

Instructions:

1. Before accessing the CMS MERIT (Measures Under Consideration Entry/Review and Information Tool) online system, you are invited to complete the measure template below by entering your candidate measure information in the column titled "Add Your Content Here."
2. All rows that have an asterisk symbol * in the Field Label require a response, unless otherwise indicated in the template.
3. For each row, the "Guidance" column provides details on how to complete the template and what kinds of data to include. Unless otherwise specified, the character limit for text fields in CMS MERIT is 8000 characters.
4. For check boxes, note whether the field is "select one" or "select all that apply." You can click on the box to place or remove the "X."
5. For all fields, especially Numerator and Denominator, use plain text whenever possible. Please convert any special symbols, math expressions, or equations to plain text (keyboard alphanumeric, such as + - * /).
6. For all free-text fields: Be sure to spell out all abbreviations and define special terms at their first occurrence.
7. Numeric fields are noted, where applicable, in the "Add Your Content Here" column.
8. Row numbers are for convenience only and do not appear on the CMS MERIT user interface.
9. Send any questions to MMSSupport@battelle.org with the subject line "Pre-Rulemaking".

PROPERTIES

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Information	001	*Measure Title	<p>Provide the measure title only (255 characters or less). Put any program-specific identification (ID) number under Characteristics, not in the title.</p> <p>Note: Do not enter the CMIT ID, consensus-based entity (endorsement) ID, former Jira MUC ID number, or any other ID numbers here (see other fields below). The CMS program name should not ordinarily be part of the measure title, because each measure record already has a required field that specifies the CMS program. An exception would be if there are several measures with otherwise identical titles that apply to different programs. In this case, including or imbedding a program name in the title (to prevent there being any otherwise duplicate titles) is helpful. For additional information on measure title, see: https://mmshub.cms.gov/measure-lifecycle/measure-specification/document-measure.</p>	Non-Pressure Ulcers
Measure Information	002	*Measure Description	<p>Provide a brief description of the measure. For additional information on measure description, see: https://mmshub.cms.gov/measure-lifecycle/measure-specification/document-measure.</p>	The Non-Pressure Ulcers episode-based cost measure evaluates a clinician's or clinician group's risk-adjusted and specialty-adjusted cost to Medicare for patients who receive medical care to manage and treat non-pressure ulcers. This chronic condition measure includes the costs of services that are clinically related to the attributed clinician's role in managing care during a Non-Pressure Ulcers episode.

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Information	003	*Select the CMS program(s) for which the measure is being submitted.	<p>Select all that apply. Please note, measures specified and intended for use at more than one level of analysis must be submitted separately for each level of analysis (e.g., individual clinician, facility).</p> <p>If you choose multiple programs for this submission, please ensure the programs fall under the same level of analysis. If you choose multiple programs and need guidance as to whether your selection represents multiple levels of analysis, please contact MMSSupport@battelle.org. There is functionality within CMS MERIT to decrease the data entry process for multiple submissions of the same measure. Please reach out to MMSSupport@battelle.org for guidance and support.</p> <p>If you are submitting for MIPS, there are two choices of program. Do NOT enter both MIPS-Quality and MIPS-Cost for the same measure. Choose MIPS-Quality for measures that pertain to quality and/or efficiency. Choose MIPS-Cost only for measures that pertain to cost.</p>	<input type="checkbox"/> Ambulatory Surgical Center Quality Reporting Program <input type="checkbox"/> End-Stage Renal Disease (ESRD) Quality Incentive Program <input type="checkbox"/> Home Health Quality Reporting Program <input type="checkbox"/> Hospice Quality Reporting Program <input type="checkbox"/> Hospital Inpatient Quality Reporting Program <input type="checkbox"/> Hospital Outpatient Quality Reporting Program <input type="checkbox"/> Hospital Readmissions Reduction Program <input type="checkbox"/> Hospital Value-Based Purchasing Program <input type="checkbox"/> Hospital-Acquired Condition Reduction Program <input type="checkbox"/> Inpatient Psychiatric Facility Quality Reporting Program <input type="checkbox"/> Inpatient Rehabilitation Facility Quality Reporting Program <input type="checkbox"/> Long-Term Care (LTC) Hospital Quality Reporting Program <input type="checkbox"/> Medicare Promoting Interoperability Program <input type="checkbox"/> Medicare Shared Savings Program <input checked="" type="checkbox"/> Merit-based Incentive Payment System-Cost <input type="checkbox"/> Merit-based Incentive Payment System-Quality <input type="checkbox"/> Part C Star Ratings <input type="checkbox"/> Part D Star Ratings <input type="checkbox"/> Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program <input type="checkbox"/> Rural Emergency Hospital Quality Reporting Program <input type="checkbox"/> Skilled Nursing Facility Quality Reporting Program <input type="checkbox"/> Skilled Nursing Facility Value-Based Purchasing Program
Measure Information	004	MIPS Quality: Identify any links with related Cost measures and Improvement Activities	Where available, provide description of linkages and a rationale that correlates this MIPS quality measure to other performance category measures and activities.	N/A

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Measure Information	005	* Completed Stage(s) of Development	<p>Select all stages of development that have been completed. There are five stages in the Measure Lifecycle: conceptualization; specification; testing; implementation; and use, continuing evaluation, and maintenance. Measure conceptualization is the first stage; however, the stages are not necessarily sequential. Instead, the stages are iterative and can occur concurrently.</p> <p>The measure conceptualization stage initiates information gathering and business case development. The measure specification stage involves establishing the basic elements of the measure, including the numerator, calculation algorithm, and data source identification.</p> <p>The measure testing stage examines the specifications, usually with a limited number of real settings, to make sure the measure is scientifically acceptable and feasible.</p> <p>Measure specification and measure testing are iterative.</p> <p>For additional information regarding stage of development, see: https://mmshub.cms.gov/blueprint-measure-lifecycle-overview.</p>	<input checked="" type="checkbox"/> Measure Conceptualization <input checked="" type="checkbox"/> Measure Specification <input checked="" type="checkbox"/> Measure Testing <input type="checkbox"/> Measure Use, Continuing Evaluation & Maintenance

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Measure Information	007	* Level of Analysis	<p>Select one. Select the level of analysis at which the measure is specified and intended for use. If the measure is specified and intended for use at more than one level, submit the other levels separately. Any testing results provided in subsequent sections of this submission must be conducted at the level of analysis selected here.</p> <p>For submission to the MIPS-Quality program, you must report, at minimum, the results of individual clinician-level testing. If testing is performed at both clinician-individual and clinician-group levels of analysis, you may select "Clinician: Individual and Group." Please submit results of individual clinician-level testing in this form and group-level testing results in an attachment.</p> <p>For submission to the MIPS-Cost program, clinician group-level testing is sufficient.</p>	<p><input type="checkbox"/> Accountable Care Organization</p> <p><input checked="" type="checkbox"/> Clinician: Group</p> <p><input type="checkbox"/> Clinician: Individual</p> <p><input type="checkbox"/> Clinician: Individual and Group</p> <p><input type="checkbox"/> Facility</p> <p><input type="checkbox"/> Health plan</p> <p><input type="checkbox"/> Integrated Delivery System</p> <p><input type="checkbox"/> Medicaid program (e.g., Health Home or 1115)</p> <p><input type="checkbox"/> Population: Community, County or City</p> <p><input type="checkbox"/> Population: Regional and State</p>

