

Medicare Promoting Interoperability Program New Measures Submission Form

Stakeholders must use this form to submit proposals for new or modified measures for consideration in future years to the Medicare Promoting Interoperability Program.

Email this completed form to PIProgramSupport@hsag.com.

For more information regarding the call for new measures, please visit the Medicare Promoting Interoperability Program [Measures/Requirements page](#) on QualityNet.

Section 1: Stakeholder Information

Provide the following information for the individual, group, or association proposing a new or modified measure for the Medicare Promoting Interoperability Program. All required fields are indicated with an asterisk (*). This information will be used to contact the stakeholder(s) if necessary.

Submitter First Name*	Middle Initial	Submitter Last Name*	Credentials (MD, DO, etc.)
Name of Organization (if applicable)*:			
Address Line 1 (Street Name and Number, <u>not</u> a Post Office Box or Practice Name)*			
Address Line 2 (Suite, Room, etc.)			
City/Town*	State (2-character code)*		Zip Code (5 digits)*
Email Address* (This is how we will communicate with you.)			
Business Telephone Number (include Area Code)			Extension

Section 2: Considerations When Proposing Measures

All proposals are welcome, but CMS is seeking submissions specifically for measurable outcomes that demonstrate greater efficiency in costs or resource use that CMS can directly link to the use of certified electronic health record technology (CEHRT).

When preparing proposals, please consider the following:

- Does the new measure duplicate an existing requirement?
- Will CMS be able to validate or audit the new measure?
- Does the new measure use performance-based scoring and reporting (numerator/denominator rather than yes/no)?
- How does this measure build on the advanced use of CEHRT?
- How does this measure promote the exchange of health information using CEHRT?
- Can this measure be adopted for Merit-based Incentive Payment System (MIPS)-eligible clinicians in the outpatient setting?

Section 3: Required Information for Measure Proposals

Please note N/A or Not Applicable if a field does not apply to the measure you're proposing. If you do not provide information for every applicable field/section in the form, CMS may not evaluate your proposal.

MEASURE DESCRIPTION: Provide a detailed description of the measure to be considered, including the intent of the measure and its relevance to the Medicare Promoting Interoperability Program regarding the considerations listed above.

Description:
Program Relevance:
How does this measure build on the advanced use of CEHRT?
How does this measure promote health information exchange using CEHRT?
Can this measure be adopted for MIPS eligible clinicians in the outpatient setting?
What is an indication of high performance for the measure, and how can CMS validate or audit this measure?

REPORTING REQUIREMENT: Indicate whether the measure should include one of the following as a reporting requirement:

1) A Yes/No attestation and exclusion criteria (if applicable)

<input type="checkbox"/> Yes/No Attestation
Exclusion Criteria: (If applicable, provide rationale for measure exclusions, otherwise state N/A.)


OR

2) Numerator and denominator, threshold (if applicable), and exclusion criteria (if applicable)

Denominator Language:
Numerator Language:
Measurable Criteria for Numerator Action: The clinical action must be tied to the proposed numerator language. Example: In the e-Prescribing measure, at least one permissible prescription written by an eligible hospital or critical access hospital (CAH) is queried for drug formulary and transmitted electronically using CEHRT. <input type="radio"/> At least one (for example, patient or clinical action) <input type="radio"/> Recommended percentage (for example, 5 percent):
Rationale:
Exclusion Criteria: (If applicable, provide rationale for measure exclusions, otherwise state N/A.)

CEHRT FUNCTIONALITIES REQUIRED FOR PROPOSED MEASURE

Describe CEHRT functionalities that are needed to successfully report this measure, such as an Application Program Interface (API). Otherwise, please type N/A.



Functionality Type (for example, API):

ADDITIONAL INFORMATION

Optional

(Additional suggestions and/or comments related to the Call for New Measures):

