

# Form Information

**Form Name:** Cost and Resource Use Measure Submission Form

**Form Version:** 6.0

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# Introduction

Thank you for your interest in submitting a measure to NQF for possible endorsement.

**What criteria are used to evaluate measures?** Measures are evaluated on standardized criteria: importance to measure and report, scientific acceptability of measure properties, feasibility, usability and use, and related and competing measures. For your measure to be evaluated against these measure evaluation criteria, you must complete the measure submission form.

**Why do I have to complete a form?** Due to the volume and/or complexity of proposed measures, NQF provides measure information to committee reviewers in a standardized format to facilitate their evaluation of whether the measure meets NQF's measure evaluation criteria. This form allows the measure steward to present information demonstrating that the proposed measure meets NQF's criteria.

**What is on the form?** The information requested in this form is directly related to NQF's measure evaluation criteria.

**Can't I just submit our files for consideration?** No. Measures must be submitted through the online form to be considered. Requested information should be entered directly into this form and as well as any necessary or required attachments.

**Can I submit additional details and materials?** Additional materials will be considered only as supplemental. Do NOT rely on material provided in an appendix to provide measure specifications or to demonstrate meeting the criteria. The core information needed to evaluate the measure should be provided in the appropriate submission form fields and required attachments. Please contact the designated project staff regarding questions about submitting supplemental materials.

**What do I do first?** If you have started a new submission by answering five qualifying questions, you may proceed to the “Previous Submission Information" tab to continue with your submission. The “Conditions” tab will list the conditions that must be met before your proposed measures may be considered and evaluated for suitability as NQF‐endorsed voluntary consensus standards. You are asked to acknowledge reading and accepting the conditions.

**Can I come back later to complete a submission once I have started?** Yes. You can return to your submission at your convenience to complete the form until the designated deadline. To save and return, simply click on the save‐draft option anytime during the submission process. When you want to continue, please login to the National Quality Forum website, go to your Dashboard, and click on your submission.

**Can I make changes to a form once I have submitted it?** No. Once you submit your measure, you will NOT be able to return to this submission form to make further revisions. You will need to contact project staff.

**What if I need additional help?** Please contact the project staff identified in the call for measures if you have questions regarding the information requested or submitting supplemental materials.

**NOTE: All measure submissions should be 508-compliant. Refer to the** [**Checklist for Developer 508 Guidelines**](https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=96908) **(PDF) to ensure all guidelines apply to all parts of your submission, including all fields and attachments used within the MIMS measure submission form.**

Please email us at measuremaintenance@qualityforum.org if you experience technical difficulties using the online submission form.

Thank you for your interest in submitting measures to NQF.

# Previous Submission Information (1 - 4)

**1) Select whether this measure was previously submitted to NQF and given an NQF#.**

 Previously submitted to NQF

 New measure, never submitted.

**2) Provide the NQF number of the previously submitted measure.**

**3) If the measure has an eCQM version, provide the NQF# of the previously submitted measure.**

**4) If this eCQM has a registry version, provide the NQF# of the previously submitted measure.**

# NQF Conditions (1 - 2)

**Several conditions must be met before proposed measures may be considered and evaluated for suitability as voluntary consensus standards. If any of the conditions are not met, the measure will not be accepted for consideration.**

A. [**A Measure Steward Agreement**](http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=70668) is signed or the steward is a government organization. (All non-government organizations must sign a [**Measure Steward Agreement**](https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=70668).)

B. The measure owner/steward verifies there is an identified responsible entity and a process to maintain and update the measure on a schedule that is commensurate with the rate of clinical innovation, but at least every three years.

C. The intended use of the measure includes both accountability applications (including public reporting) and performance improvement to achieve high-quality, efficient healthcare.

D. The measure is fully specified and tested for reliability and validity.

E. The measure developer/steward attests that harmonization with related measures and issues with competing measures have been considered and addressed, as appropriate.

F. The requested measure submission information is complete and responsive to the questions so that all the information needed to evaluate all criteria is provided.

**1) Check if either of the following apply (as defined in the** [**Measure Steward Agreement**](http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=70668)**).**

 Proprietary measure or components (e.g., risk model, codes)

 Proprietary measure or components with fees

 None of the above

**2) Check the box below to agree to the conditions listed above.**

 I have read and accept the conditions as specified above

# Specifications: Maintenance Update (spma.01 - spma.02)

**spma.01) Indicate whether there are changes to the specifications since the last updates/submission. If yes, update the specifications in the Measure Specifications section of the Measure Submission Form, and explain your reasoning for the changes below.**

 No

 Yes

**spma.02) Briefly describe any important changes to the measure specifications since the last measure update and provide a rationale.**

**For annual updates, please explain how the change in specifications affects the measure results. If a material change in specification is identified, data from re-testing of the measure with the new specifications is required for early maintenance review.**

*For example, specifications may have been updated based on suggestions from a previous NQF CDP review.*

# Measure Specifications (sp.01 - sp.32)

**sp.01) Provide the measure title.**

*Measure titles should be concise yet convey who and what is being measured (see* [*What Good Looks Like*](http://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=73367)*).*

**sp.02) Provide a brief description of the measure.**

*Including type of score, measure focus, target population, timeframe, (e.g., Percentage of adult patients aged 18-75 years receiving one or more HbA1c tests per year).*

**sp.03) Provide a rationale for why this measure must be reported with other measures to appropriately interpret results.**

**sp.04) Type of resource use measure (Select the most relevant).**

 Per admission (e.g. hospitalization)

 Per capita (population- or patient-based)

 Per episode

 Per procedure

 Other

**sp.05) Check all the clinical condition/topic areas that apply to your measure, below.**

*Please refrain from selecting the following answer option(s). We are in the process of phasing out these answer options and request that you instead select one of the other answer options as they apply to your measure.*

*Please do not select:*

* *Surgery: General*

 Behavioral Health

 Behavioral Health: Alcohol, Substance Use/Abuse

 Behavioral Health: Anxiety

 Behavioral Health: Attention Deficit Hyperactivity Disorder (ADHD)

 Behavioral Health: Bipolar Disorder

 Behavioral Health: Depression

 Behavioral Health: Domestic Violence

 Behavioral Health: Other Serious Mental Illness

 Behavioral Health: Post-Traumatic Stress Disorder (PTSD)

 Behavioral Health: Schizophrenia

 Behavioral Health: Suicide

 Cancer

 Cancer: Bladder

 Cancer: Breast

 Cancer: Colorectal

 Cancer: Gynecologic

 Cancer: Hematologic

 Cancer: Liver

 Cancer: Lung, Esophageal

 Cancer: Prostate

 Cancer: Renal

 Cancer: Skin

 Cancer: Thyroid

 Cardiovascular

 Cardiovascular: Arrythmia

 Cardiovascular: Congestive Heart Failure

 Cardiovascular: Coronary Artery Disease

 Cardiovascular: Coronary Artery Disease (AMI)