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Measure Information	008	*In which setting(s) was this measure tested?	Select all that apply.	<input type="checkbox"/> Ambulatory surgery center <input checked="" type="checkbox"/> Ambulatory/office-based care <input type="checkbox"/> Behavioral health clinic <input type="checkbox"/> Community hospital <input type="checkbox"/> Dialysis facility <input type="checkbox"/> Emergency department <input type="checkbox"/> Federally qualified health center (FQHC) <input type="checkbox"/> Health and Drug Plans <input checked="" type="checkbox"/> Hospital outpatient department (HOD) <input type="checkbox"/> Home health <input type="checkbox"/> Hospice <input type="checkbox"/> Hospital inpatient acute care facility <input type="checkbox"/> Inpatient psychiatric facility <input type="checkbox"/> Inpatient rehabilitation facility <input type="checkbox"/> Long-term care hospital <input checked="" type="checkbox"/> Nursing home <input type="checkbox"/> PPS-exempt cancer hospital <input checked="" type="checkbox"/> Skilled nursing facility <input type="checkbox"/> Veterans Health Administration facility <input type="checkbox"/> Not yet tested <input type="checkbox"/> Other (enter here):
Measure Information	009	*Multiple Scores	Does the submitter recommend that more than one measure score be separately reported for this measure (e.g., 7- and 30-day rate, rates for different procedure types, etc.)? This does not include index measures, where component measure scores result in one overall index score. Note: If "Yes", please describe one score only in this form. Submit separate attachments for each of the other scores.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Measure Information	013	*Is the measure a composite and/or a paired measure?	<p>Select all that apply.</p> <p>A composite measure contains two or more individual measures, resulting in a single measure and a single score. This includes index measures. If this measure is a composite measure, please enter data pertaining to the overall composite measure into this form. Please attach any additional information pertaining to individual components.</p>	<input type="checkbox"/> Yes, this is a composite measure <input type="checkbox"/> Yes, this is a paired measure <input checked="" type="checkbox"/> No, this is neither a composite nor a paired measure

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			Paired measures have different measure scores, but results require them to be reported together to be interpreted appropriately. Note: Individual measures comprising a paired measure must be submitted individually.	

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Measure Information	016	*Numerator	The upper portion of a fraction used to calculate a rate, proportion, or ratio. An action to be counted as meeting a measure's requirements.	The measure numerator is the weighted average ratio of the winsorized scaled standardized observed cost to the scaled expected cost for all Non-Pressure Ulcers episodes attributed to a clinician, where each ratio is weighted by each episode's number of days assigned to a clinician. This sum is then multiplied by the national average winsorized scaled observed episode cost to generate a dollar figure.
Measure Information	017	*Numerator Exclusions	For additional information on exclusions/exceptions, see: https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions . If not applicable, enter 'N/A.'	N/A
Measure Information	018	*Denominator	The lower part of a fraction used to calculate a rate, proportion, or ratio. The denominator is associated with a given population that may be counted as eligible to meet a measure's inclusion requirements.	The measure denominator is the total number of days from Non-Pressure Ulcers episodes assigned to the clinician across all patients.

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Information	019	*Denominator Exclusions	For additional information on exclusions/exceptions, see: https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions . If not applicable, enter 'N/A.'	<p>The following standard exclusions are applied to ensure data completeness:</p> <ul style="list-style-type: none"> • Patient has a primary payer other than Medicare for any time overlapping the episode window or 120-day lookback period prior to the episode window. • Patient was not enrolled in Medicare Parts A and B for the entirety of the lookback period plus episode window or was enrolled in Part C for any part of the lookback plus episode window. • Patient was not found in the Medicare Enrollment Database (EDB). • Patient's death date occurred before the episode end date. • Patient has an episode window shorter than 1 year. • Patients with extremely low treatment costs. • Patient's residence is outside the United States or its territories during the episode window, as indicated in the EDB. <p>The following exclusions developed with input from the Non-Pressure Ulcers Clinician Expert Workgroup are specific to the Non-Pressure Ulcers measure and include patients with calciphylaxis, pyoderma gangrenosum, scleroderma, sickle cell anemia, vasculitis, hidradenitis suppurativa, and prior hospice use.</p>
Measure Information	020	*Denominator Exceptions	For additional information on exclusions/exceptions, see: https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/exclusions . If not applicable, enter 'N/A.'	N/A

Measure Information	021	*Briefly describe the rationale for the measure	Briefly describe the rationale for the measure and/or the impact the measure is anticipated to achieve. Details about the evidence to support the measure will be captured in the Evidence section.	<p>Chronic non-pressure ulcers are highly prevalent in the US Medicare population. In 2019, 16.3% of Medicare beneficiaries were affected by chronic ulcers, up from 14.5% in 2014. [1] Venous ulcers affect nearly 5% of individuals aged 65 and older, and about 15% to 25% of patients with diabetes develop foot ulcers. [1,2] Chronic ulcers can last over a year, are recurring in up to 70% of patients, and can lead to loss of function, decreased quality of life (QOL), and poor health outcomes. [3] Ulcers can heavily impact QOL for patients, as more than 85% of lower limb amputations are preceded by foot or ankle ulcers. [4] Chronic non-pressure ulcers are also costly; total Medicare spending for all wound types is \$28.1 billion annually, with the cost for wounds ranging from \$31.7 to \$96.8 billion when wounds were included as a secondary diagnosis. [5]</p> <p>Opportunities to improve outcomes and reduce care costs include conducting comprehensive assessments of patients and ulcers to determine a management plan using technologies, such as color-flow duplex ultrasounds and plain radiographs, which can help identify ulcer type and severity to reduce unnecessary or counterproductive treatments. [6,7] Moreover, certain compression systems, such as multi-component bandage systems, promote faster healing and are more cost-effective than single-component systems. [8] Clinicians can also follow clinical practice guidelines when using novel, advanced wound therapies such as stem cell therapy and negative pressure wound therapy and conduct follow-up to reduce the risk of recurrence after healing. [9, 10]</p> <p>The Non-Pressure Ulcers episode-based cost measure was selected for development because of its impact in terms of patient population, clinician coverage, and Medicare spending, and assesses costs for a condition not captured by other cost measures, as well as addressing a gap in clinician coverage of cost measures for specialists such as podiatrists. [11] Based on prior public comments and feedback, initial</p>
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				<p>empirical analyses, and CMS priority areas, the subsequent measure-specific clinician expert workgroup provided extensive, detailed input on this measure.</p> <p><u>List of References</u></p> <p>[1] Sen CK. Human Wound and Its Burden: Updated 2022 Compendium of Estimates. <i>Adv Wound Care (New Rochelle)</i>. 2023;12(12):657-670. doi:10.1089/wound.2023.0150</p> <p>[2] Greer N, Foman N, Dorrian J, et al. Advanced Wound Care Therapies for Non-Healing Diabetic, Venous, and Arterial Ulcers: A Systematic Review. Washington (DC): Department of Veterans Affairs (US); November 2012.</p> <p>[3] <i>Optimal Care of Chronic, Non-Healing, Lower Extremity Wounds: A Review of Clinical Evidence and Guidelines</i>. Ottawa (ON): Canadian Agency for Drugs and Technologies in Health; December 17, 2013.</p> <p>[4] Suthar M, Gupta S, Bukhari S, Ponemone V. Treatment of chronic non-healing ulcers using autologous platelet rich plasma: a case series. <i>J Biomed Sci</i>. 2017 Feb 27;24(1):16. doi: 10.1186/s12929-017-0324-1. PMID: 28241824; PMCID: PMC5327512. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5327512/</p> <p>[5] Nussbaum SR, Carter MJ, Fife CE, et al. An Economic Evaluation of the Impact, Cost, and Medicare Policy Implications of Chronic Nonhealing Wounds. <i>Value Health</i>. 2018;21(1):27-32. doi:10.1016/j.jval.2017.07.007</p> <p>[6] Schneider C, Stratman S, Kirsner RS. Lower Extremity Ulcers. <i>Med Clin North Am</i>. 2021;105(4):663-679. doi:10.1016/j.mcna.2021.04.006 ,12</p> <p>[7] Eastman DM, Dreyer MA. Neuropathic Ulcer. In: StatPearls. Treasure Island (FL): StatPearls Publishing; September 28, 2022.</p> <p>[8] O'Meara S, Cullum N, Nelson EA, Dumville JC. Compression for venous leg ulcers. <i>Cochrane</i></p>
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				<p>Database Syst Rev. 2012;11(11):CD000265. Published 2012 Nov 14. doi:10.1002/14651858.CD000265.pub3 [9] Aleksandrowicz H, Owczarczyk-Saczonek A, Placek W. Venous Leg Ulcers: Advanced Therapies and New Technologies. Biomedicines. 2021 Oct 29;9(11):1569. doi: 10.3390/biomedicines9111569. PMID: 34829797; PMCID: PMC8615583. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8615583/</p> <p>[10] Jindal R, Dekiwadia DB, Krishna PR, Khanna AK, Patel MD, Padaria S, Varghese R. Evidence-Based Clinical Practice Points for the Management of Venous Ulcers. Indian J Surg. 2018 Apr;80(2):171-182. doi: 10.1007/s12262-018-1726-3. Epub 2018 Jan 27. Erratum in: Indian J Surg. 2018 Apr;80(2):183. PMID: 29915484; PMCID: PMC5991028. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5991028/</p> <p>[11] CMS, 2023 Call for Cost Measures, https://mmshub.cms.gov/sites/default/files/2022-Call-for-Cost-Measures-Fact-Sheet.pdf</p>

