Pre-Rulemaking Measure Review (PRMR) 2024 Measures Under Consideration (MUC) Clinician Measures Listening Session

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December 17, 2024

Welcome to the Clinician Measures Listening Session

The 2024 MUC List public comment period is open on the [PQM website](#) November 25 to December 30.

This session is an additional opportunity for members of the public to provide public comment on measure(s) of interest proposed for the Merit-based Incentive Payment System (MIPS) and Medicare Part C and D Star Ratings.

CMS and measure developers are on the line to hear comments and answer questions.

Clinician Listening Session Agenda

Listening Session Agenda

Time	Agenda Item
1:00 PM	Welcome and introduction
1:10 PM	CMS opening remarks
1:13 PM	PRMR process overview
1:20 PM	Opportunity for public comment: Clinician and Health Plan measures
3:50 PM	Next steps
4:00 PM	Adjourn

* All times listed in ET

Housekeeping Reminders
(pt. 1)

We are pleased to have you join us and want to create a meaningful exchange.

To participate in the discourse, type in the chat or raise your hand.

Battelle staff will serve as virtual moderators. Please unmute yourself when called on.

Housekeeping Reminders
(pt. 2)

Please lower your hand and mute yourself following your question/comment.

Please state your first and last name if you are a call-in user.

If you are experiencing technical issues, contact the project team via chat on the virtual platform or at PQMsupport@battelle.org.

Community Guidance

- Keep your comments concise and focused (2-minute limit).
- Share your experiences
- Be respectful to others sharing their experiences.
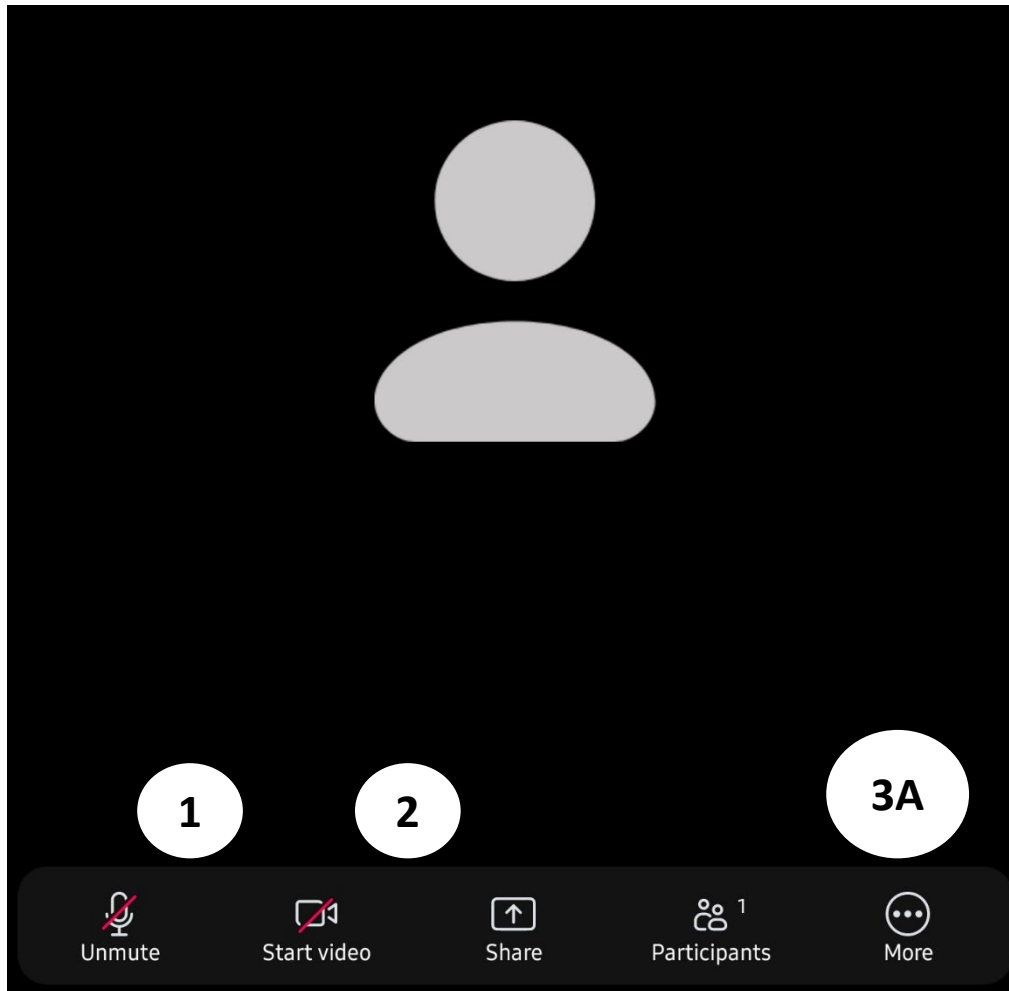
Using the Zoom Platform