 Cardiovascular: Coronary Artery Disease (PCI)

 Cardiovascular: Hyperlipidemia

 Cardiovascular: Hypertension

 Cardiovascular: Secondary Prevention

 Critical Care

 Critical Care: Assisted Ventilation

 Critical Care: Intensive Monitoring

 Dental

 Dental: Caries

 Dental: Tooth Loss

 Ears, Nose, Throat (ENT)

 Ears, Nose, Throat (ENT): Ear Infection

 Ears, Nose, Throat (ENT): Hearing

 Ears, Nose, Throat (ENT): Pharyngitis

 Ears, Nose, Throat (ENT): Tonsilitis

 Endocrine

 Endocrine: Calcium and Metabolic Bone Disorders

 Endocrine: Diabetes

 Endocrine: Female and Male Endocrine Disorders

 Endocrine: Hypothalamic-Pituitary Disorders

 Endocrine: Thyroid Disorders

 Eye Care

 Eye Care: Age-related macular degeneration (AMD)

 Eye Care: Cataracts

 Eye Care: Diabetic retinopathy

 Eye Care: Glaucoma

 Gastrointestinal (GI)

 Gastrointestinal (GI): Constipation

 Gastrointestinal (GI): Gall Bladder Disease

 Gastrointestinal (GI): Gastroenteritis

 Gastrointestinal (GI): Gastro-Esophageal Reflux Disease (GERD)

 Gastrointestinal (GI): Hemorrhoids

 Gastrointestinal (GI): Hernia

 Gastrointestinal (GI): Inflammatory Bowel Disease

 Gastrointestinal (GI): Irritable Bowel Syndrome

 Gastrointestinal (GI): Peptic Ulcer

 Genitourinary (GU)

 Genitourinary (GU): Benign Prostatic Hyperplasia

 Genitourinary (GU): Erectile Dysfunction/Premature Ejaculation

 Genitourinary (GU): Incontinence/pelvic floor disorders

 Genitourinary (GU): Prostatitis

 Genitourinary (GU): Urinary Tract Injection (UTI)

 Gynecology (GYN)

 Gynecology (GYN): Abnormal bleeding

 Gynecology (GYN): Endometriosis

 Gynecology (GYN): Infections

 Gynecology (GYN): Menopause

 Gynecology (GYN): Pelvic Pain

 Gynecology (GYN): Uterine fibroids

 Infectious Diseases (ID)

 Infectious Diseases (ID): HIV/AIDS

 Infectious Diseases (ID): Influenza

 Infectious Diseases (ID): Lyme Disease

 Infectious Diseases (ID): Meningococcal Disease

 Infectious Diseases (ID): Pneumonia and respiratory infections

 Infectious Diseases (ID): Sepsis

 Infectious Diseases (ID): Sexually Transmitted

 Infectious Diseases (ID): Tuberculosis

 Liver

 Liver: Viral Hepatitis

 Musculoskeletal

 Musculoskeletal: Falls and Traumatic Injury

 Musculoskeletal: Gout

 Musculoskeletal: Joint Surgery

 Musculoskeletal: Low Back Pain

 Musculoskeletal: Osteoarthritis

 Musculoskeletal: Osteoporosis

 Musculoskeletal: Rheumatoid Arthritis

 Neurology

 Neurology: Alzheimer's Disease

 Neurology: Autism

 Neurology: Brain Injury

 Neurology: Epilepsy

 Neurology: Migraine

 Neurology: Parkinson's Disease

 Neurology: Spinal Cord Injury

 Neurology: Stroke/Transient Ischemic Attack (TIA)

 Other (specify)

 Palliative Care and End-of-Life Care

 Palliative Care and End-of-Life Care: Advanced Directives

 Palliative Care and End-of-Life Care: Amyotrophic Lateral Sclerosis (ALS)

 Palliative Care and End-of-Life Care: Hospice Management

 Palliative Care and End-of-Life Care: Inappropriate use of acute care services

 Palliative Care and End-of-Life Care: Pain Management

 Perinatal Health

 Perinatal Health: Labor and Delivery

 Perinatal Health: Newborn Care

 Perinatal Health: Post-Partum Care

 Perinatal Health: Preconception Care

 Perinatal Health: Prenatal Care

 Renal

 Renal: Acute Kidney Injury

 Renal: Chronic Kidney Disease (CKD)

 Renal: End Stage Renal Disease (ESRD)

 Renal: Infections

 Reproductive Health

 Reproductive Health: Family planning and contraception

 Reproductive Health: Infertility

 Reproductive Health: Male reproductive health

 Respiratory

 Respiratory: Acute Bronchitis

 Respiratory: Allergy

 Respiratory: Asthma

 Respiratory: Chronic Obstructive Pulmonary Disease (COPD)

 Respiratory: Dyspnea

 Respiratory: Pneumonia

 Respiratory: Sleep Apnea

 Surgery

 Surgery: Cardiac Surgery

 Surgery: Colorectal

 Surgery: General Surgery

 Surgery: Neurosurgery / Spinal

 Surgery: Orthopedic

 Surgery: Orthopedic Hip/Pelvic Fractures

 Surgery: Pediatric

 Surgery: Perioperative and Anesthesia

 Surgery: Plastic

 Surgery: Thoracic Surgery

 Surgery: Trauma

 Surgery: Vascular Surgery

**sp.06) Check all the non-condition specific measure domain areas that apply to your measure, below.**

 Access to Care

 Care Coordination

 Care Coordination: Readmissions

 Care Coordination: Transitions of Care

 Disparities Sensitive

 Health and Functional Status

 Health and Functional Status: Change

 Health and Functional Status: Nutrition

 Health and Functional Status: Obesity

 Health and Functional Status: Physical Activity

 Health and Functional Status: Quality of Life

 Health and Functional Status: Total Health

 Immunization

 Other (specify)

 Person-and Family-Centered Care: Person-and Family-Centered Care

 Person-and Family-Centered Care: Workforce

 Primary Prevention

 Primary Prevention: Nutrition

 Primary Prevention: Tobacco Use

 Safety

 Safety: Complications

 Safety: Healthcare Associated Infections

 Safety: Medication

 Safety: Overuse

 Screening

**sp.07) Select one or more target population categories.**

*Select only those target populations which can be stratified in the reporting of the measure's result.*