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Measure Implementation	022	*Feasibility of Data Elements	<p>Select one. Select the extent to which the specified data elements are available in electronic fields. Electronic fields should include a designated location and format for the data in claims, EHRs, registries, etc.</p> <ul style="list-style-type: none"> • Select “ALL data elements are in defined fields in electronic sources” if the data elements needed to calculate the measure are all available in discrete and electronically defined fields. • Select “Some data elements are in defined fields in electronic sources” if the data elements needed to calculate the measure are not all available in discrete and electronically defined fields. • Select “No data elements are in defined fields in electronic sources” if none of the data elements needed to calculate the measure are available in discrete and electronically defined fields. • Select “Not applicable” ONLY for CAHPS measures. • Select “Unable to Determine” ONLY if a feasibility assessment has not yet been completed. <p>For a PRO-PM, select the most appropriate option based on the data collection format(s).</p>	<input checked="" type="checkbox"/> ALL data elements are in defined fields in electronic sources <input type="checkbox"/> Some data elements are in defined fields in electronic sources <input type="checkbox"/> No data elements are in defined fields in electronic sources <input type="checkbox"/> Not applicable (applies only for CAHPS measures) <input type="checkbox"/> Unable to determine (applies only if a feasibility assessment has not yet been completed)
Measure Implementation	023	*USCDI Data Elements	<p>Select one. Indicate the extent to which the data elements that are in defined fields in electronic sources align with United States Core Data for Interoperability (USCDI) v4 or USCDI+ Quality draft standard definitions.</p> <p>For more information about USCDI, please refer to the HealthIT.gov website available at: https://www.healthit.gov/isa/united-states-core-data-interoperability-uscdi</p> <p>For more information about USCDI+ Quality, please refer to the HealthIT.gov website available at: https://www.healthit.gov/topic/interoperability/uscdi-plus</p>	<input type="checkbox"/> ALL data elements align with USCDI/USCDI+ Quality standard definitions <input type="checkbox"/> Some data elements align with USCDI/USCDI+ Quality standard definitions <input type="checkbox"/> None of the data elements align with USCDI/USCDI+ Quality standard definitions <input checked="" type="checkbox"/> USCDI/USCDI+ Quality alignment not assessed

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Measure Implementation	024	*Method of Measure Calculation	<p>Select one. Select the method used to calculate measure scores for the version of the measure proposed in this submission form. Please review guidance before making selections:</p> <ul style="list-style-type: none"> • Select “Electronically Derived Administrative Data (Claims and/or Non-Claims)” if the measure can be calculated exclusively from administrative data submitted electronically for billing or other purposes. • Select “eCQM” if the measure is exclusively specified and formatted to use data from electronic health record (EHRs) and/or health information technology systems, using the Quality Data Model (QDM) to define the data elements and Clinical Quality Language (CQL) to express measure logic. • Select “Other digital method” if the measure does not meet the definition of an eCQM as described above, but can be calculated electronically (e.g., registry, MDS, OASIS). • Select “Manual abstraction” if all data elements in the measure requires manual review of records, paper-based billing, or manual calculation (e.g., CAHPS). • Select “Combination” if two or more types of data sources are required to calculate the measure score. For all other measures that rely on patient surveys (e.g., PRO-PMs), select the option that best describes the way the measure is calculated. For example, if a patient survey is collected electronically and does not require manual abstraction, select "Other digital method" or "eCQM" depending on where the data are collected. 	<input checked="" type="checkbox"/> Electronically Derived Administrative Data (Claims and/or Non-Claims) <input type="checkbox"/> eCQM <input type="checkbox"/> Other digital method <input type="checkbox"/> Manual abstraction <input type="checkbox"/> Combination
Measure Implementation	026	*How is the measure expected to be reported to the program?	<p>This is the anticipated data submission method. Select all that apply. Use the “Submitter Comments” field to specify or elaborate on the type of reporting data, if needed to define your measure.</p>	<input type="checkbox"/> eCQM <input type="checkbox"/> Clinical Quality Measure (CQM) <input checked="" type="checkbox"/> Claims <input type="checkbox"/> Web interface <input type="checkbox"/> Other (enter here):

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

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Groups	028	*Is this measure an electronic clinical quality measure (eCQM)?	Select 'Yes' or 'No'. If your answer is yes, the Measure Authoring Tool (MAT) ID number must be provided below. For more information on eCQMs, see: https://www.emeasuretool.cms.gov/	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Measure Score Level (Accountable Entity Level) Testing	032	*Reliability	<p>Indicate whether reliability testing was conducted for the accountable entity-level measure scores. Acceptable reliability tests include signal-to-noise (or inter-unit reliability) or random split-half correlation. For more information on accountable entity-level reliability testing, refer to the Blueprint content on the CMS Measures Management System (MMS) Hub (https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/reliability).</p> <p>Select "Yes" if acceptable accountable entity-level reliability testing has been completed as of submission of this form.</p> <p>Select "No" if you are not able to provide the results of acceptable accountable entity-level reliability testing in this submission. If testing results are incomplete, or if you are submitting a different type of reliability testing, provide as an attachment.</p> <p>Note: This section refers to the reliability of the accountable entity-level measure scores in the final performance measure. For testing of surveys or patient reported tools, refer to the Patient-Reported Data section. Note: for MIPS-Quality submissions, please provide individual clinician-level results. If the measure was also tested at the clinician group level, you may include those results in an attachment.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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Measure Score Level (Accountable Entity Level) Testing	033	*Reliability: Type of analysis	<p>Select all that apply.</p> <p>Signal-to-noise (or inter-unit reliability) is the precision attributed to an actual construct versus random variation (e.g., ratio of between unit variance to total variance) (Adams J. The reliability of provider profiling: a tutorial. Santa Monica, CA: RAND; 2009. http://www.rand.org/pubs/technical_reports/TR653.html).</p> <p>Random split-half correlation is the agreement between two measures of the same concept, using data derived from split samples drawn from the same entity at a single point in time.</p>	<input checked="" type="checkbox"/> Signal-to-Noise <input type="checkbox"/> Random Split-Half Correlation
Measure Score Level (Accountable Entity Level) Testing	034	*Signal-to-Noise: Level of Analysis	<p>Select the level of analysis at which the signal-to-noise analysis was conducted. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form.</p> <p>For MIPS-Quality submissions, you must report the results of individual clinician-level testing. If group-level testing is available, you may submit those results as an attachment.</p>	<input type="checkbox"/> Accountable Care Organization <input checked="" type="checkbox"/> Clinician – Group <input type="checkbox"/> Clinician – Individual <input type="checkbox"/> Facility <input type="checkbox"/> Health plan <input type="checkbox"/> Integrated Delivery System <input type="checkbox"/> Medicaid program (e.g., Health Home or 1115) <input type="checkbox"/> Population: Community, County or City <input type="checkbox"/> Population: Regional and State
Measure Score Level (Accountable Entity Level) Testing	035	*Signal-to-Noise: Sample size	<p>Indicate the number of accountable entities sampled to test the final performance measure. Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample.</p>	<p>At the 10 episode volume threshold: 6,755 At the 20 episode volume threshold: 4,174 At the 30 episode volume threshold: 2,903</p>
Measure Score Level (Accountable Entity Level) Testing	036	*Signal-to-Noise: Median Statistical result	<p>Indicate the median result for the signal-to-noise analysis used to assess accountable entity level reliability. Results should range from 0.00 to 1.00. Calculate reliability as the measure is intended to be implemented (e.g., after applying minimum denominator requirements, appropriate type of setting, provider, etc.).</p>	<p>At the 10 episode volume threshold: 0.806 At the 20 episode volume threshold: 0.853 At the 30 episode volume threshold: 0.884</p>