1. Click the lower part of your screen to mute/unmute, start, or pause video.

2. Click on the participant or chat button to access the full participant list or the chat box.

3. To raise your hand, select the raise hand button under the react tab.

Using the Zoom Platform (Phone View)

1. Click the lower part of your screen to mute/unmute, start, or pause video.

2. Click on the participant button to view the full participant list.

3. Click on (3A) "More" button to view the chat box, (3B) to show closed captions, or (3C) to raise your hand. To raise your hand, select the raised hand function under the reactions tab.
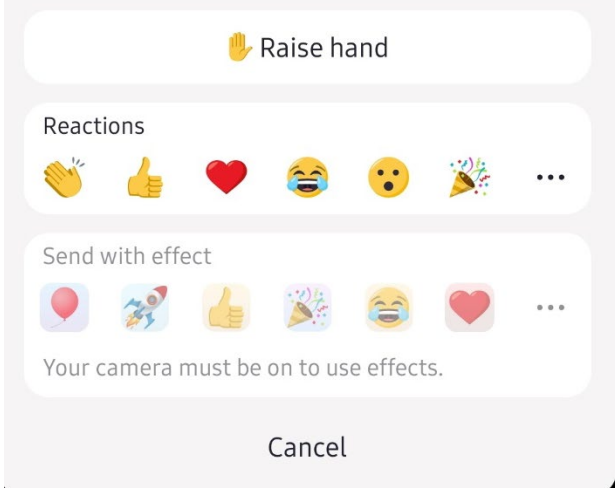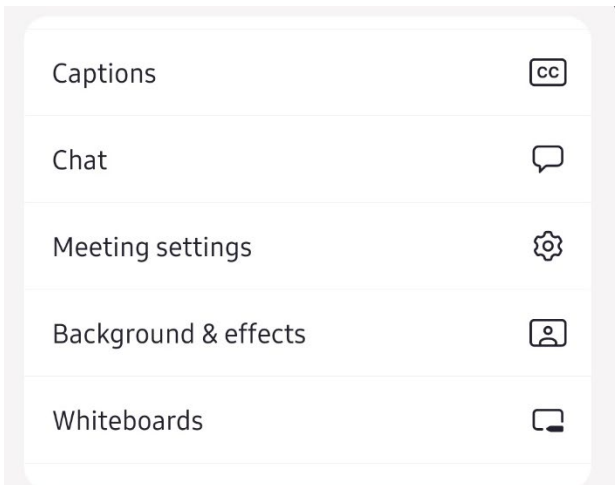
Acronyms

- AG: Advisory Group

- CMS: Centers for Medicare & Medicaid Services

- MUC: Measures Under Consideration

- PA: Preliminary Assessment

- PAC/LTC: Post-Acute Care/Long-Term Care

- PRMR: Pre-Rulemaking Measure Review

- PQM: Partnership for Quality Measurement

- RG: Recommendation Group

CMS Opening Remarks

Dr. Michelle Schreiber | Centers for Medicare & Medicaid Services (CMS)

PRMR Process

Meridith Eastman | Battelle

PRMR Cycle

The Department of Health and Human Services (HHS) annually publishes a list of measures under consideration (MUC) for future federal rulemaking by December 1.

PRMR committees assess whether a measure is appropriate for use in a specific CMS program and for a population of Medicare beneficiaries.

The PRMR process results in consensus-based recommendations about MUCs for CMS programs.

2024 Changes to PRMR Process

Increased Recommendation Group (RG) size: The RG size increased from 18-20 people to 25-30 people to help reduce occurrence of "consensus not reached" outcome.

New Advisory Group (AG) meeting: The AG, with the RG co-chairs, will meet prior to measure review meetings to ensure adequate AG input.

Pre-Meeting Initial Evaluation (PIE) Forms: The brief PIE Forms help members evaluate the measures based on meaningfulness criteria, appropriateness of scale, and time to value realization.

2024 Changes to PRMR Process (cont.)

Added additional context and refined the voting status of **"recommend with conditions".**

Provided **clarification on voting** procedures for instrument-based measures.