*Please refrain from selecting the following answer option(s). We are in the process of phasing out these answer options and request that you instead select one of the other answer options as they apply to your measure.*

*Please do not select:*

* *Populations at Risk: Populations at Risk*

 Adults (Age >= 18)

 Children (Age < 18)

 Elderly (Age >= 65)

 Populations at Risk: Dual eligible beneficiaries of Medicare and Medicaid

 Populations at Risk: Individuals with multiple chronic conditions

 Populations at Risk: Populations at Risk

 Populations at Risk: Veterans

 Women

**sp.08) Select the levels of analysis that apply to your measure.**

*Check ONLY the levels of analysis for which the measure is SPECIFIED and TESTED.*

*Please refrain from selecting the following answer option(s). We are in the process of phasing out these answer options and request that you instead select one of the other answer options as they apply to your measure.*

*Please do not select:*

* *Clinician: Clinician*
* *Population: Population*

 Accountable Care Organization

 Clinician: Clinician

 Clinician: Group/Practice

 Clinician: Individual

 Facility

 Health Plan

 Integrated Delivery System

 Other

 Population: Community, County or City

 Population: Population

 Population: Regional and State

**sp.09) Indicate the care settings that apply to your measure.**

*Check ONLY the settings for which the measure is SPECIFIED and TESTED.* Ambulatory Care

 Behavioral Health

 Home Care

 Inpatient/Hospital

 Other

 Outpatient Services

 Post-Acute Care

**sp.10) Provide a URL link to a web page specific for this measure that contains current detailed specifications including code lists, risk model details, and supplemental materials.**

*Do not enter a URL linking to a home page or to general information. If no URL is available, indicate “none available".*

**sp.11) Indicate whether Health Quality Measure Format (HQMF) specifications are attached.**

*Attach the zipped output from the eCQM authoring tool (MAT) ‐ if the MAT was not used, contact staff. (Use the specification fields in this online form for the plain‐language description of the specifications).* HQMF specifications are attached.

 HQMF specifications are NOT attached (Please explain).

**sp.12) Attach the simulated testing attachment.**

*All eCQMs require a simulated testing attachment to confirm that the HTML output from Bonnie testing (or testing of some other simulated data set) includes 100% coverage of measured patient population testing, with pass/fail test cases for each sub-population. This can be submitted in the form of a screenshot.* Testing is attached

 Testing is NOT attached (Please Explain)

**sp.13) Attach the data dictionary, code table, or value sets (and risk model codes and coefficients when applicable). Excel formats (.xlsx or .csv) are preferred.**

*Attach an excel or csv file; if this poses an issue,* *contact staff**. Provide descriptors for any codes. Use one file with multiple worksheets, if needed.* Available in attached Excel or csv file

 No data dictionary/code table – all information provided in the submission form

**sp.14) Indicate the responder for your instrument.**

 Patient

 Family or other caregiver

 Clinician

 Other (specify)

**sp.15) Attach a copy of the instrument (e.g. survey, tool, questionnaire, scale) used as a data source for your measure, if available.**

 Copy of instrument is attached.

 Copy of instrument is NOT attached (please explain).

**sp.16) Provide the data collection instrument.**

 Available at measure-specific web page URL identified in sp.09

 Available in attached appendix in Question 1 of the Additional Section

 No data collection instrument provided

**sp.17) Select only the data sources for which the measure is specified.**

 Assessment Data

 Claims

 Electronic Health Data

 Electronic Health Records

 Instrument-Based Data

 Management Data

 Other (specify)

 Paper Medical Records

 Registry Data

# Construction Logic (sp.18 - sp.27)

**sp.18) Briefly describe the measure's construction logic.**

*If applicable, summarize the general approach or methodology to the measure construction. This is most relevant to measures that are part of or rely on the execution of a measure system or applies to multiple measures.*

**sp.19) Detail logic steps used to cluster, group or assign claims beyond those associated with the measure’s clinical logic.**

**sp.20) Provide additional information about the construction logic, if needed.**

*Attach supplemental documentation (Save file as: Construction\_Logic). All fields of the submission form that are supplemented within the attachment must include a summary of important information included in the attachment and its intended purpose, including any references to page numbers, tables, text, etc.* URL

 Attachment

**sp.21) Indicate how the measure is specified to handle concurrency of clinical events, measure redundancy or overlap, and disease interactions.**

 Detail the method used for identifying concurrent clinical events, how to manage them, and provide the rationale for this methodology.

 We do not provide specifications for concurrency of clinical events. Detail your rationale:

**sp.22) Indicate how the measure is specified to handle complementary services.**

*Complementary services are those associated with, but ancillary to, the primary health services (as applied to a population, an admission, an encounter, or a procedure) that are the measure's focus. One common example of a complementary service is a diagnostic test as a follow-up to a primary care visit. In your response, describe how complementary services are accounted for in the construction logic and cost totals of your measure.* Detail how complementary services have been linked to the measure and provide rationale for this methodology.

 We do not provide specifications for linking complementary services. Detail your rationale:

**sp.23) Clinical hierarchies**

 We do not provide specifications for clinical hierarchies. Detail your rationale:

 Detail the hierarchy of codes or condition groups used and provide rationale for this methodology.

**sp.24) Indicate how the measure is specified to handle missing data.**

 Detail steps associated with missing data and provide rationale for this methodology (e.g., any statistical techniques to impute missing data

 We do not provide measure specifications for missing data. Detail your rationale

**sp.25) Select the resource use service categories (units).**

*Select all categories that apply.* Inpatient services: Inpatient facility services

 Inpatient services: Evaluation and management

 Inpatient services: Procedures and surgeries

 Inpatient services: Imaging and diagnostic

 Inpatient services: Lab services

 Inpatient services: Admissions/discharges

 Inpatient services: Labor (hours, FTE, etc.)

 Other inpatient services

 Ambulatory services: Outpatient facility services

 Ambulatory services: Emergency Department

 Ambulatory services: Pharmacy

 Ambulatory services: Evaluation and management

 Ambulatory services: Procedures and surgeries

 Ambulatory services: Imaging and diagnostic

 Ambulatory services: Lab services

 Ambulatory services: Labor (hours, FTE, etc.)