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Measure Score Level (Accountable Entity Level) Testing	037	*Signal-to-Noise: Interpretation of results	Describe the type of statistic and interpretation of the results (e.g., low, moderate, high). Provide the distribution of signal-to-noise results across measured entities (e.g., min, max, percentiles). List accepted thresholds referenced and provide a citation. If applicable, include the precision of the statistical result (e.g., 95% confidence interval) and/or an assessment of statistical significance (e.g., p-value).	<p>Reliability testing of the Non-Pressure Ulcers measure is conducted for clinician groups (TINs) and constructed using episodes ending between January 1, 2023, and December 31, 2023. Reliability evaluates a measure's ability to differentiate one clinician's performance from another consistently. The reliability metric captures how much of the variance in a measure is due to systematic differences in episode spending between clinicians ("signal") rather than differences in episode spending within a clinician's set of episodes ("noise"). A measure with high reliability suggests that performance comparisons across clinicians reflects systematic differences in actual performance better. Based on existing scientific evidence on the different interpretations and methods of estimating reliability, CMS finalized in the CY 2022 Physician Fee Schedule (86 FR 64996) rule that the 0.4 threshold for mean reliability continues to be appropriate for indicating moderate reliability for performance measures in the Cost category in the MIPS program. Mean reliability levels above 0.7 continue to demonstrate high reliability for cost measures, as previously established in the CY 2017 Quality Payment Program final rule (81 FR 77169 through 77171).</p> <p>At the 20-episode volume threshold, testing results indicated that the mean reliability for the Non-Pressure Ulcers measure is high, specifically 0.805 at the TIN level, and the majority of TINs (97.39%) meet or exceed the moderate reliability threshold of 0.4 at the 20-episode testing volume threshold.</p>

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Score Level (Accountability Entity Level) Testing	042	*Empiric Validity	<p>Indicate whether empiric validity testing was conducted for the accountable entity-level measure scores. For more information on accountable entity level empiric validity testing, refer to the Blueprint content on the CMS MMS Hub (https://mmshub.cms.gov/measure-lifecycle/measure-testing/evaluation-criteria/scientific-acceptability/validity)</p> <p>Note: This section refers to the empiric validity of the accountable entity level measure scores in the final performance measure. Refer to the Patient-Reported Data section for testing of surveys or patient reported tools.</p> <p>Note: for MIPS-Quality submissions, please provide individual clinician-level results. If the measure was also tested at the clinician group level, you may include those results in an attachment.</p>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Measure Score Level (Accountable Entity Level) Testing	043	*Empiric Validity: Level of Analysis	<p>Select the level of analysis at which the empiric validity analysis was conducted. If the measure is specified and intended for use at more than one level, ensure the results in this section are at the same level of analysis selected in the Measure Information section of this form.</p> <p>For MIPS-Quality submissions, you must report the results of individual clinician-level testing. If group-level testing is available, you may submit those results as an attachment.</p>	<input type="checkbox"/> Accountable Care Organization <input checked="" type="checkbox"/> Clinician – Group <input type="checkbox"/> Clinician – Individual <input type="checkbox"/> Facility <input type="checkbox"/> Health plan <input type="checkbox"/> Integrated Delivery System <input type="checkbox"/> Medicaid program (e.g., Health Home or 1115) <input type="checkbox"/> Population: Community, County or City <input type="checkbox"/> Population: Regional and State
Measure Score Level (Accountability Entity Level) Testing	044	*Empiric Validity: Sample size	<p>Indicate the number of accountable entities sampled to test the final performance measure. Note that this field is intended to capture the number of measured entities and not the number of individual patients or cases included in the sample.</p>	<p>4,174 TINs who meet the 20-episode volume threshold</p>

Measure Score Level (Accountability Entity Level) Testing	045	* Empiric Validity: Methods and findings	Describe the methods used to assess accountable entity level validity. Describe the comparison groups or constructs used to verify the validity of the measure scores, including hypothesized relationships (e.g., expected to be positively or negatively correlated). Describe your findings for each analysis conducted, including the statistical results and the strongest and weakest results across analyses. If applicable, include the precision of the statistical result(s) (e.g., 95% confidence interval) and/or an assessment of statistical significance (e.g., p-value). If methods and results require more space, include as an attachment.	<p>Validity is a criterion used to assess whether the cost measure can quantify the construct it aims to measure, which is the cost directly related to treatment choices and the cost of adverse outcomes resulting from care. Validity is evaluated empirically by estimating the effect of relevant treatment choices on the measure score. This analysis first estimates the correlation between treatment choices and the measure score while controlling for adverse outcomes. Then the correlation between treatment choices and related adverse outcomes is calculated to demonstrate the indirect effect. Generally, adverse outcomes are non-trigger inpatient hospitalizations, non-trigger emergency room visits, and post-acute care. The remaining service categories are typically considered treatment.</p> <p>At the clinician group reporting level, below are the estimated coefficients [95% CI] (p-value), scaled to thousands of dollars:</p> <p>Model 1: Mean O/E = Mean Cost of Treatment Choices + Mean Cost of Adverse Events</p> <ul style="list-style-type: none"> - Adverse events: 0.07 [0.06,0.08] (p < 0.01) - Outpatient Evaluation & Management Services: 0.01 [-0.03,0.04] (p = 0.73) - Major Procedures: 0.36 [0.16,0.56] (p < 0.01) - Ambulatory/Minor Procedures: 0.06 [0.05,0.06] (p < 0.01) - Laboratory, Pathology, and Other Tests: 0.96 [0.74,1.18] (p < 0.01) - Imaging Services: 0.34 [0.23,0.44] (p < 0.01) - Durable Medical Equipment and Supplies: 0.02 [0.02,0.02] (p < 0.01) - Chemotherapy and Other Part B-Covered Drugs: 0.00 [-0.01,0.00] (p = 0.34) - Part-D Drugs: -0.02 [-0.07,0.03] (p = 0.47) <p>Model 2: Mean Cost of Adverse Events = Mean Cost of Treatment Choices</p> <ul style="list-style-type: none"> - Outpatient Evaluation & Management Services: 1.62 [1.46,1.78] (p < 0.01)
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Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
				<ul style="list-style-type: none"> - Major Procedures: 0.71 [-0.21,1.63] (p = 0.13) - Ambulatory/Minor Procedures: 0.28 [0.24,0.32] (p < 0.01) - Laboratory, Pathology, and Other Tests: 0.06 [-0.97,1.09] (p = 0.91) - Imaging Services: 1.78 [1.28,2.27] (p < 0.01) - Durable Medical Equipment and Supplies: 0.04 [0.03,0.05] (p < 0.01) - Chemotherapy and Other Part B-Covered Drugs: 0.05 [0.04,0.07] (p < 0.01) - Part-D Drugs: 1.10 [0.85,1.35] (p < 0.01) <p>Overall, testing results demonstrated that the cost measure reflects both the cost directly related to treatment choices and the cost of related adverse outcomes. Therefore, there is evidence that the measure captures what it purports to measure.</p> <p>Model 1 demonstrates that adverse events are associated with worse clinician performance at the group and individual reporting levels. Ambulatory/minor procedures, imaging services, and durable medical equipment are also associated with a worse measure. Moreover, these services are associated with a higher cost of adverse events in Model 2, suggesting that the opportunities to reduce these costs are linked to the reduction of adverse events.</p> <p>Laboratory, pathology, and other test services and major procedures are associated with worse clinician performance in Model 1, but not associated with the cost of adverse events in Model 2. This suggests that there is a potential for overuse of these services.</p> <p>Lastly, the cost of outpatient evaluation and management services, Part B drugs, and Part D drugs is shown to not be a significant driver of the measure score.</p>