Made full **MERIT submission and testing data** available on the Measures Management System (MMS) Hub for the public and for committee members to access during their initial measure reviews.
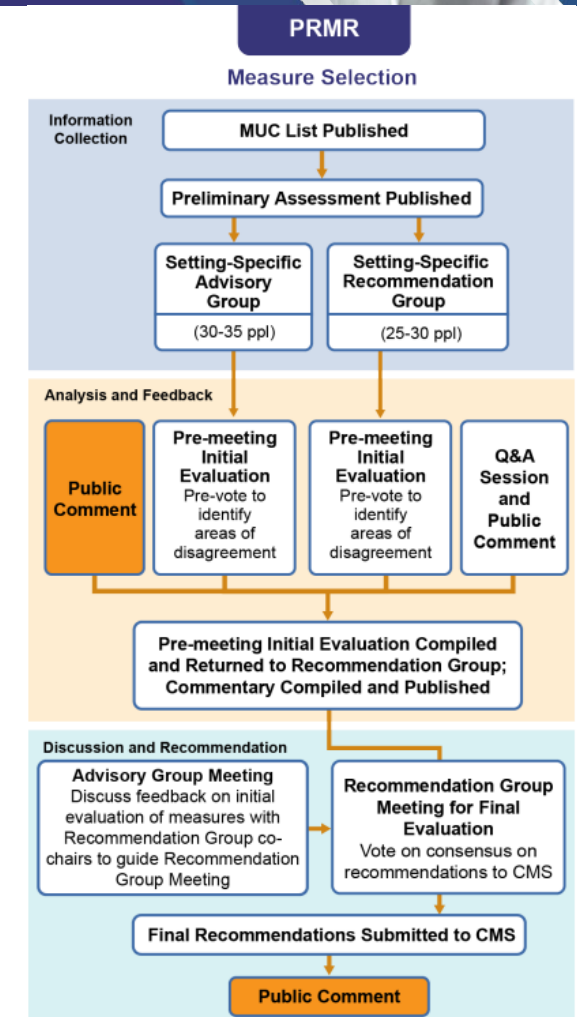
PRMR Process

The PRMR process builds consensus regarding MUC List measures as to whether they are appropriate for consideration for CMS quality reporting programs and value-based programs.

Three major phases:

1. Information collection
2. Analysis and feedback
3. Discussion and recommendation

Preliminary Assessment

- Battelle completes a preliminary assessment (PA) for each measure using information from the CMS MERIT[*] submission.

- Each PA focuses on the PRMR evaluation criteria and intentionally avoids rehashing topics better suited to Endorsement & Maintenance (E&M) discussions.

- Battelle creates PAs using information from the measure steward/developer. They are also reviewed by CMS leads and measure stewards/developers to ensure accuracy.

- PAs are made available to all committee members (Advisory Group and Recommendation Group) immediately following the release of the MUC List.

[*]CMS MERIT: The Centers for Medicare & Medicaid Services MUC Entry/Review Information Tool
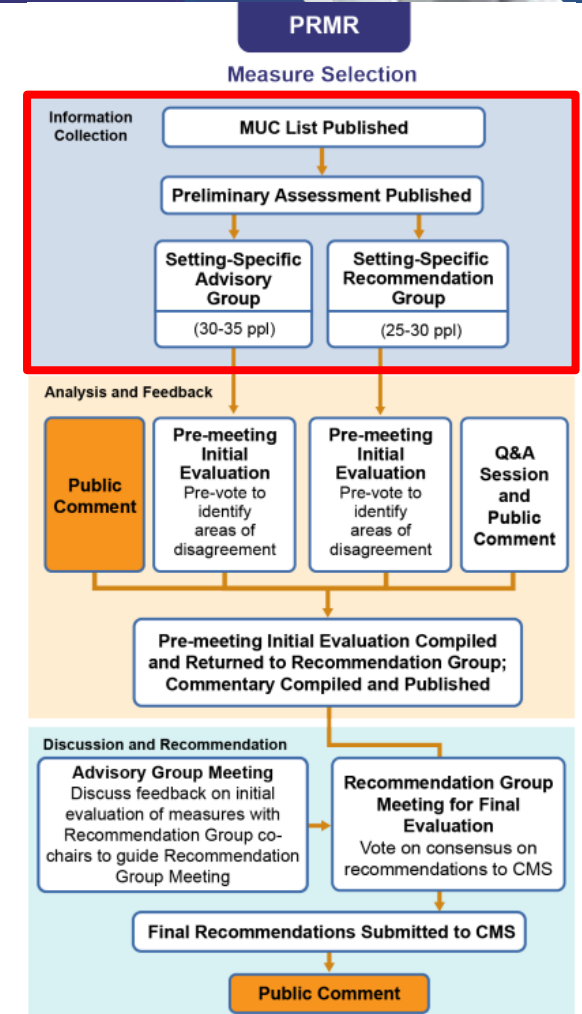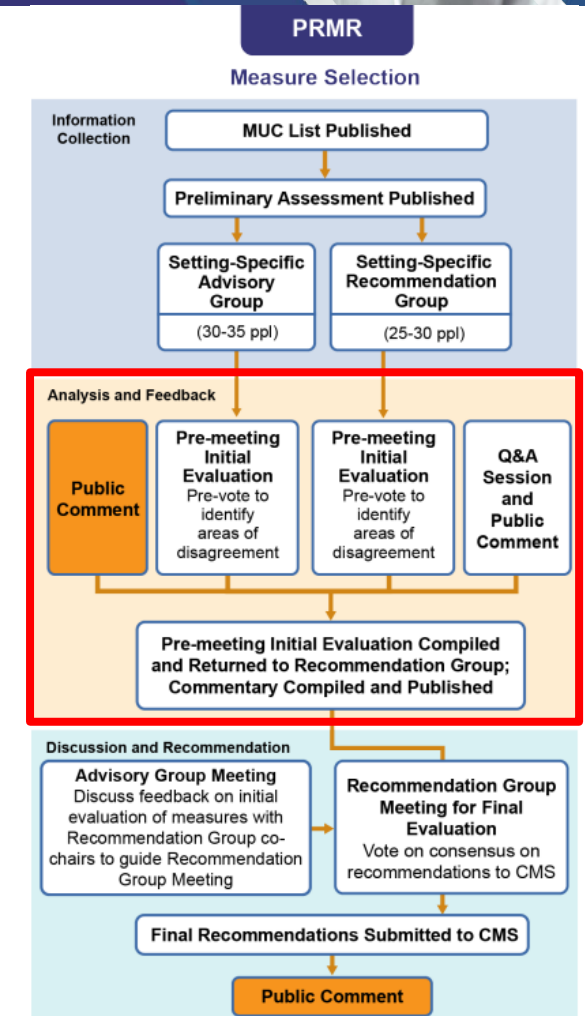
PRMR Process: Analysis and Feedback