 Other ambulatory services

 Durable Medical Equipment (DME)

 Other services not listed

**sp.26) For each of the resource use service categories selected above, provide the rationale for their selection and detail the method or algorithms to identify resource units, including codes, logic and definitions.**

**sp.27) If needed, provide supplemental resource use service category specifications in either URL (preferred) or as an attachment (Save file as S.7.8a\_RU\_Service\_Categories):** URL

 Attachment

# Clinical Logic (sp.28 - sp.34)

**sp.28) Briefly describe your clinical logic approach.**

*Indicate the clinical topic area, whether or not you account for comorbid and interactions, clinical hierarchies, clinical severity levels and concurrency of clinical events.*

**sp.29) Detail the clinical logic of the measure.**

*Detail any clustering and the assignment of codes, including the grouping methodology, the assignment algorithm, and relevant codes for these methodologies.*

**sp.30) Provide evidence to support the clinical logic described above.**

*Describe the rationale, citing evidence to support the grouping of clinical conditions in the measurement population(s) and the intent of the measure (as described in above).*

**sp.31) Attach supplemental documentation of the clinical logic (Save file as: Clinical\_Logic), if needed.**

*All fields of the submission form that are supplemented within the attachment must include a summary of important information included in the attachment and its intended purpose, including any references to page numbers, tables, text, etc.* URL

 Attachment

 No supplemental documentation provided.

**sp.32) Detail the measure's trigger and end mechanisms, and provide a rationale for this methodology.**

**sp.33) Describe how clinical severity levels are handled in your measure's specifications.**

 Detail the method used for assigning severity level and provide rationale for this methodology

 We do not provide specifications for clinical severity levels. Provide rationale.

**sp.34) Describe how co-morbidities and interactions are handled in your measure's specifications.**

 Detail the treatment of co-morbidities and disease interactions and provide rationale for this methodology

 We do not provide specifications for co-morbidities and disease interactions. Provide rationale.

# Adjustments for Comparability and Reporting Guidelines (sp.35 - sp.47)

**sp.35) Indicate whether you use initial inclusion and exclusion criteria.**

 Detail initial inclusion/exclusion criteria and data preparation steps (related to clinical exclusions, claim-line or other data quality, data validation, e.g. truncation or removal of low or high dollar claim, exclusion of ESRD patients)

 We do not provide measure specifications or guidelines for data inclusion criteria. Rationale:

**sp.36) Select the risk adjustment type.**

*Select type. Provide specifications for risk stratification and/or risk models in the Scientific Acceptability section.* No risk adjustment or risk stratification

 Statistical risk model

 Stratification by risk category/subgroup (specify number of risk factors)

 Other approach to address risk factors (specify)

**sp.37) Is this measure adjusted for socioeconomic status (SES)?**

 Yes

 No

**sp.38) Provide all information required to stratify the measure results, if necessary.**

*Include the stratification variables, definitions, specific data collection items/responses, code/value sets, and the risk-model covariates and coefficients for the clinically-adjusted version of the measure when appropriate. Note: lists of individual codes with descriptors that exceed 1 page should be provided in an Excel or csv file in required format in the Data Dictionary field.*

**sp.39) Select a costing method.**

*Detail the costing method including the source of cost information, steps to capture, apply or estimate cost information, and provide rationale for this methodology.* Relative Value Units (RVUs)

 Other

 We do not provide specifications for a costing method. Rationale (e.g. this is a utilization measure only)

 Standardized pricing

 Actual prices paid

**sp.40) Select the most relevant type of score.**

*Attachment: If available, please provide a sample report.* Categorical, e.g., yes/no

 Continuous variable, e.g. average

 Count

 Frequency Distribution

 Non-weighted score/composite/scale

 Other (specify)

 Rate/proportion

 Ratio

 Weighted score/composite scale

**sp.41) Select the appropriate interpretation of the measure score.**

*Classifies interpretation of score according to whether better quality or resource use is associated with a higher score, a lower score, a score falling within a defined interval, or a passing score* Better quality = Higher score

 Better quality = Lower score

 Better quality = Score within a defined interval

 Passing score defines better quality

**sp.42)  Detail steps to estimate measure score.**

**sp.43) Describe your approach to discriminating results.**

*Detail methods for discriminating differences (reporting with descriptive statistics--e.g., distribution, confidence intervals).*

**sp.44) Detail attribution approach.**

*Detail the attribution rules used for attributing resources/costs to providers (e.g., a proportion of total measure cost or frequency of visits during the measure's measurement period) and provide rationale for this methodology.*

**sp.45) Identify and define the peer group.**

*Detail how the peer group is identified and provide a rationale for this methodology.*

**sp.46) Detail the sample size requirements for reporting measure results.**

**sp.47) Define benchmarking and comparative estimates.**

*Detail steps to produce benchmarking and comparative estimates and provide rationale for this methodology.*

# Importance to Measure and Report: High Impact (1a.01 - 1a.02)

Please separate added or updated information from the most recent measure evaluation within each question response in the Importance to Measure and Report: Evidence section. For example:

**Current Submission:**

Updated evidence information here.

**Previous (Year) Submission:**

Evidence from the previous submission here.

**1a.01) Describe intent of the measure and its components, including the rationale (note any citations) for analyzing variation in resource use in this way.**

**1a.02) Provide data and/or summarize relevant literature to demonstrate the measure focus addresses a high-impact aspect of healthcare.**

*For example, affects large numbers, is a leading cause of morbidity/mortality, high resource use [current and/or future], severity of illness, and patient/societal consequences of poor quality.*

# Importance to Measure and Report: Gap in Care/Disparities (1b.01 - 1b.05)

**1b.01) Briefly explain the rationale for this measure.**

*Explain how the measure will improve the quality of care, and list the benefits or improvements in quality envisioned by use of this measure.*

**1b.02) Provide performance scores on the measure as specified (current and over time) at the specified level of analysis.**

*Include mean, std dev, min, max, interquartile range, and scores by decile. Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities include. This information also will be used to address the sub-criterion on improvement (4b) under Usability and Use.*

**1b.03) If no or limited performance data on the measure as specified is reported above, then provide a summary of data from the literature that indicates opportunity for improvement or overall less than optimal performance on the specific focus of measurement. Include citations.**

**1b.04) Provide disparities data from the measure as specified (current and over time) by population group, e.g., by race/ethnicity, gender, age, insurance status, socioeconomic status, and/or disability.**

*Describe the data source including number of measured entities; number of patients; dates of data; if a sample, characteristics of the entities included. Include mean, std dev, min, max, interquartile range, and scores by decile. For measures that show high levels of performance, i.e., “topped out”, disparities data may demonstrate an opportunity for improvement/gap in care for certain sub-populations. This information also will be used to address the sub-criterion on improvement (4b) under Usability and Use.*

**1b.05) If no or limited data on disparities from the measure as specified is reported above, then provide a summary of data from the literature that addresses disparities in care on the specific focus of measurement. Include citations. Not necessary if performance data provided in above.**

