



Frequently Asked Questions : Pre-Rulemaking Measure Review (PRMR) & Measure Set Review (MSR) Guidebook

Overview

The goals of Pre-Rulemaking Measure Review (PRMR) and Measure Set Review (MSR) processes are to inform the selection and removal of health care quality and efficiency measures, respectively, for use in Centers for Medicare & Medicaid Services (CMS) Medicare quality programs.

The PRMR and MSR processes are implemented through collaboration with interested parties to balance the input of various interested parties, resulting in well-informed recommendations regarding measures to be included or removed from a specific CMS reporting program.

Detailed information on PRMR and MSR activities, processes, and timelines can be found at in the PRMR & MSR Guidebook at www.p4qm.org.



The **Pre-Rulemaking Measure Review process**

provides HHS with recommendations on the Measures Under Consideration (MUC) List through consensus building.



The **Measure Set Review process**

builds consensus around measure removals to optimize the CMS measure portfolio in the quality reporting and value-based programs.

Frequently Asked Questions (FAQs)

What is the Partnership for Quality Measurement (PQM)?

Battelle's Partnership for Quality Measurement (PQM)[™] is a partnership of members across the health care and quality landscape interested in promoting meaningful quality measurement. Staffed by experts in healthcare quality improvement, and directed by stakeholders across the field of healthcare, PQM has a vision that the quality measure endorsement process should be reliable, transparent, attainable, equitable, and most of all, meaningful. PQM is convened as part of the Contract Number 75FCMC23C0010, entitled, "National Consensus Development and Strategic Planning for Health Care Quality Measurement," sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services.

What are the PRMR and MSR processes?

PRMR, or the Pre-Rulemaking Measure Review is a statutorily mandated process¹ that makes recommendations to HHS regarding the inclusion of measures being considered for CMS quality reporting and value-based programs. MSR, a statute enabled process² builds consensus around measure removals to optimize the CMS measure portfolio in the quality reporting and value-based programs. This work was previously conducted through *Measurement Application Partnership* by the National Quality Forum (NQF).

Who can participate in the PRMR and the MSR processes?

We welcome nominations from all interested parties who bring a health care system perspective as well as those who are directly impacted by quality and efficiency measures that are under the purview of PRMR and MSR. Examples of interested parties we are looking for are those who have participated in the past include (but are not limited to) patients/caregivers, clinicians, facilities/institutions, purchasers and plans, health equity and rural health experts, and health services researchers.

How do I join a committee?

Any interested party may nominate themselves or another individual to a committee of interest during the nominations period each July. The call for nominations and application are available on the [PQM website](#).

What role can a patient, caregiver or a patient advocacy group play in the PRMR and the MSR processes?

We welcome the lived experiences of patients/recipients of care, caregivers and patients and family advocates to inform both the PRMR and MSR processes. All PRMR committees include designated seats for this perspective representation. To promote meaningful engagement, we will conduct targeted orientations with patients/recipients of care, caregivers and patients and family advocates committee members in advance of each meeting to familiarize them with the more technical aspects of the work and to affirm the importance of their participation in the group.

Will subject matter experts (SME) be considered for committees?

If a measure under consideration requires subject matter expertise not present on committees, SMEs from partner organizations and PQM membership will be asked to serve as non-voting members on the relevant committee for the duration of that measure's consideration.



¹ Section 3014 of the Patient Protection and Affordable Care Act of 2010 (ACA) (P.L. 111-148) Section 1890A of the Social Security Act (the Act)

² The Consolidated Appropriations Act (2021) granted the consensus-based entity the authority to provide input on the removal of quality and efficiency measures. <https://www.congress.gov/bills/116th-congress/house-bill/133/text>

What are the different PRMR committees?

There are three standing PRMR committees: Hospital and Hospital Related Facilities Committee, Clinician Committee, and Post-Acute Care (PAC)/Long Term Care (LTC) Committee. These committees make their recommendations directly to the CMS.

Is there an MSR committee?

A select group of PRMR committee members are identified based on representation criteria for ensuring a range of voices within the group and invited to serve on the MSR Recommendation Group.

What are the advisory and recommendation groups?

Each committee includes two groups of reviewers: advisory and recommendation groups. Members of the advisory group review and provide recommendations on measures prior to recommendation group meetings. These inputs ensure that a larger number of voices contribute to the consensus-building process and will help structure the recommendation discussions. Recommendation groups review and rate measures as well as participate in discussion meetings to make final recommendations. Committee members will be randomly assigned to advisory and recommendation groups on an annual rotational basis from the committee roster of eligible nominees, ensuring representation.

How are issues related to rural health and health equity integrated to the PRMR and MSR processes?

There are no separate rural health and health equity advisory workgroups. Instead, individuals with expertise on rural health matters and health equity are embedded within each PRMR setting-specific committee to reduce siloed discussion. This will help ensure that their expertise and feedback is incorporated into the discussions and recommendations.

Are committee membership organizational or individual seats?

While most PRMR committee members are individual appointments, certain roster categories are organizational. Organizations can self-identify their representatives.

How are the committee appointment term lengths determined?

A committee appointment is for a three-year term. In the 2023-2024 cycle, committee members will be randomly assigned term lengths of 1, 2, or 3 years to establish a rolling membership, allowing a third of the members to rotate off the committee annually. Committee members are welcome to nominate themselves for another term after their term is completed.

What role do measure developers/stewards play in PRMR & MSR?