Pre-Meeting Initial Evaluation (PIE)

- All committee members submit evaluations on a subset of measures via the Pre-Meeting Initial Evaluation (PIE) Form.

- Along with PAs, each committee member receives a PIE Form for each measure they evaluate. The PIE Form includes guidance on questions to consider when evaluating the criteria.

Public Comment and Listening Sessions

- The MUC List is posted for a 21-day public comment period upon release.

- PQM hosts three public listening sessions, one per setting, where CMS, Battelle staff, and measure developers/stewards hear brief spoken statements on measure(s) of interest. CMS answers MUC-related questions live and/or in writing after the call. Developers may also be asked to weigh in.

- Comments received through our website and during listening sessions will be made publicly available on the PQM website.

PRMR Process: Analysis and Feedback *(cont.)*

- Battelle compiles feedback from the PIE Forms, public comment, and listening sessions in advance of the RG meeting for the following purposes:

  - To help Battelle facilitators identify areas of non-consensus, so they may be discussed during the RG meetings

  - To help the RG members prepare in advance of the RG meeting

  - To help CMS leads anticipate, in advance, questions and topics where more context or clarity may be needed to inform the RG discussion
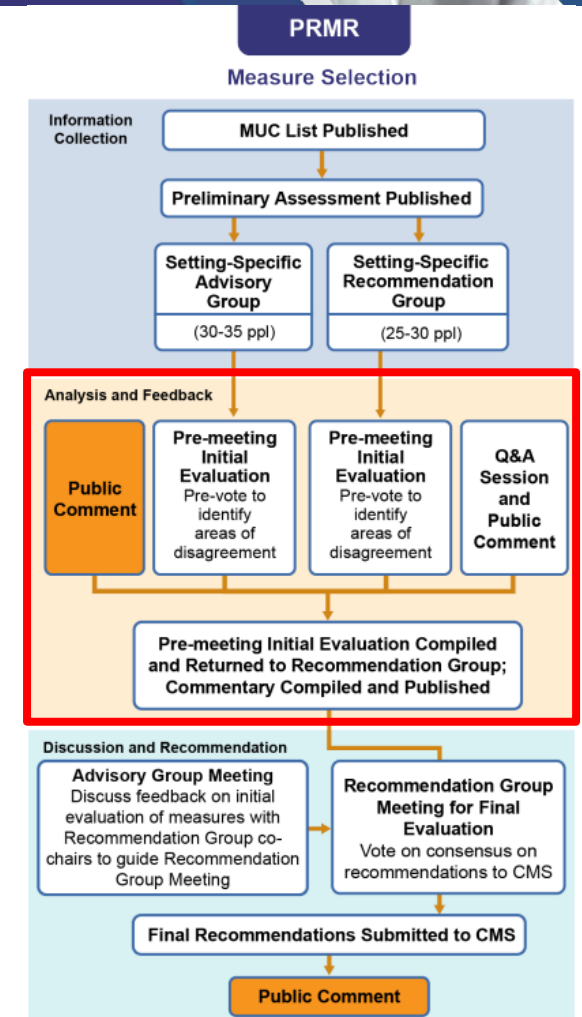
AG Discussion Session[*]

- Prior to the RG meetings, AG members convene to discuss their feedback from the PIE Forms and help generate discussion questions for the RG meeting.

- The AG feedback is critical guidance for the RG discussion.

- RG co-chairs facilitate the session, and relevant Battelle staff attend.

- The co-chairs ensure that the AG perspective is represented throughout the RG meetings.