# Scientific Acceptability: Maintenance (2ma.01 - 2ma.04)

**2ma.01) Indicate whether additional empirical reliability testing at the accountable entity level has been conducted. If yes, please provide results in the following section, Scientific Acceptability: Reliability - Testing. Include information on all testing conducted (prior testing as well as any new testing).**

***Please separate added or updated information from the most recent measure evaluation within each question response in the Scientific Acceptability sections. For example:***

***Current Submission:***

*Updated testing information here.*

***Previous Submission:***

*Testing from the previous submission here.*

 Yes

 No

**2ma.02) Indicate whether additional empirical validity testing at the accountable entity level has been conducted. If yes, please provide results in the following section, Scientific Acceptability: Validity - Testing. Include information on all testing conducted (prior testing as well as any new testing).**

***Please separate added or updated information from the most recent measure evaluation within each question response in the Scientific Acceptability sections. For example:***

***Current Submission:***

*Updated testing information here.*

***Previous Submission:***

*Testing from the previous submission here.*

 Yes

 No

**2ma.03) For maintenance measures in which risk adjustment/stratification has been performed, indicate whether additional risk adjustment testing has been conducted since the most recent maintenance evaluation. This may include updates to the risk adjustment analysis with additional clinical, demographic, and social risk factors.**

**Please update the Scientific Acceptability: Validity - Other Threats to Validity section.**

**Note: This section must be updated even if social risk factors are not included in the risk adjustment strategy.**

 Yes - Additional risk adjustment analysis is included

 No additional risk adjustment analysis included

# Scientific Acceptability: Reliability Testing (2a. 01 - 2a.12)

Measure testing must demonstrate adequate reliability and validity in order to be recommended for endorsement. Testing may be conducted for data elements and/or the computed measure score. Testing information and results should be entered in the appropriate fields in the Scientific Acceptability sections of the Measure Submission Form.

* Measures must be tested for all the data sources and levels of analyses that are specified. If there is more than one set of data specifications or more than one level of analysis, contact NQF staff about how to present all the testing information in one form.
* All required sections must be completed.
* For composites with outcome and resource use measures, Questions 2b.23-2b.37 (Risk Adjustment) also must be completed.
* If specified for multiple data sources/sets of specifications (e.g., claims and EHRs), Questions 2b.11-2b.13 also must be completed.
* An appendix for supplemental materials may be submitted (see Question 1 in the Additional section), but there is no guarantee it will be reviewed.
* Contact NQF staff with any questions. Check for resources at the [Submitting Standards webpage](https://www.qualityforum.org/Measuring_Performance/Submitting_Standards.aspx).
* For information on the most updated guidance on how to address social risk factors variables and testing in this form refer to the release notes for the [2021 Measure Evaluation Criteria and Guidance](https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=88439).

 Note: The information provided in this form is intended to aid the Standing Committee and other stakeholders in understanding to what degree the testing results for this measure meet NQF’s evaluation criteria for testing.

2a. Reliability testing demonstrates the measure data elements are repeatable, producing the same results a high proportion of the time when assessed in the same population in the same time period and/or that the measure score is precise. For instrument-based measures (including PRO-PMs) and composite performance measures, reliability should be demonstrated for the computed performance score.

2b1. Validity testing demonstrates that the measure data elements are correct and/or the measure score correctly reflects the quality of care provided, adequately identifying differences in quality.  For instrument based measures (including PRO-PMs) and composite performance measures, validity should be demonstrated for the computed performance score.

2b2. Exclusions are supported by the clinical evidence and are of sufficient frequency to warrant inclusion in the specifications of the measure;

AND

If patient preference (e.g., informed decision-making) is a basis for exclusion, there must be evidence that the exclusion impacts performance on the measure; in such cases, the measure must be specified so that the information about patient preference and the effect on the measure is transparent (e.g., numerator category computed separately, denominator exclusion category computed separately).

2b3. For outcome measures and other measures when indicated (e.g., resource use):

• an evidence-based risk-adjustment strategy (e.g., risk models, risk stratification) is specified; is based on patient factors (including clinical and social risk factors) that influence the measured outcome and are present at start of care; 14,15 and has demonstrated adequate discrimination and calibration

OR

• rationale/data support no risk adjustment/ stratification.

2b4. Data analysis of computed measure scores demonstrates that methods for scoring and analysis of the specified measure allow for identification of statistically significant and practically/clinically meaningful 16 differences in performance;

OR

there is evidence of overall less-than-optimal performance.

2b5. If multiple data sources/methods are specified, there is demonstration they produce comparable results.

2b6. Analyses identify the extent and distribution of missing data (or nonresponse) and demonstrate that performance results are not biased due to systematic missing data (or differences between responders and non-responders) and how the specified handling of missing data minimizes bias.

2c. For composite performance measures, empirical analyses support the composite construction approach and demonstrate that:

2c1. the component measures fit the quality construct and add value to the overall composite while achieving the related objective of parsimony to the extent possible; and

2c2. the aggregation and weighting rules are consistent with the quality construct and rationale while achieving the related objective of simplicity to the extent possible.

(if not conducted or results not adequate, justification must be submitted and accepted)

 **Definitions**

Reliability testing applies to both the data elements and computed measure score. Examples of reliability testing for data elements include, but are not limited to: inter-rater/abstractor or intra-rater/abstractor studies; internal consistency for multi-item scales; test-retest for survey items. Reliability testing of the measure score addresses precision of measurement (e.g., signal-to-noise).

Validity testing applies to both the data elements and computed measure score. Validity testing of data elements typically analyzes agreement with another authoritative source of the same information. Examples of validity testing of the measure score include, but are not limited to: testing hypotheses that the measures scores indicate quality of care, e.g., measure scores are different for groups known to have differences in quality assessed by another valid quality measure or method; correlation of measure scores with another valid indicator of quality for the specific topic; or relationship to conceptually related measures (e.g., scores on process measures to scores on outcome measures).  Face validity of the measure score as a quality indicator may be adequate if accomplished through a systematic and transparent process, by identified experts, and explicitly addresses whether performance scores resulting from the measure as specified can be used to distinguish good from poor quality. The degree of consensus and any areas of disagreement must be provided/discussed.

Examples of evidence that an exclusion distorts measure results include, but are not limited to: frequency of occurrence, variability of exclusions across providers, and sensitivity analyses with and without the exclusion.

Patient preference is not a clinical exception to eligibility and can be influenced by provider interventions.

Risk factors that influence outcomes should not be specified as exclusions.