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Score Level (Accountable Entity Level) Testing	046	*Empiric Validity: Interpretation of results	Indicate whether the statistical result affirmed the hypothesized relationship for the analysis conducted.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Measure Score Level (Accountable Entity Level) Testing	047	*Face validity	<p>Indicate if a vote was conducted among experts and patients/caregivers on whether the final performance measure scores can be used to differentiate good from poor quality of care.</p> <p>Select “No” if experts and patients/caregivers did not provide feedback on the final performance measure at the specified level of analysis or if the feedback was related to a property of the measure unrelated to its ability to differentiate performance among measured entities.</p> <p>This item is intended to assess whether face validity testing was conducted on the final performance measure and is not intended to assess whether patient-reported surveys or tools have face validity. Survey item testing results can be provided in an attachment and described in the Patient-Reported Data Section.</p>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Patient/Encounter Level (Data Element Level) Testing	051	*Patient/Encounter Level Testing	<p>Indicate whether patient/encounter level testing of the individual data elements in the final performance measure was conducted (i.e., measure of agreement such as kappa or correlation coefficient). Prior studies of the same data elements may be submitted.</p> <ul style="list-style-type: none"> • Select “Yes” if data element agreement was assessed at the individual data element level as of submission of this form. • Select “No” if you are not able to provide the results of data element agreement in this submission. If you are submitting preliminary testing results or a different type of data element testing, provide as an attachment. • Select “No” and skip to the Patient-Reported Data section if data element testing was only conducted for a survey or patient reported tool (e.g., internal consistency) rather than data element agreement for the final performance measure. • Select “Not applicable” if the measure relies entirely on administrative data. <p>Note: This section includes tests of both data element reliability and validity.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not applicable

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Patient-Reported Data	057	* Does the performance measure use survey or patient-reported data?	Indicate whether the performance measure utilizes data from structured surveys or patient-reported tools.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Measure Performance	060	* Measure performance - type of score	Select one. Measure performance score type should be at the level of accountable entity.	<input type="checkbox"/> Categorical (e.g., measured entity scores yes/no, pass/fail, or rating scale/score) <input type="checkbox"/> Composite scale/non-weighted score <input type="checkbox"/> Composite scale/weighted score <input type="checkbox"/> Continuous variable (e.g., average) <input type="checkbox"/> Count <input type="checkbox"/> Frequency Distribution <input type="checkbox"/> Proportion <input type="checkbox"/> Rate <input checked="" type="checkbox"/> Ratio
Measure Performance	061	* Measure performance score interpretation	Select one	<input type="checkbox"/> Better quality = Higher score <input checked="" type="checkbox"/> Better quality = Lower score <input type="checkbox"/> Better quality = Score within a defined interval <input type="checkbox"/> Passing score above a specified threshold defines better quality <input type="checkbox"/> Passing score below a specified threshold defines better quality
Measure Performance	062	* Number of accountable entities included in analysis	Provide the number of accountable entities included in the analysis of the distribution of performance scores. Please enter a single value and do not enter a range. If unknown or not available, enter 9999.	There are 4,174 TINs included in the analysis
Measure Performance	063	* Number of accountable entities: unit	Provide the unit of accountable entities included in the analysis of the distribution of performance scores.	TINs with at least 20 attributed episodes
Measure Performance	064	* Number of persons	Provide the number of persons included in the analysis of the distribution of performance scores	There are 4, 174 TINs included in the analysis

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Performance	065	*10th percentile	<p>Provide the performance score at the 10th percentile for the testing sample that is relevant to the intended use of the measure.</p> <p>If this is a proportion measure, provide the 10th percentile score in percentage form, without the symbol. For example, if the 10th percentile performance score is 21.2%, enter 21.2 and not 0.212.</p> <p>If a 10th percentile performance score is not available, enter 9999.</p>	The 10 th percentile score is \$4,484.67.
Measure Performance	066	*50th percentile (median)	<p>Provide the median performance score (50th percentile) for the testing sample that is relevant to the intended use of the measure.</p> <p>Please enter only one value in the response field and do not enter a range of values.</p> <p>If this is a proportion measure, provide the median performance score in percentage form, without the symbol. For example, if the median performance score is 85.6%, enter 85.6 and not 0.856.</p> <p>If a median performance score is not available, enter 9999.</p>	The 50 th percentile median score is \$8,504.64.
Measure Performance	067	*90th percentile	<p>Provide the performance score at the 90th percentile for the testing sample that is relevant to the intended use of the measure.</p> <p>If this is a proportion measure, provide the 90th percentile score in percentage form, without the symbol. For example, if the 90th percentile performance score is 85.6%, enter 85.6 and not 0.856.</p> <p>If a 90th percentile performance score is not available, enter 9999.</p>	The 90 th percentile score is \$14,156.62.

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Measure Performance	068	* Additional measure performance information	<p>Provide the following additional measure performance information, <u>as applicable</u>:</p> <ul style="list-style-type: none"> - Mean performance score across accountable entities in the test sample that is relevant to the intended use of the measure. - Minimum and maximum performance score for the testing sample that is relevant to the intended use of the measure. - Standard deviation of performance scores for the testing sample that is relevant to the intended use of the measure. - Passing score for the performance measure. - Performance score's defined interval, including upper and lower limit of the performance score. 	<p>Analysis of all clinician groups (TINs) with at least 20 attributed episodes for the 2023 performance period shows a wide range of provider scores of the Non-Pressure Ulcers measure. The measure score has the following distributional characteristics:</p> <ul style="list-style-type: none"> • Mean (SD): \$9,108.90 (\$4,398.51) • Min: \$594.88 • Max: \$72,857.77 • Lower limit of performance score: \$0 • Upper limit of performance score: N/A <p>There is no passing score for the performance measure and there is no upper limit for the performance score.</p>
Measure Performance	069	* Is there evidence for statistically significant gaps in measure score performance among select subpopulations of interest defined by one or more social risk factors?	<p>Select one. Social risk factors may include age, race, ethnicity, linguistic and cultural context, sex, gender, sexual orientation, social relationships, residential and community environments, Medicare/Medicaid dual eligibility, insurance status (insured/uninsured), urbanicity/rurality, disability, and health literacy.</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Not tested</p>

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Importance	070	*Meaningful to Patients. Did the majority of patients/caregivers consulted agree that the measure is meaningful and/or produces information that is valuable to them in making their care decisions?	Select one. Patients and/or caregivers can include any of the following: <ul style="list-style-type: none"> • Patients • Primary caregivers • Family • Other relatives 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Not evaluated

Importance	072	Description of input collected from measured entities.	<p>Describe the input collected from measured entities, or others such as consumers, purchasers, policy makers, etc., using any of the following methods:</p> <ul style="list-style-type: none"> • Focus groups • Structured interviews • Surveys of potential users <p>Notes:</p> <ul style="list-style-type: none"> • This is separate from face validity testing of the performance measure. 	<p>The Non-Pressure Ulcers measure has been developed with extensive input from clinicians, persons with lived experience, and the general public. Input was gathered through the following mechanisms:</p> <ul style="list-style-type: none"> • A four week public comment period to determine measure concepts for development. • A Technical Expert Panel (TEP) composed of 20 members from different clinical areas, academia, health care and hospital administration, and persons with lived experience, which provides overarching input on cross-measure topics, such as testing approaches and methodology, and the overall chronic condition measure framework. • A clinician expert panel, called the Non-Pressure Ulcers Clinician Expert Workgroup comprised of 19 members affiliated with 21 specialty societies that provided input on each measure specification including services, stratification, risk adjustors, and exclusions based on their clinical expertise and empiric analyses. • Persons with lived experience (i.e., patients and family) input was collected via structured focus groups, interviews, or surveys, and then summarized and presented to the clinical expert panels to inform measure specifications. • A six week national field testing period where MIPS eligible clinicians and clinician groups meeting a minimum threshold of 20 episodes could review field test reports and an episode-level file with detailed information to understand the types of services that comprise a large or small share of their episode costs. Supplemental materials, such as testing information on measures, a Frequently Asked Questions document, and mock field test reports were posted publicly for interested parties' review. The measure development contractor gathered feedback
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Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
				from clinicians and the general public via survey.