[*]Battelle reserves AG meeting discussions for AG members and RG co-chairs. Others can opt to attend AG meetings as members of the public in listen-only mode.
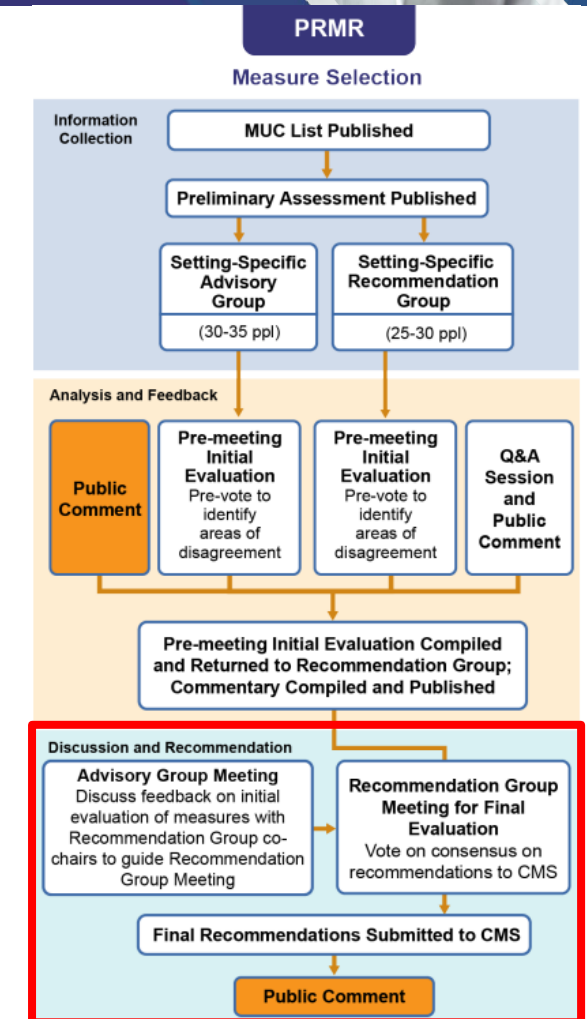
Recommendation Group Meeting for Final Evaluation*

- The RG meets to discuss issues/concerns raised during the AG discussion, public comment period, and via PIE Forms.

- Meeting procedures for each measure:

  - Step 1: Battelle staff provides review of PA for each MUC using PRMR criteria
  - Step 2: CMS staff provides brief overview and/or contextual background on the MUC
  - Step 3: Battelle summarizes public comments and PIE results, and co-chairs provide an overview of AG feedback
  - Step 4: Committee discusses
  - Step 5: Committee votes
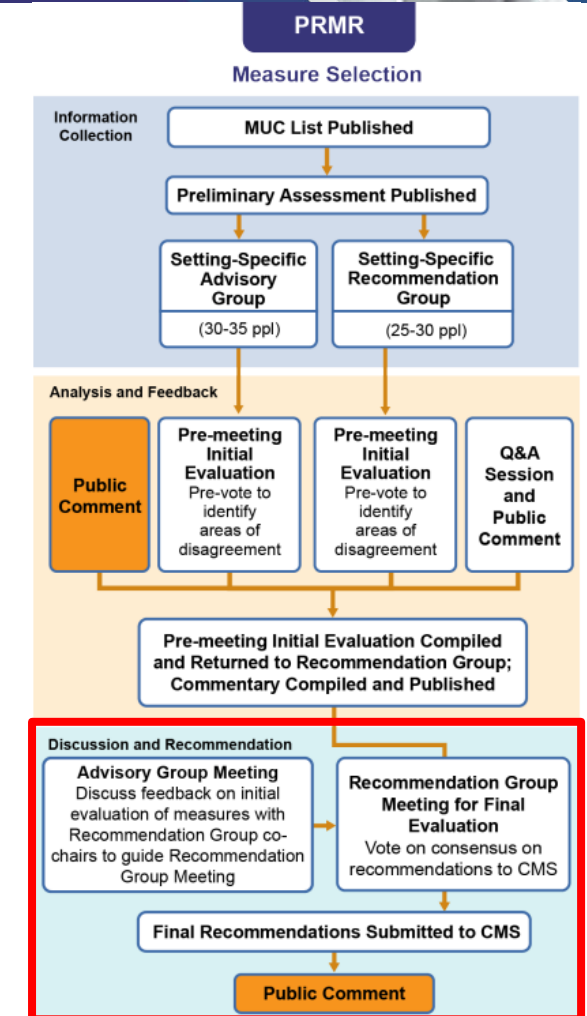
*Battelle reserves RG meeting discussions for RG members. Others can opt to attend RG meetings as members of the public in listen-only mode.

- Recommendation Group final recommendations are published February 1 on the [PQM website](#) where they are open for public comment for 15 days.

- The intent of this opportunity is to provide CMS with additional feedback on MUCs and final recommendations. The public comment does not impact the final RG recommendations.