With large enough sample sizes, small differences that are statistically significant may or may not be practically or clinically meaningful. The substantive question may be, for example, whether a statistically significant difference of one percentage point in the percentage of patients who received  smoking cessation counseling (e.g., 74 percent v. 75 percent) is clinically meaningful; or whether a statistically significant difference of $25 in cost for an episode of care (e.g., $5,000 v.$5,025) is practically meaningful. Measures with overall less-than-optimal performance may not demonstrate much variability across providers.

Please separate added or updated information from the most recent measure evaluation within each question response in the Scientific Acceptability sections. For example:

**Current Submission:**

Updated testing information here.

**Previous (Year) Submission:**

Testing from the previous submission here.

**2a.01) Select only the data sources for which the measure is tested.**

 Assessment Data

 Claims

 Electronic Health Data

 Electronic Health Records

 Instrument-Based Data

 Management Data

 Other (specify)

 Paper Medical Records

 Registry Data

**2a.02) If an existing dataset was used, identify the specific dataset.**

*The dataset used for testing must be consistent with the measure specifications for target population and healthcare entities being measured; e.g., Medicare Part A claims, Medicaid claims, other commercial insurance, nursing home MDS, home health OASIS, clinical registry).*

**2a.03) Provide the dates of the data used in testing.**

*Use the following format: “MM-DD-YYYY - MM-DD-YYYY”*

**2a.04) Select the levels of analysis for which the measure is tested.**

*Testing must be provided for all the levels specified and intended for measure implementation, e.g., individual clinician, hospital, health plan.*

*Please refrain from selecting the following answer option(s). We are in the process of phasing out these answer options and request that you instead select one of the other answer options as they apply to your measure.*

*Please do not select:*

* *Clinician: Clinician*
* *Population: Population*

 Accountable Care Organization

 Clinician: Clinician

 Clinician: Group/Practice

 Clinician: Individual

 Facility

 Health Plan

 Integrated Delivery System

 Other (specify)

 Population: Community, County or City

 Population: Population

 Population: Regional and State

**2a.05) List the measured entities included in the testing and analysis (by level of analysis and data source).**

*Identify the number and descriptive characteristics of measured entities included in the analysis (e.g., size, location, type); if a sample was used, describe how entities were selected for inclusion in the sample.*

**2a.06) Identify the number and descriptive characteristics of patients included in the analysis (e.g., age, sex, race, diagnosis), separated by level of analysis and data source; if a sample was used, describe how patients were selected for inclusion in the sample.**

*If there is a minimum case count used for testing, that minimum must be reflected in the specifications.*

**2a.07) If there are differences in the data or sample used for different aspects of testing (e.g., reliability, validity, exclusions, risk adjustment), identify how the data or sample are different for each aspect of testing.**

**2a.08) List the social risk factors that were available and analyzed.**

*For example, patient-reported data (e.g., income, education, language), proxy variables when social risk data are not collected from each patient (e.g. census tract), or patient community characteristics (e.g. percent vacant housing, crime rate) which do not have to be a proxy for patient-level data.*

Note: If accuracy/correctness (validity) of data elements was empirically tested, separate reliability testing of data elements is not required – in 2a.09 check patient or encounter-level data; in 2a.010 enter “see validity testing section of data elements”; and enter “N/A” for 2a.11 and 2a.12.

**2a.09) Select the level of reliability testing conducted.**

*Choose one or both levels.* Patient or Encounter-Level (e.g., inter-abstractor reliability; data element reliability must address ALL critical data elements)

 Accountable Entity Level (e.g., signal-to-noise analysis)

**2a.10) For each level of reliability testing checked above, describe the method of reliability testing and what it tests.**

*Describe the steps―do not just name a method; what type of error does it test; what statistical analysis was used.*

**2a.11) For each level of reliability testing checked above, what were the statistical results from reliability testing?**

*For example, provide the percent agreement and kappa for the critical data elements, or distribution of reliability statistics from a signal-to-noise analysis. For score-level reliability testing, when using a signal-to-noise analysis, more than just one overall statistic should be reported (i.e., to demonstrate variation in reliability across providers). If a particular method yields only one statistic, this should be explained. In addition, reporting of results stratified by sample size is preferred (pg. 18,* [*NQF Measure Evaluation Criteria*](https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=88439)*).*

**2a.12) Interpret the results, in terms of how they demonstrate reliability.**

*(In other words, what do the results mean and what are the norms for the test conducted?)*

# Scientific Acceptability: Validity Testing (2b.01 - 2b.04)

**2b.01) Select the level of validity testing that was conducted.**

 Patient or Encounter-Level (data element validity must address ALL critical data elements)

 Accountable Entity Level (e.g. hospitals, clinicians)

 Empirical validity testing

 Systematic assessment of face validity of performance measure score as an indicator of quality or resource use (i.e., is an accurate reflection of performance on quality or resource use and can distinguish good from poor performance)

**2b.02) For each level of testing checked above, describe the method of validity testing and what it tests.**

*Describe the steps―do not just name a method; what was tested, e.g., accuracy of data elements compared to authoritative source, relationship to another measure as expected; what statistical analysis was used.*

**2b.03) Provide the statistical results from validity testing.**

*Examples may include correlations or t-test results.*

**2b.04) Provide your interpretation of the results in terms of demonstrating validity. (i.e., what do the results mean and what are the norms for the test conducted?)**

# Scientific Acceptability: Validity - Other Threats to Validity (Exclusions, Risk Adjustment) (2b.05 - 2b.22)

**2b.05) Indicate whether the measure uses exclusions.**

 N/A or no exclusions

 Yes, the measure uses exclusions.

**2b.06) Describe the method of testing exclusions and what was tested.**

*Describe the steps―do not just name a method; what was tested, e.g., whether exclusions affect overall performance scores; what statistical analysis was used?*

**2b.07) Provide the statistical results from testing exclusions.**

*Include overall number and percentage of individuals excluded, frequency distribution of exclusions across measured entities, and impact on performance measure scores.*

**2b.08) Provide your interpretation of the results, in terms of demonstrating that exclusions are needed to prevent unfair distortion of performance results.**

*In other words, the value outweighs the burden of increased data collection and analysis. Note: If patient preference is an exclusion, the measure must be specified so that the effect on the performance score is transparent, e.g., scores with and without exclusion.*

**2b.09) Check all methods used to address risk factors.**

 Statistical risk model with risk factors (specify number of risk factors)

 Stratification by risk category (specify number of categories)

 Other (specify)

 No risk adjustment or stratification

**2b.10) If using statistical risk models, provide detailed risk model specifications, including the risk model method, risk factors, risk factor data sources, coefficients, equations, codes with descriptors, and definitions.**

