | Select one | Yes<br><br>No | No |
| 47 | In what prior year(s) was this measure proposed? | No | Select as many as apply. | Multi-select | None (not a valid field)<br><br>2011<br><br>2012<br><br>2013<br><br>2014<br><br>Other (enter in Comments at far bottom of this screen) | 2011 |
| 48 | What were the MUC IDs for the measure in each year? | No | List both the year and the associated MUC ID number in each year. If unknown, enter N/A. | Free text | | N/A |
| 49 | Why was the measure rejected in those year(s)? | No | Briefly describe the reason(s) if known. | Free text | | N/A |
| 50 | What were the programs that NQF MAP reviewed the measure for in each year? | No | List both the year and the associated program name in each year. | Free text | | 2014:Hospital Compare |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| 51 | List the NQF MAP workgroup(s) in each year | No | List both the year and the associated workgroup name in each year. Workgroup options: Clinician; Hospital; Post-Acute Care/Long-Term Care; Coordinating Committee.  Example: "Clinician, 2014" | Free text | | 2015: Consensus Standards Approval Committee (CSAC) |
| 52 | What was the NQF MAP decision in each year? | No | List the year(s), the program(s), and the associated decision(s) in each year. Decision options: Support; Do Not Support; Conditionally Support | Free text | | 2014: endorse |
| 53 | NQF MAP report link for each year | | For your reference in completing this section, click on the links below or copy/paste the links into your browser to view each year's MAP pre-rulemaking report (2012 to 2015).<br><br>2015: http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=78711<br><br>2014: http://www.qualityforum.org/Publications/2014/01/MAP_Pre-Rulemaking_Report__2014_Recommendations_on_Measures_for_More_than_20_Federal_Programs.aspx<br><br>2013: http://www.qualityforum.org/Publications/2013/02/MAP_Pre-Rulemaking_Report_-_February_2013.aspx<br><br>2012: http://www.qualityforum.org/Publications/2012/02/MAP_Pre-Rulemaking_Report__Input_on_Measures_Under_Consideration_by_HHS_for_2012_Rulemaking.aspx<br><br>All major NQF reports going back to 2008 should be locatable here:  http://www.qualityforum.org/Publications.aspx | | | |
| 54 | NQF MAP report page number being referenced for each year | No | List both the year and the associated MAP report page number for each year. | Free text | | 2014: page 70 |
| 55 | If this measure is being proposed to meet a statutory requirement, | No | List title and other identifying citation information. | Free text | | n/a |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
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| | please list the corresponding statute | | | | | |
| 56 | Measure steward | Yes | Select the current Measure Steward. Select as many as apply. Use the scroll bar to view all available stewards. | Multi-select | **See Appendix A.56-58 for list choices.** | 24. Centers for Medicare & Medicaid Services |
| 57 | Measure Steward Contact Information | Yes | Last name, First name; Affiliation (if different); Telephone number; Email address | Free text | | Bre, Marie, 555-359-4240 bre@betatest.org |
| 58 | Long-Term Measure Steward (if different) | No | Entity or entities that will be the permanent measure steward(s), responsible for maintaining the measure and conducting NQF maintenance review. Use the scroll bar to view all available stewards. | Multi-select | **See Appendix A.56-58 for list choices.** | Centers for Medicare & Medicaid Services |
| 59 | Long-Term Measure Steward Contact Information | No | If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address | Free text | | N/A |
| 60 | Primary Submitter Contact Information | Yes | If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address | Free text | | Sabine, Roman; Battelle; 777-777-7777 sabine@betatest.org |

| Row | Field Label | Req'd | Screen Guidance | Data Form | Possible Values | Add Your Content Here |
|---|---|---|---|---|---|---|
| 61 | Secondary Submitter Contact Information | No | If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address | Free text | | John, Line; Battelle; 777-777-1234 line@betatest.org |
| 62 | Comments | No | Any notes, qualifiers, external references, or other information not specified above. For OTHER entries: please indicate the type of additional data you are providing, such as Measure Type, Setting, Level of Analysis, or Measure Steward. | Free text | | Location of Differences: Clinical Guidelines |
| 63 | Attachment(s) | No | The maximum file upload size is 10.00 MB. Attach measure information form (MIF) if available. This is a detailed description of the measure used by NQF during endorsement proceedings. If a MIF is not available, a detailed Measure Methodology form is acceptable. | Browse for files | | N/A |