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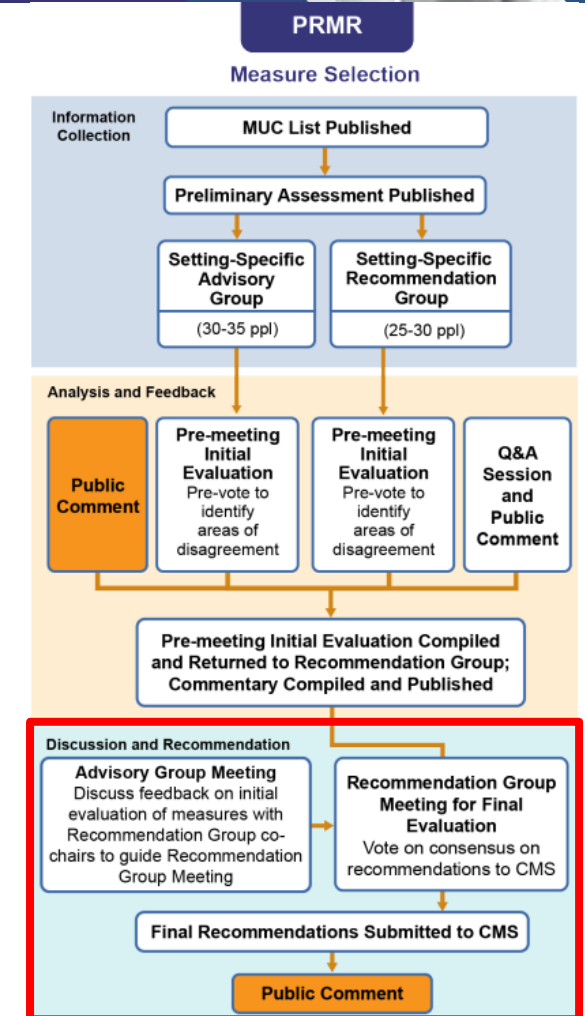
Opportunity for Public Comment on Health Plan and Clinician Measures

1:20 – 2:00 PM

Health Plan and Clinician Measures
1:20 – 2:00 PM

- **MUC2024-052** Social Need Screening and Intervention

- **MUC2024-081** Adult Immunization Status (AIS-E)

- **MUC2024-088** Depression Screening and Follow-Up for Adolescents and Adults (DSF)

- **MUC2024-026** Person-Centered Outcome Measures: Goal-Identification, Follow-Up, and Goal Achievement

- **MUC2024-082** Cancer Screening and Counseling Patient-Reported Outcome-Based Measure (PRO-PM)

MUC2024-052 Social Need Screening and Intervention

Item	Description
Proposed For	Part C Star Ratings
Measure Description	The percentage of persons who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing, and transportation needs, and received a corresponding intervention within 30 days if the screening was positive.
Developer/Steward	National Committee for Quality Assurance (NCQA)
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Not Endorsed	New Measure	Health Plan

MUC2024-081 Adult Immunization Status (AIS-E)

Item	Description
Proposed For	Part C Star Ratings
Measure Description	The percentage of Medicare Advantage plan members 19 years of age or older who are up to date on recommended routine vaccines for influenza, tetanus, and diphtheria (Td) or tetanus, diphtheria, and acellular pertussis (Tdap), zoster and pneumococcal.
Developer/Steward	National Committee for Quality Assurance (NCQA)
Measure Background	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Endorsed	MIPS-Quality; Marketplace	Health Plan

MUC2024-088 Depression Screening and Follow-Up for Adolescents and Adults (DSF)

Item	Description
Proposed For	Part C Star Ratings
Measure Description	The percentage of Medicare Advantage plan members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care within 30 days.
Developer/Steward	Centers for Medicare & Medicaid Services (CMS)
Measure Background	Measure currently used in a Medicare program and is being submitted without substantive changes for a new or different program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Not Endorsed	ESRD QIP; MSSP; MIPS–Quality; Medicare Adult Core Set	Health Plan

MUC2024-026 Person-Centered Outcome Measures: Goal-Identification, Follow-Up, and Goal Achievement

Item	Description
Proposed For	Merit-based Incentive Payment System–Quality
Measure Description	The percentage of individuals 18 years of age and older with a complex care need who identified and documented person-centered goal and action plan, followed up with the identified goal, and achieved the identified goal.
Developer/Steward	National Committee for Quality Assurance (NCQA)
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
PRO-PM or Patient Experience of Care	Not Endorsed	New Measure	Clinician: Individual and Group

MUC2024-082 Cancer Screening and Counseling Patient-Reported Outcome-Based Measure (PRO-PM)

Item	Description
Proposed For	Merit-based Incentive Payment System–Quality
Measure Description	A PRO-PM to assess the quality of clinician counseling for patients eligible for select cancer screenings. The PRO-PM focuses on incentivizing high-quality counseling services to reduce disparities in screenings for four cancer types: 1) breast, 2) cervical, 3) colorectal, and 4) lung cancer. The PRO-PM requires use of a novel PRO survey instrument to collect the outcome data from patients while minimizing the burden of data collection on providers and patients and optimizing response rates.
Developer/Steward	Centers for Medicare & Medicaid Services (CMS)
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
PRO-PM or Patient Experience of Care	Not Endorsed	New Measure	Clinician: Group

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Opportunity for Public Comment on Clinician Measures

2:00 – 2:50 PM

Clinician Measures
2:00 – 2:50 PM

- **MUC2024-080** Patient Reported Falls and Plan of Care

- **MUC2024-084** Quality of Life Outcome for Patients with Neurologic Conditions