**2b.11) If an outcome or resource use measure is not risk-adjusted or stratified, provide rationale and analyses to demonstrate that controlling for differences in patient characteristics (i.e., case mix) is not needed to achieve fair comparisons across measured entities.**

**2b.12) Select all applicable resources and methods used to develop the conceptual model of how social risk impacts this outcome.**

 Published literature

 Internal data analysis

 Other (specify)

**2b.13) Describe the conceptual and statistical methods and criteria used to test and select patient-level risk factors (e.g., clinical factors, social risk factors) used in the statistical risk model or for stratification by risk.**

*Please be sure to address the following: potential factors identified in the literature and/or expert panel; regression analysis; statistical significance of p<0.10 or other statistical tests; correlation of x or higher. Patient factors should be present at the start of care, if applicable. Also discuss any “ordering” of risk factor inclusion; note whether social risk factors are added after all clinical factors. Discuss any considerations regarding data sources (e.g., availability, specificity).*

**2b.14) Detail the statistical results of the analyses used to test and select risk factors for inclusion in or exclusion from the risk model/stratification.**

**2b.15) Describe the analyses and interpretation resulting in the decision to select or not select social risk factors.**

*Examples may include prevalence of the factor across measured entities, availability of the data source, empirical association with the outcome, contribution of unique variation in the outcome, or assessment of between-unit effects and within-unit effects. Also describe the impact of adjusting for risk (or making no adjustment) on providers at high or low extremes of risk.*

**2b.16) Describe the method of testing/analysis used to develop and validate the adequacy of the statistical model or stratification approach (describe the steps―do not just name a method; what statistical analysis was used). Provide the statistical results from testing the approach to control for differences in patient characteristics (i.e., case mix) below. If stratified ONLY, enter “N/A” for questions about the statistical risk model discrimination and calibration statistics.**

*Validation testing should be conducted in a data set that is separate from the one used to develop the model.*

**2b.17) Provide risk model discrimination statistics.**

*For example, provide c-statistics or R-squared values.*

**2b.18) Provide the statistical risk model calibration statistics (e.g., Hosmer-Lemeshow statistic).**

**2b.19) Provide the risk decile plots or calibration curves used in calibrating the statistical risk model.**

*The preferred file format is .png, but most image formats are acceptable.*

**2b.20) Provide the results of the risk stratification analysis.**

**2b.21) Provide your interpretation of the results, in terms of demonstrating adequacy of controlling for differences in patient characteristics (i.e., case mix).**

*In other words, what do the results mean and what are the norms for the test conducted?*

**2b.22) Describe any additional testing conducted to justify the risk adjustment approach used in specifying the measure.**

*Not required but would provide additional support of adequacy of the risk model, e.g., testing of risk model in another data set; sensitivity analysis for missing data; other methods that were assessed.*

# Scientific Acceptability: Validity - Threats to Validity (Statistically Significant Differences, Multiple Data Sources, Missing Data) (2b.23 - 2b.32)

**2b.23) Describe the method for determining if statistically significant and clinically/practically meaningful differences in performance measure scores among the measured entities can be identified.**

*Describe the steps―do not just name a method; what statistical analysis was used? Do not just repeat the information provided in Importance to Measure and Report: Gap in Care/Disparities.*

**2b.24) Describe the statistical results from testing the ability to identify statistically significant and/or clinically/practically meaningful differences in performance measure scores across measured entities.**

*Examples may include number and percentage of entities with scores that were statistically significantly different from mean or some benchmark, different from expected; how was meaningful difference defined.*

**2b.25) Provide your interpretation of the results in terms of demonstrating the ability to identify statistically significant and/or clinically/practically meaningful differences in performance across measured entities.**

*In other words, what do the results mean in terms of statistical and meaningful differences?*

**2b.26) Provide the overall frequency of missing data, the distribution of missing data across providers, and the results from testing related to missing data.**

*For example, provide results of sensitivity analysis of the effect of various rules for missing data/non-response. If no empirical sensitivity analysis was conducted, identify the approaches for handling missing data that were considered and benefits and drawbacks of each).*

**2b.27) Describe the method of testing conducted to identify the extent and distribution of missing data (or non-response) and demonstrate that performance results are not biased due to systematic missing data (or differences between responders and non-responders). Include how the specified handling of missing data minimizes bias.**

*Describe the steps―do not just name a method; what statistical analysis was used.*

**2b.28) Provide your interpretation of the results, in terms of demonstrating that performance results are not biased due to systematic missing data (or differences between responders and non-responders), and how the specified handling of missing data minimizes bias.**

*In other words, what do the results mean in terms of supporting the selected approach for missing data and what are the norms for the test conducted; if no empirical analysis was conducted, justify the selected approach for missing data.*

Note: This item is directed to measures that are risk-adjusted (with or without social risk factors) OR to measures with more than one set of specifications/instructions (e.g., one set of specifications for how to identify and compute the measure from medical record abstraction and a different set of specifications for claims or eCQMs). It does not apply to measures that use more than one source of data in one set of specifications/instructions (e.g., claims data to identify the denominator and medical record abstraction for the numerator). Comparability is not required when comparing performance scores with and without social risk factors in the risk adjustment model. However, if comparability is not demonstrated for measures with more than one set of specifications/instructions, the different specifications (e.g., for medical records vs. claims) should be submitted as separate measures.

**2b.29) Indicate whether there is more than one set of specifications for this measure.**

 Yes, there is more than one set of specifications for this measure

 No, there is only one set of specifications for this measure

**2b.30) Describe the method of testing conducted to compare performance scores for the same entities across the different data sources/specifications.**

*Describe the steps―do not just name a method. Indicate what statistical analysis was used.*

**2b.31) Provide the statistical results from testing comparability of performance scores for the same entities when using different data sources/specifications.**

*Examples may include correlation, and/or rank order.*

**2b.32) Provide your interpretation of the results in terms of the differences in performance measure scores for the same entities across the different data sources/specifications.**

*In other words, what do the results mean and what are the norms for the test conducted.*

# Feasibility (3.01 - 3.07)

**3.01) Check all methods below that are used to generate the data elements needed to compute the measure score.**

 Generated or collected by and used by healthcare personnel during the provision of care (e.g., blood pressure, lab value, diagnosis, depression score)

 Coded by someone other than person obtaining original information (e.g., DRG, ICD-10 codes on claims)

 Abstracted from a record by someone other than person obtaining original information (e.g., chart abstraction for quality measure or registry)

 Other (Please describe)

**3.02) Detail to what extent the specified data elements are available electronically in defined fields.**

*In other words, indicate whether data elements that are needed to compute the performance measure score are in defined, computer-readable fields.* ALL data elements are in defined fields in electronic health records (EHRs)