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Background Information	073	*What is the history or background for including this measure on the current year MUC List?	<p>Select one</p> <p>Note:</p> <ul style="list-style-type: none"> “CMS program” in the response options refers only to the Medicare programs that undergo the Pre-Rulemaking process. A full list of these programs can be found on the CMS Program Measure Needs and Priorities report. 	<input checked="" type="checkbox"/> New measure never reviewed by Measure Applications Partnership (MAP) Workgroup, or Pre-Rulemaking Measure Review (PRMR) or used in a CMS program <input type="checkbox"/> Submitted previously but not included in MUC List <input type="checkbox"/> Measure previously submitted to MAP or PRMR, refined, and resubmitted per MAP or PRMR recommendation <input type="checkbox"/> Measure currently used in a CMS program being submitted without substantive changes for a new or different program <input type="checkbox"/> Measure currently used in a CMS program, but the measure is undergoing substantive change
Previous Measures	078	*Was this measure published on a previous year’s Measures Under Consideration List?	Select “Yes” or “No.” If yes, you are submitting an existing measure for expansion into additional CMS programs or the measure has substantially changed since originally published.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Data Sources	086	*What data sources are used for the measure?	<p>Select all that apply.</p> <p>For example, if the measure uses survey data that are captured both electronically and in paper format, select the “Applications: Patient-Reported Health Data or Survey Data (electronic)” from the “Digital Data Sources” category and “Patient-Reported Health Data or Survey Data (telephonic or paper-based)” from the “Non-Digital Data Sources” category.</p> <p>For more information about digital data sources, please refer to the “Digital Data Sources” section of the “dQMs - Digital Quality Measures” webpage on the eCQI Resource Center available at: https://ecqi.healthit.gov/dqm?qt-tabs_dqm=1</p>	<input checked="" type="checkbox"/> Digital-Administrative systems: Administrative Data (non-claims) <input checked="" type="checkbox"/> Digital-Administrative systems: Claims Data <input type="checkbox"/> Digital-Applications: Patient-Generated Health Data (e.g., home blood pressure monitoring) <input type="checkbox"/> Digital-Applications: Patient-Reported Health Data or Survey Data (electronic) <input type="checkbox"/> Digital-Case Management Systems <input type="checkbox"/> Digital-Clinical Registries <input type="checkbox"/> Digital-Electronic Clinical Data (non-EHR) or Social Needs Assessments <input type="checkbox"/> Digital-Electronic Health Record (EHR) Data <input type="checkbox"/> Digital-Health Information Exchanges (HIE) Data <input type="checkbox"/> Digital-Instrument Data (e.g., medical devices and wearables) <input type="checkbox"/> Digital-Laboratory Systems Data <input type="checkbox"/> Digital-Patient Portal Data <input type="checkbox"/> Digital-Prescription Drug Monitoring Program Data <input checked="" type="checkbox"/> Digital-Standardized Patient Assessment Data (electronic) <input type="checkbox"/> Digital-Other (enter here): <input type="checkbox"/> Non-Digital-Paper Medical Records <input type="checkbox"/> Non-Digital-Standardized Patient Assessments (paper-based) <input type="checkbox"/> Non-Digital-Patient-Reported Health Data or Survey Data (telephonic or paper-based) <input type="checkbox"/> Non-Digital-Other (enter here):
n/a	n/a	<i>If your selections in Row 086 only include digital data sources, then skip to Row 089. Otherwise, Row 087 becomes a required field.</i>	n/a	<i>This is not a data entry field.</i>

STEWARD

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Steward Information	089	*Measure Steward	Enter the current Measure Steward. Typically, this is an organization or other agency/institution/entity name.	Centers for Medicare & Medicaid Services
Steward Information	090	*Measure Steward Contact Information	Please provide the contact information of the measure steward.	Henson, Donta Center for Clinical Standards and Quality 410-786-1947 Donta.Henson1@cms.hhs.gov
Long-Term Steward Information	091	*Is the long-term steward different than the steward?	Entity or entities that will be the permanent measure steward(s), responsible for maintaining the measure and conducting CBE endorsement maintenance review. Select all that apply.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
n/a	n/a	<i>If you select "Yes" in Row 091, then Row 092 becomes a required field. If you select "No" in Row 091, then skip to Row 093.</i>	n/a	<i>This is not a data entry field.</i>
Long-Term Steward Information	092	*Long-Term Measure Steward Contact Information	If different from Steward above, enter the required contact information for the Long-Term Measure Steward listed above	ADD YOUR CONTENT HERE
Submitter Information	093	Is primary submitter the same as steward?	Select "Yes" or "No."	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Submitter Information	094	*Primary Submitter Contact Information	If different from Steward above: Last name, First name; Affiliation; Telephone number; Email address. NOTE: The primary and secondary submitters entered here do not automatically have read/write/change access to modify this measure in CMS MERIT. To request such access for others, when logged into the CMS MERIT interface, navigate to "About" and "Contact Us," and indicate the name and e-mail address of the person(s) to be added.	Peters, Elizabeth Acumen, LLC 650-558-8882 ccsq-macra-support@acumenllc.com
Submitter Information	095	Secondary Submitter Contact Information	If different from name(s) above: Last name, First name; Affiliation; Telephone number; Email address.	Newsom, Allie Acumen, LLC 650-558-8882 ccsq-macra-support@acumenllc.com

CHARACTERISTICS

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
General Characteristics	096	*Measure Type	Select only one type of measure. For definitions, see: https://mmshub.cms.gov/about-quality/new-to-measures/types .	<input checked="" type="checkbox"/> Cost/Resource Use <input type="checkbox"/> Efficiency <input type="checkbox"/> Intermediate Outcome <input type="checkbox"/> Outcome <input type="checkbox"/> PRO-PM or Patient Experience of Care <input type="checkbox"/> Process <input type="checkbox"/> Structure
General Characteristics	100	Alternate Measure ID	This is an alphanumeric identifier (if applicable), such as a recognized program ID number for this measure (20 characters or less). Examples: 199 GPRO HF-5; ACO 28; CTM-3; PQI #08. DO NOT enter consensus-based entity (endorsement) ID, CMIT ID, or previous year MUC ID in this field.	N/A
General Characteristics	101	*What is the target population of the measure?	What populations are included in this measure? E.g., Medicare Fee for Service, Medicare Advantage, Medicaid, Children's Health Insurance Program (CHIP), All Payer, etc.	Medicare Fee-for-Service (FFS)
General Characteristics	102	*What one area of specialty the measure is aimed to, or which specialty is most likely to report this measure?	Select the ONE most applicable area of specialty.	See Appendix A.098 for list choices. Copy/paste or enter your choice(s) here: Podiatry

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
General Characteristics	103	*Evidence of performance gap	<p>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.</p> <p>If you have lengthy text add the evidence as an attachment, named to clearly indicate the related form field.</p>	<p>Analysis of all clinician groups (TINs) with at least 20 attributed episodes for the 2023 performance period shows a wide range of provider scores of the Non-Pressure Ulcers measure. The measure score has the following distributional characteristics:</p> <ul style="list-style-type: none"> • Mean (SD): \$9,108.90 (\$4,398.51) • Median: \$8,504.64 • Min: \$594.88 • Max: \$72,857.77 • Interquartile range (IQR): \$4,615.62 • Coefficient of Variation: 0.48 <p>The score decile distribution for the 2023 performance period is:</p> <ul style="list-style-type: none"> • 10th: 4,484.67 • 20th: \$5,841.20 • 30th: \$6,853.00 • 40th: \$7,681.61 • 50th: \$8,504.64 • 60th: \$9,374.13 • 70th: \$10,418.82 • 80th: \$11,814.22 • 90th: \$14,156.62
General Characteristics	104	*Unintended consequences	Summary of potential unintended consequences if the measure is implemented. Information can be taken from the CMS consensus-based entity Consensus Development Process (CDP) manuscripts or documents. If referencing CDP documents, you must submit the document or a link to the document, and the page being referenced.	No unintended consequences to individuals or populations have been identified for this measure.
Evidence	105	*Type of evidence to support the measure	Select all that apply. Refer to the Blueprint content on the CMS MMS Hub (https://mmshub.cms.gov/measure-lifecycle/measure-conceptualization/information-gathering-overview) and the Environmental Scan supplemental material (https://mmshub.cms.gov/tools-and-resources/mms-supplemental-materials) to obtain updated guidance.	<input type="checkbox"/> Clinical Guidelines or USPSTF (U.S. Preventive Services Task Force) Guidelines <input checked="" type="checkbox"/> Peer-Reviewed Systematic Review <input type="checkbox"/> Peer-Reviewed Original Research <input checked="" type="checkbox"/> Empirical data <input type="checkbox"/> Grey Literature