- **MUC2024-051** Prevalent Standardized Waitlist Ratio (PSWR)

- **MUC2024-072** Addressing Social Needs Assessment & Intervention

- **MUC2024-025** Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care

- **MUC2024-028** Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes

MUC2024-080 Patient Reported Falls and Plan of Care

Item	Description
Proposed For	Merit-based Incentive Payment System–Quality
Measure Description	Percentage of patients (or caregivers as appropriate) with an active diagnosis of a movement disorder, multiple sclerosis, a neuromuscular disorder, dementia, or stroke who reported a fall occurred and those that fell had a plan of care for falls documented at every visit.
Developer/Steward	American Academy of Neurology
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Not Endorsed	New Measure	Clinician: Individual

MUC2024-084 Quality of Life Outcome for Patients with Neurologic Conditions

Item	Description
Proposed For	Merit-based Incentive Payment System–Quality
Measure Description	Percentage of patients whose quality of life assessment results are maintained or improved during the measurement period.
Developer/Steward	American Academy of Neurology
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
PRO-PM or Patient Experience of Care	Not Endorsed	New Measure	Clinician: Individual

MUC2024-051 Prevalent Standardized Waitlist Ratio (PSWR)

Item	Description
Proposed For	Merit-based Incentive Payment System–Quality
Measure Description	The PSWR measure tracks the number of prevalent dialysis patients in a practitioner (inclusive of physicians and advanced practice providers) group who are under the age of 75 and were listed on the kidney or kidney-pancreas transplant waitlist or received a living donor transplant. For each practitioner group, the PSWR is calculated to compare the observed number of waitlist events in a practitioner group to its expected number of waitlist events.
Developer/Steward	Centers for Medicare & Medicaid Services (CMS)
Measure Background	Submitted previously but not included in MUC List

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Not Endorsed	New Measure	Clinician: Group

MUC2024-072 Addressing Social Needs Assessment & Intervention

Item	Description
Proposed For	Merit-based Incentive Payment System–Quality
Measure Description	Percentages of patients with a qualifying evaluation and management outpatient visit during the performance period of all ages reflecting whether patients were assessed in four domains of social need: food, housing, transportation, and utilities, and whether the patient received a qualifying follow-up action within the visit for any positive social needs. Qualifying follow-up actions were identified from Gravity Project: adjustment, assistance/assisting, coordination, counseling, education, evaluation of eligibility, provision, and referral.
Developer/Steward	Centers for Medicare & Medicaid Services (CMS)
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

MUC2024-072 Addressing Social Needs Assessment & Intervention *(pt. 2)*

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Not Endorsed	New Measure	Clinician: Individual and Group

MUC2024-025 Diagnostic Delay of Venous Thromboembolism (DOVE) in Primary Care

Item	Description
Proposed For	Merit-based Incentive Payment System–Quality
Measure Description	The DOVE eCQM assesses the rate of delayed diagnosis of VTE in adults aged 18 years and older in the primary care setting. Delayed diagnosis is defined as diagnosis of a lower limb VTE that occurs >24 hours following the index primary care visit where symptoms for the VTE were first present (within 30 days). The target population for this measure is all patients, 18 years and older, across all payers.
Developer/Steward	Brigham and Women's Hospital
Measure Background	Submitted previously but not included in MUC List

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Intermediate Outcome	Endorsed	New Measure	Clinician: Individual and Group

MUC2024-028 Screening for Abnormal Glucose Metabolism in Patients at Risk of Developing Diabetes

Item	Description
Proposed For	Merit-based Incentive Payment System–Quality
Measure Description	Percentage of adult patients with risk factors for type 2 diabetes who are due for glycemic screening for whom the screening process was initiated during the measurement period.
Developer/Steward	American Medical Association
Measure Background	Submitted previously but not included in MUC List

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Not Endorsed	New Measure	Clinician: Individual and Group

Opportunity for Public Comment on Clinician Measures

2:50 – 3:50 PM

Clinician Measures
2:50 – 3:50 PM

- **MUC2024-031** Hepatitis C Virus (HCV): Sustained Virological Response (SVR)

- **MUC2024-079** Assessment of Autonomic Dysfunction and Follow-Up

- **MUC2024-049** Breast Cancer Screening

- **MUC2024-100** Non-Pressure Ulcers

- **MUC2024-101** Parkinson's Syndromes, Multiple Sclerosis (MS), and Amyotrophic Lateral Sclerosis (ALS)

MUC2024-031 Hepatitis C Virus (HCV): Sustained Virological Response (SVR)

Item	Description
Proposed For	Merit-based Incentive Payment System–Quality
Measure Description	Percentage of patients aged greater than or equal to 18 years with active hepatitis C (HCV) with negative/undetectable HCV ribonucleic acid (RNA) at least 20 weeks to 12 months after positive/detectable HCV RNA test result.
Developer/Steward	American Gastroenterological Association
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Outcome	Not Endorsed	New Measure	Clinician: Individual and Group