 ALL data elements are in defined fields in electronic claims

 ALL data elements are in defined fields in electronic clinical data (e.g., clinical registry, nursing home MDS, home health OASIS)

 ALL data elements are in defined fields in a combination of electronic sources

 Some data elements are in defined fields in electronic sources

 No data elements are in defined fields in electronic sources

 Patient/family reported information (may be electronic or paper)

**3.03) If ALL the data elements needed to compute the performance measure score are not from electronic sources, specify a credible, near-term path to electronic capture, OR provide a rationale for using data elements not from electronic sources.**

**3.04) Describe any efforts to develop an eCQM.**

**3.05) Complete and attach the**[**NQF Feasibility Score Card**](https://www.qualityforum.org/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=89036)**.**

**3.06) Describe difficulties (as a result of testing and/or operational use of the measure) regarding data collection, availability of data, missing data, timing and frequency of data collection, sampling, patient confidentiality, time and cost of data collection, other feasibility/implementation issues.**

Consider implications for both individuals providing data (patients, service recipients, respondents) and those whose performance is being measured.

**3.07) Detail any fees, licensing, or other requirements to use any aspect of the measure as specified (e.g., value/code set, risk model, programming code, algorithm),**

**Attach the fee schedule here, if applicable.**

# Use (4a.01 - 4a.10)

Extent to which intended audiences (e.g., consumers, purchasers, providers, policy makers) can understand the results of the measure and are likely to find them useful for decision making.

NQF-endorsed measures are expected to be used in at least one accountability application within 3 years and publicly reported within 6 years of initial endorsement, in addition to demonstrating performance improvement.

**4a.01) Check all current uses. For each current use checked, please provide:**

* **Name of program and sponsor**
* **URL**
* **Purpose**
* **Geographic area and number and percentage of accountable entities and patients included**
* **Level of measurement and setting**

 Public Reporting

 Public Health/Disease Surveillance

 Payment Program

 Regulatory and Accreditation Programs

 Professional Certification or Recognition Program

 Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

 Quality Improvement (Internal to the specific organization)

 Not in use

 Use unknown

 Other (specify)

**4a.02) Check all planned uses.**

 Public reporting

 Public Health/Disease Surveillance

 Payment Program

 Regulatory and Accreditation Program

 Professional Certification or Recognition Program

 Quality Improvement with Benchmarking (external benchmarking to multiple organizations)

 Quality Improvement (internal to the specific organization)

 Measure Currently in Use

 Other (specify)

**4a.03) If not currently publicly reported OR used in at least one other accountability application (e.g., payment program, certification, licensing), explain why the measure is not in use.**

*For example, do policies or actions of the developer/steward or accountable entities restrict access to performance results or block implementation?*

**4a.04) If not currently publicly reported OR used in at least one other accountability application, provide a credible plan for implementation within the expected timeframes: used in any accountability application within 3 years, and publicly reported within 6 years of initial endorsement.**

*A credible plan includes the specific program, purpose, intended audience, and timeline for implementing the measure within the specified timeframes. A plan for accountability applications addresses mechanisms for data aggregation and reporting.*

**4a.05) Describe how performance results, data, and assistance with interpretation have been provided to those being measured or other users during development or implementation.**

*Detail how many and which types of measured entities and/or others were included. If only a sample of measured entities were included, describe the full population and how the sample was selected.*

**4a.06) Describe the process for providing measure results, including when/how often results were provided, what data were provided, what educational/explanatory efforts were made, etc.**

**4a.07) Summarize the feedback on measure performance and implementation from the measured entities and others. Describe how feedback was obtained.**

**4a.08) Summarize the feedback obtained from those being measured.**

**4a.09) Summarize the feedback obtained from other users.**

**4a.10) Describe how the feedback described has been considered when developing or revising the measure specifications or implementation, including whether the measure was modified and why or why not.**

# Usability (4b.01 - 4b.03)

**4b.01) You may refer to data provided in Importance to Measure and Report: Gap in Care/Disparities, but do not repeat here. Discuss any progress on improvement (trends in performance results, number and percentage of people receiving high-quality healthcare; Geographic area and number and percentage of accountable entities and patients included). If no improvement was demonstrated, provide an explanation. If not in use for performance improvement at the time of initial endorsement, provide a credible rationale that describes how the performance results could be used to further the goal of high-quality, efficient healthcare for individuals or populations.**

**4b.02) Explain any unexpected findings (positive or negative) during implementation of this measure, including unintended impacts on patients.**

**4b.03) Explain any unexpected benefits realized from implementation of this measure.**

# Related and Competing (5.01 - 5.06)

If you are updating a maintenance measure submission for the first time in MIMS, please note that the previous related and competing data appearing in question 5.03 may need to be entered in to 5.01 and 5.02, if the measures are NQF endorsed. Please review and update questions 5.01, 5.02, and 5.03 accordingly.

**5.01) Search and select all NQF-endorsed related measures (conceptually, either same measure focus or target population).**

*(Can search and select measures.)*

**5.02) Search and select all NQF-endorsed competing measures (conceptually, the measures have both the same measure focus or target population).**

*(Can search and select measures.)*

**5.03) If there are related or competing measures to this measure, but they are not NQF-endorsed, please indicate the measure title and steward.**

**5.04) If this measure conceptually addresses EITHER the same measure focus OR the same target population as NQF-endorsed measure(s), indicate whether the measure specifications are harmonized to the extent possible.**

 Yes

 No

**5.05) If the measure specifications are not completely harmonized, identify the differences, rationale, and impact on interpretability and data collection burden.**

**5.06) Describe why this measure is superior to competing measures (e.g., a more valid or efficient way to measure quality). Alternatively, justify endorsing an additional measure.**

*Provide analyses when possible.*

# Additional (1-9)

**1) Provide any supplemental materials, if needed, as an appendix. All supplemental materials (such as data collection instrument or methodology reports) should be collated one file with a table of contents or bookmarks. If material pertains to a specific criterion, that should be indicated.**

 Available in attached file

 No appendix

 Available at measure-specific web page URL identified in sp.09

**2) List the workgroup/panel members' names and organizations.**

*Describe the members' role in measure development.*

**3) Indicate the year the measure was first released.**

**4) Indicate the month and year of the most recent revision.**

**5) Indicate the frequency of review, or an update schedule, for this measure.**

**6) Indicate the next scheduled update or review of this measure.**

**7) Provide a copyright statement, if applicable. Otherwise, indicate “N/A”.**

**8) State any disclaimers, if applicable. Otherwise, indicate “N/A”.**

**9) Provide any additional information or comments, if applicable. Otherwise, indicate “N/A”.**