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Evidence	114	* Briefly summarize the peer-reviewed systematic review(s) that inform this measure concept	<p>Summarize the peer-reviewed systematic review(s) that address this measure concept. For each systematic review, provide the number of studies within the systematic review that addressed the specifications defined in this measure concept, indicate whether a study-specific risk of bias/quality assessment was performed for each study, and describe the consistency of findings. Number of studies is not equivalent to the number of publications. If there are three publications from a single cohort study cited in the systematic review, report one when indicating the number of studies. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a relationship between at least one process, structure, or intervention with the outcome.</p> <p>If there is lengthy text, submit details via an evidence attachment.</p>	Please see evidence attachment.
Evidence	115	* Peer-reviewed systematic review citation	<p>If more than one article was identified, provide at least one of the following for one key article:</p> <ul style="list-style-type: none"> • Citation • URL • DOI <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p>	<input checked="" type="checkbox"/> Citation (enter here:) Suthar M, Gupta S, Bukhari S, Ponemone V. Treatment of chronic non-healing ulcers using autologous platelet rich plasma: a case series. J Biomed Sci. 2017 Feb 27;24(1):16. doi: 10.1186/s12929-017-0324-1. PMID: 28241824; PMCID: PMC5327512. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5327512/ <input type="checkbox"/> URL (enter here:) <input type="checkbox"/> DOI (enter here:) <input type="checkbox"/> Not available
Evidence	118	* Summarize the empirical data	<p>Provide a summary of the empirical data and how it informs this measure concept. Describe the limitations of the data. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a link between at least one process, structure, or intervention with the outcome. Describe the source of the empirical data (e.g., peer-reviewed narrative literature review, published and publicly available reports, internal data analysis, etc.).</p> <p>If there is lengthy text, include details in a separate evidence attachment.</p>	Please see evidence attachment.

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Evidence	119	* Empirical data citation	<p>If more than one empirical data was identified, provide at least one of the following for one key empirical data:</p> <ul style="list-style-type: none"> • Citation • URL • DOI <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p>	<p><input checked="" type="checkbox"/> Citation (enter here:) Suthar M, Gupta S, Bukhari S, Ponemone V. Treatment of chronic non-healing ulcers using autologous platelet rich plasma: a case series. J Biomed Sci. 2017 Feb 27;24(1):16. doi: 10.1186/s12929-017-0324-1. PMID: 28241824; PMCID: PMC5327512. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5327512/</p> <p><input type="checkbox"/> URL (enter here:)</p> <p><input type="checkbox"/> DOI (enter here:)</p> <p><input type="checkbox"/> Not available</p>
Evidence	120	* Summarize the grey literature	<p>Provide a summary of the grey literature(s) used to inform this measure concept. Describe the limitations of the data. If this is an outcome measure or PRO-PM, indicate how the evidence supports or demonstrates a link between at least one process, structure, or intervention with the outcome.</p> <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p>	N/A
Evidence	121	* Grey literature citation	<p>If more than one grey literature was identified, provide at least one of the following for one key piece of evidence:</p> <ul style="list-style-type: none"> • Citation • URL • DOI <p>Provide the complete list of citations with accompanying DOI or URL in a separate attachment.</p>	<p><input type="checkbox"/> Citation (enter here:)</p> <p><input type="checkbox"/> URL (enter here:)</p> <p><input type="checkbox"/> DOI (enter here:)</p> <p><input checked="" type="checkbox"/> Not available</p>
Evidence	122	* Does the evidence discuss a relationship between at least one process, structure, or intervention with the outcome?	Select "Yes" if the evidence that was discussed in the evidence section demonstrate a relationship between at least one process, structure, or intervention with the outcome.	<p><input checked="" type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>

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

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Risk Adjustment and Stratification	126	Risk adjustment variable types	<p>Select ALL risk adjustment variable types that are included in your final risk model. For more information on how to select risk factors for accountability measures, refer to the Blueprint content on the CMS MMS Hub (https://mmshub.cms.gov/measure-lifecycle/measure-specification/data-protocol/risk-adjustment).</p> <p>Select “Patient-level demographics” if the measure uses information related to each patient’s age, sex, race/ethnicity, etc.</p> <p>Select “Patient-level health status & clinical conditions” if the measure uses information specific to each individual patient about their health status prior to the start of care (e.g., case-mix adjustment).</p> <p>Select “Patient functional status” if the measure uses information specific to each individual patient’s functional status prior to the start of care (e.g., body function, ability to perform activities of daily living, etc.)</p> <p>Select “Patient-level social risk factors” if the measure uses patient-reported information related to their individual social risks (e.g., income, living alone, etc.).</p> <p>Select “Proxy social risk factors” if the measure uses data related to characteristics of the people in the patient’s community (e.g., neighborhood level income from the census).</p> <p>Select “Patient community characteristics” if the measure uses information about the patient’s community (e.g., percent of vacant houses, crime rate).</p> <p>Select “Other” if the risk factor is related to the healthcare provider, health system, or other factor that is not related to the patient.</p>	<input checked="" type="checkbox"/> Patient-level demographics <input checked="" type="checkbox"/> Patient-level health status & clinical conditions <input type="checkbox"/> Patient functional status <input type="checkbox"/> Patient-level social risk factors <input checked="" type="checkbox"/> Proxy social risk factors <input type="checkbox"/> Patient community characteristics <input checked="" type="checkbox"/> Other (enter here): Medicare Part D enrollment status; provider specialty; provider’s service location

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Risk Adjustment and Stratification	127	* Patient-level demographics: please select all that apply	Select all that apply	<input checked="" type="checkbox"/> Age <input type="checkbox"/> Sex <input type="checkbox"/> Gender <input type="checkbox"/> Race/ethnicity <input type="checkbox"/> Other (enter here):
Risk Adjustment and Stratification	128	* Patient-level health status & clinical conditions: please select all that apply	Select all that apply	<input checked="" type="checkbox"/> Case-Mix Adjustment <input type="checkbox"/> Severity of Illness <input checked="" type="checkbox"/> Comorbidities <input type="checkbox"/> Health behaviors/health choices <input type="checkbox"/> Other (enter here):
Risk Adjustment and Stratification	131	* Proxy social risk factors: please select all that apply	Select all that apply	<input type="checkbox"/> Neighborhood Level Income from the Census <input checked="" type="checkbox"/> Dual Eligibility for Medicare and Medicaid <input type="checkbox"/> Other (enter here):