MUC2024-079 Assessment of Autonomic Dysfunction and Follow-up

Item	Description
Proposed For	Merit-based Incentive Payment System–Quality
Measure Description	Percentage of patients with a diagnosis of Parkinson's disease (or caregivers as appropriate) who were assessed for symptoms of autonomic dysfunction in the past 12 months, and if autonomic dysfunction was identified, patient had appropriate follow-up.
Developer/Steward	American Academy of Neurology
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Process	Not Endorsed	New Measure	Clinician: Individual

MUC2024-049 Breast Cancer Screening

Item	Description
Proposed For	Merit-based Incentive Payment System-Cost
Measure Description	The Breast Cancer Screening episode-based cost measure evaluates a clinician's or clinician group's average risk-adjusted cost to Medicare for providing care to females 40 years of age or older, who received a screening mammogram during an episode of care. This measure would assess the costs of certain assigned services clinically related to breast cancer screening, including basic and advanced diagnostic services and cancer treatment services.
Developer/Steward	Acumen, LLC
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Cost/Resource Use	Not Endorsed	New Measure	Clinician: Individual and Group

MUC2024-100 Non-Pressure Ulcers

Item	Description
Proposed For	Merit-based Incentive Payment System-Cost
Measure Description	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 Medicare Parts A, B, and D costs for services that are clinically related to managing and treating non-pressure ulcers.
Developer/Steward	Centers for Medicare & Medicaid Services (CMS)
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Cost/Resource Use	Not Endorsed	New Measure	Clinician: Individual and Group

Item	Description
Proposed For	Merit-based Incentive Payment System-Cost
Measure Description	The Parkinson's Syndromes, MS, and ALS 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 Parkinson's and related conditions, MS, or ALS. This chronic condition measure includes the Medicare Parts A, B, and D costs for services that are clinically related to managing and treating Parkinson's Syndromes, MS, or ALS episode.
Developer/Steward	Centers for Medicare & Medicaid Services (CMS)
Measure Background	New measure; never reviewed by Measure Applications Partnership (MAP) Workgroup or Pre-Rulemaking Measure Review (PRMR) or used in a Medicare program

Measure Type	Endorsement Status	Current Program Use	Level of Analysis
Cost/Resource Use	Not Endorsed	New Measure	Clinician: Individual and Group

Next Steps

Kate Buchanan | Battelle

Public Comment Period

Please provide any additional written feedback via the **PQM website**. The public comment period is open until December 30.

All comments—shared through our website or during this listening session—will be shared with:

- CMS
- Advisory Groups
- Recommendation Groups

Public comments help guide Recommendation Group discussions next month!

PRMR Timeline

Month	Dec	Dec	Dec	Dec	Jan	Jan	Jan	Jan	Jan	Feb	Feb
Week	1	2	3	4	1	2	3	4	5	1	2
CMS releases MUC List; the public comments on MUC List	X	X	X								
PRMR committees provide written feedback (PIE)	X	X	X								
CMS and Battelle host listening sessions to facilitate Q&A and public comment		X									
Battelle synthesizes feedback from public comment and PIE			X	X	X						
Advisory Group meetings					X						
Recommendation Group meetings						X	X				
Battelle compiles and summarizes PRMR recommendations								X	X		
Battelle publishes PRMR recommendations spreadsheet										X	
Public comment on final recommendations spreadsheet										X	X

2024 Clinician Events

Event	Dates
Clinician Listening Session	12/17/2024 (1-4 PM ET) *this meeting
Public Comment on MUC List	11/25/2024-12/30/2024
Committee Members Complete PIE Forms	12/2/2024-12/23/2024

2024 Clinician Events
(cont.)

Event	Dates
Clinician Advisory Group Meeting[*]	1/7/2025 (1-3 PM ET)
Virtual Clinician Recommendation Group Meeting[†]	1/21/2025-1/22/2025 (10 AM-4:30 PM ET) (10 AM-3:15 PM ET)
Public Comment on RG Final Recommendations	2/3/2025-2/17/2025

[*]Battelle reserves AG meeting discussions for AG members and RG co-chairs. Others can opt to attend AG meetings as members of the public in listen-only mode.

[†]Battelle reserves RG meeting discussions for RG members. Others can opt to attend RG meetings as members of the public in listen-only mode.

Learn about PQM!

The PRMR and MSR Guidebook introduces processes and incorporates changes as suggested by interested parties through a public comment period.

Become a PQM member – it's free!

Learn about Quality Measurement!

The Measures Management System (MMS) Hub is a great plain-language general resource on quality measures.

- Quality Measure FAQ
- QM101
- From Research to Reality: Translating Reliability and Validity into Actionable Insights

The CMS Measures Inventory Tool (CMIT) is the repository of record for measures used in CMS quality programs.

- Use the Measure Summary to learn about to currently used measures by program.

Questions or Comments?

Contact us at p4qm.org/contact
or by emailing pqmsupport@battelle.org