Measure developers and stewards provide the foundation to PRMR and MSR activities and are integral to our review processes. We will schedule educational meetings for measure developers and stewards whose measures are under consideration for PRMR and MSR. They will be invited to be part of Listening Sessions during PRMR process. They will also be part of the recommendation group meetings for both PRMR and MSR. In addition, they can submit nomination to serve in any of the E&M, PRMR and MSR committees, if they meet the eligibility criteria with the caveat that if there are measures under review that they have been integrally part of, will need to recuse themselves during the voting process.

How will you prevent conflicts of interest (COI)?

By participating as a committee member, each member consents to public disclosure of general information about the members' financial or business interests, professional associations, and experiences of interest to the public regarding COI. If there is a perceived or actual COI, Battelle requires affected members to recuse themselves from the discussion and any voting regarding the applicable measure or measures, and in some

instances, from discussion and voting on competing and related measures.

What is the timeline for PRMR & MSR activities?

The PRMR process entails a statutory requirement that starts on December 1 with the release of the MUC List and ends on February 1 of each year when the recommendations are submitted to HHS. PRMR Committee meetings occur in December and January. The MSR timeline is organized to best support CMS program leads in conducting program reviews following MSR recommendations and for 2023, will occur from June to November. Please stay connected to us through our website as well as newsletter to be informed of all the PRMR and MSR meeting dates.

How are measures chosen for PRMR and MSR consideration?

PRMR considers all measures that are included in the pre-rulemaking Measures Under Consideration (MUC). MSR, instead, entails a holistic review of all measures within the CMS quality and value-based programs through the lens of the reporting burden, program goals and patient journey across the health system. For the 2023 MSR process, Battelle will focus on a specific CMS Medicare quality program (e.g., End-Stage Renal Disease Quality Incentive Program) rather than a priority area from the Cascade of Meaningful Measures. This will allow us to pilot our consensus-building approach with the MSR committee through a lens that is more familiar to its members. In future years, we will shift to a more holistic approach as described above.

What are the PRMR and MSR evaluation criteria and how were they determined?

PRMR criteria center on the notion that in the context of a specific CMS program and Medicare beneficiaries the measure is appropriate for use if it is meaningful, tailored to unique needs, balanced, and scaled to meet program-specific goals (Appropriateness of scale), and demonstrates a clear vision of near- and long-term program impacts (Time to Value realization). These three criteria, collectively, help address each measure's appropriateness for a specific intended use.

The MSR approach evaluates the purpose of measures in the context of the entire portfolio and how the purpose might best be achieved. MSR criteria categories include impact, clinician data streams and patient journey. Within these categories, committee members are asked to consider other elements such as equity, potential unintended consequences, patient safety, and impact at multiple levels.

More detail on the criteria is available in Appendix B of the [Guidebook of Policies and Procedures for PRMR and MSR](#).

Why are the PRMR criteria different than the criteria for CBE endorsement?

The consensus-based Measure Endorsement and Maintenance (E&M) process is the determination that the clinical quality measure under review is "safe and effective," meaning that use of the measure will increase the likelihood of desired health outcomes; will not increase the likelihood of unintended, adverse health outcomes; and is consistent with current professional knowledge. In contrast, the PRMR and MSR review processes determines that the measure under review is "reasonable and necessary," meaning that in the context of a specific CMS program and population of CMS beneficiaries (e.g., Skilled Nursing Facility Quality Reporting Program), the measure is meaningful and tailored to unique needs, balanced and scaled to meet program-specific goals, with a clear vision of near- and long-term program impacts. These distinctions warrant that the criteria address these review processes goals.

Are data standards such as HL7 FHIR or interoperability considered in PRMR and MSR review?

One of the critical criteria for evaluation, Time to Value realization, certainly takes this concept into consideration. Data standardization is a key component to improvement. The criterion evaluates if the measure includes standardized data elements as identified in U.S. Core Data for Interoperability (USCDI) addressing key component of interoperability.

Who votes on the recommendations to the CMS for both PRMR and MSR?

Members of both the advisory and recommendation groups provide written feedback to the measure review process. Only the recommendation group members have voting privileges to vote on the final recommendations to CMS.

How is consensus determined?

We utilize the Novel Hybrid Delphi and Nominal Groups (NHDNG) technique, an iterative consensus-building approach, aimed at a minimum of 75% agreement among voting members, rather than a simple majority vote. Consistent with our goal to add rigor to all aspects of the consensus development process, we will rely on an evidence-based consensus index to determine whether consensus has been reached in committee votes. This index, analogous to the inter-rater reliability statistics, accounts for the degree of disagreement (or lack of consensus) in committee votes. This approach is advantageous in that it takes into consideration the different sizes of the voting groups and different ratings across groups. Based on this approach, consensus is determined to be 75% or higher agreement among members.

Are PRMR and MSR processes related to the SPSS Measures?

These processes do not determine the Fiscal Year State Performance Standards System (SPSS) Measures.

How can one be involved in PRMR and MSR processes?

There are numerous ways to engage and be involved in the PRMR process. First, if you have not joined yet, we encourage you to become a PQM member. Membership is free.

Second, we invite you to consider joining a PRMR committee. We convene three overarching committees to provide input into measure reviews (Hospital and Hospital Related Facilities Committee, Clinician Committee and Post-Acute Care/Long-Term Care (PAC/LTC) Committee).

Third, you may engage during the processes to provide feedback by submitting comments during

public comment periods, attending listening sessions to engage and ask questions directly to the CMS, our staff, measure developers and stewards on measures under review.

Please access more information on PRMR and MSR processes, committee composition and timeline, please review the Guidebook.

For more information on PRMR and MSR and other quality measurement activities, visit www.p4qm.org