Risk Adjustment and Stratification	133	*Risk model performance	Provide empirical evidence that the risk model adequately accounts for confounding factors (e.g., assessment of model calibration and discrimination). Describe your interpretation of the results.	<p>Two factors, namely discrimination and calibration, are assessed to determine whether the risk model adequately accounts for confounding factors.</p> <p>Discrimination is the ability to explain the variance in the cost of individual episodes. The amount of variance is estimated using the R-squared metric with values ranging from 0 to 1. The R-square value for the measure is 0.172, and 0.169 after adjusting for the model's complexity based on the number of risk adjusters used. In other words, 16.9% of the variation in the actual observed cost of episodes is explained by the risk adjustment model and sub-group stratification.</p> <p>The remaining unexplained variance is due to variations in factors that are not adjusted for by the measure, such as the clinician's performance. The objective of a cost measure is to evaluate and differentiate clinicians' performance. Therefore, achieving high explained variance is optional because the measure should only adjust for some variations in the cost of care. In collaboration with the experts from our clinical workgroup, this measure only adjusts for factors deemed to be outside of the influence of clinicians. The service assignment rules provide context for which costs are included in the measure and which are not.</p> <p>Calibration evaluates the consistency of the measure in estimating episode costs across the full range of resource use patterns in the population. It is estimated using the average predictive ratios across groups within the population. We calculated the predictive ratio using the formula of average expected cost / average observed cost for all episodes in each decile. A well-calibrated measure should have predictive ratios close to 1.0 across all deciles. Below is the predictive ratio by decile of predicted episode cost:</p> <ul style="list-style-type: none"> • Decile 1: 1.13 • Decile 2: 0.98
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Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
				<ul style="list-style-type: none"> • Decile 3: 0.93 • Decile 4: 0.89 • Decile 5: 0.89 • Decile 6: 0.92 • Decile 7: 0.94 • Decile 8: 0.96 • Decile 9: 0.97 • Decile 10: 1.14 <p>This demonstrates that the risk adjustment model is consistent, with the average predictive ratios observed to be 1.00 across all deciles, ranging between 0.89 and 1.14. Overall, the risk adjustment model does not over- or under-predict cost across the full range of resource use patterns in the population.</p>
Risk Adjustment and Stratification	134	*Is the measure recommended to be stratified based on evidence from testing and/or literature?	<p>Select one. Indicate whether the final measure is recommended to be stratified. Indicate whether the recommended stratification is intended to address an equity gap.</p> <p>Health equity elements for stratification include sociodemographic data such as race, ethnicity, tribal sovereignty, language, geography, sex, sexual orientation and gender identity (SOGI), language, income, and disability status, as well as social determinants of health (SDOH) featured in the Healthy People 2030 SDOH Framework across five domains: economic stability, education access and quality, health care access and quality, neighborhood and built environment, and social and community context.</p> <p>For more information about health equity elements, please refer to the Equity Data Standardization page on the CMS MMS Hub and the CMS Office of Minority Health white paper titled “The Path Forward: Improving Data to Advance Health Equity Solutions,” available at: https://mmshub.cms.gov/about-quality/quality-at-CMS/goals/cms-focus-on-health-equity/equity-data-standardization.</p>	<p><input type="checkbox"/> Yes, the measure is recommended to be stratified to address an equity gap</p> <p><input type="checkbox"/> Yes, the measure is recommended to be stratified for reasons unrelated to an equity gap</p> <p><input type="checkbox"/> Yes, the measure is recommended to be stratified both to address an equity gap AND for other reasons</p> <p><input checked="" type="checkbox"/> No, the measure is not recommended to be stratified</p>

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Healthcare Domain	137	*What one Meaningful Measures 2.0 priority is most applicable to this measure?	Select the ONE most applicable Meaningful Measures 2.0 priority. For more information, see: https://www.cms.gov/meaningful-measures-20-moving-measure-reduction-modernization	<input type="checkbox"/> Person-Centered Care <input type="checkbox"/> Equity <input type="checkbox"/> Safety <input checked="" type="checkbox"/> Affordability and Efficiency <input type="checkbox"/> Chronic Conditions <input type="checkbox"/> Wellness and Prevention <input type="checkbox"/> Seamless Care Coordination <input type="checkbox"/> Behavioral Health
Other Priorities	139	*Does this measure address CMS priorities to improve maternal health care or maternal outcomes?	Select one.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Endorsement Characteristics	140	*What is the endorsement status of the measure?	Select only one. For information on consensus-based entity (CBE) endorsement, measure ID, and other information, refer to: https://p4qm.org/	<input type="checkbox"/> Endorsed <input type="checkbox"/> Endorsed with conditions <input type="checkbox"/> Endorsement removed <input type="checkbox"/> Submitted <input type="checkbox"/> Failed endorsement or decision to not endorse <input checked="" type="checkbox"/> Never submitted
Endorsement Characteristics	141	*CBE ID (CMS consensus-based entity, or endorsement ID)	Four- or five-character identifier with leading zeros and following letter if needed. Add a letter after the ID (e.g., 0064e) and place zeros ahead of ID if necessary (e.g., 0064). If no CBE ID number is known, enter numerals 9999.	9999

SIMILAR MEASURES

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
Related and Competing Measures	147	* Is this measure related to and/or competing with measure(s) already in a program?	Select either Yes or No. Consider other measures with related purposes.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Related and Competing Measures	151	* Universal Foundation Measure	<p>Select one. Indicate whether this measure is a Universal Foundation quality measure.</p> <p>To be considered a Universal Foundation quality measure, the submitted measure's population must align with the population of the existing Universal Foundation measure (i.e., adult and/or pediatric).</p> <p>Please refer to the "Aligning Quality Measures Across CMS – the Universal Foundation" webpage for more information about Universal Foundation of quality measures available at: https://www.cms.gov/aligning-quality-measures-across-cms-universal-foundation</p>	<input type="checkbox"/> Measure is a Universal Foundation quality measure (populations must align) <input checked="" type="checkbox"/> Measure is not a Universal Foundation quality measure

ATTACHMENTS

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
N/A	152	Attachment(s)	<p>You are encouraged to attach the measure information form (MIF) if available. This is a detailed description of the measure used by the CMS consensus-based entity (CBE) during endorsement proceedings. If a MIF is not available, comprehensive measure methodology documents are encouraged.</p> <p>If you are submitting for MIPS (either Quality or Cost), you are required to download the MIPS Peer Reviewed Journal Article Template and attach the completed form to your submission using the “Attachments” feature. See https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Pre-Rulemaking</p> <p>If your measure is risk adjusted, you are encouraged to attach documentation that provides additional detail about the measure risk adjustment model such as variables included, associated code system codes, and risk adjustment model coefficients</p> <p>If eCQM, you must attach MAT Output/HQMF, Bonnie test cases for this measure, with 100% logic coverage (test cases should be appended), attestation that value sets are published in VSAC, and feasibility scorecard.</p>	<p>Please see the following attachments:</p> <ul style="list-style-type: none"> MIPS Peer Reviewed Journal Article 2024-08-peer-review-journal-article-npr-ulcers-updated-results.docx Additional evidence: 2024-08-evidence-attachment-npr-ulcers-updated-results.docx
N/A	153	MIPS Peer Reviewed Journal Article Template	Select Yes or No. For those submitting measures to MIPS program, enter “Yes.” Attach your completed Peer Reviewed Journal Article Template.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

SUBMITTER COMMENTS

Subsection	Row	Field Label	Guidance	ADD YOUR CONTENT HERE
N/A	154	Submitter Comments	Any notes, qualifiers, external references, or other information not specified above.	This measure was also tested at the clinician (TIN-NPI) level. All testing information at the TIN-NPI level is available is the <i>evidence</i> attachment (2024-08- evidence-attachment-npr-ulcers-updated-results.docx)

Send any questions to MMSSupport@battelle.org

Appendix: Lengthy Lists of Choices

A. 085 Choices for **Measure Steward** and **Long-Term Measure Steward (if different)**

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

A.098 Choices for **Areas of specialty**

Addiction medicine
 Allergy/immunology
 Anesthesiology
 Behavioral health
 Cardiac electrophysiology
 Cardiac surgery
 Cardiovascular disease (cardiology)
 Chiropractic medicine
 Colorectal surgery (proctology)
 Critical care medicine (intensivists)
 Dermatology
 Diagnostic radiology
 Electrophysiology
 Emergency medicine
 Endocrinology
 Family practice
 Gastroenterology
 General practice
 General surgery
 Geriatric medicine
 Gynecological oncology
 Hand surgery
 Hematology/oncology

Hospice and palliative care
 Infectious disease
 Internal medicine
 Interventional pain management
 Interventional radiology
 Maxillofacial surgery
 Medical oncology
 Nephrology
 Neurology
 Neuropsychiatry
 Neurosurgery
 Nuclear medicine
 Nursing
 Nursing homes
 Obstetrics/gynecology
 Ophthalmology
 Optometry
 Oral surgery (dentists only)
 Orthopedic surgery
 Osteopathic manipulative medicine
 Otolaryngology
 Pain management
 Palliative care

Pathology
 Pediatric medicine
 Peripheral vascular disease
 Physical medicine and rehabilitation
 Plastic and reconstructive surgery
 Podiatry
 Preventive medicine
 Primary care
 Psychiatry
 Public and/or population health
 Pulmonary disease
 Pulmonology
 Radiation oncology
 Rheumatology
 Sleep medicine
 Sports medicine
 Surgical oncology
 Thoracic surgery
 Urology
 Vascular surgery
 Other (enter in Row 097)

Send any questions to MMSSupport@battelle.org