Partnership for Quality Measurement
Powered by **Battelle**

National Consensus Development and Strategic Planning for Health Care Quality Measurement

Pre-Rulemaking Measure Review (PRMR): Preliminary Assessment Process and Content Overview

Department of Health and Human Services
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850
December 2024

Pre-Rulemaking Measure Review (PRMR): Preliminary Assessment Overview

Background and Context

The goal of the statutorily required[1] Pre-Rulemaking Measure Review (PRMR) process is to develop consensus-based recommendations to inform the selection of health care quality and efficiency measures for use in select Centers for Medicare & Medicaid Services (CMS) Medicare quality and payment programs. Battelle convenes three PRMR committees grouped by care setting [Clinician, Hospital, Post-Acute Care/Long-Term Care (PAC/LTC)] to discuss and provide meaningful feedback to Health and Human Services (HHS) on measures on the Measures Under Consideration (MUC) List. Each committee consists of a diverse membership representing all facets of the health care system. Battelle emphasizes the inclusion of patients/recipients of care, caregivers, patient advocates, and traditionally underrepresented groups to provide input on measures needed for specific care settings, both within and across various CMS programs and patient populations.

Committee members receive copies of Battelle's preliminary assessment (PA) for each measure included on the MUC List. The committees use the PAs along with the measure submission materials in the CMS MUC Entry/Review Information Tool (MERIT) to evaluate measures against the PRMR evaluation criteria of Meaningfulness, Appropriateness of Scale, and Time-to-Value Realization. Committee members meet each year in January to discuss their own feedback as well as feedback received from the public on MUC List measures. The Advisory Group meets to identify areas of non-consensus. The Recommendation Group utilizes feedback from the Advisory Group and the public to discuss and vote on whether they recommend each measure for further rulemaking in the designated CMS program(s).

2024 Measures Under Consideration List

The MUC List is published annually no later than December 1 and is made available for public comment through December 30 on the PQM website (see PRMR Next Steps below for more detail on public comment opportunities). For more information about how measures are submitted and selected for inclusion on the MUC List, please visit the Pre-Rulemaking webpage on the Measures Management System (MMS) Hub.

Preliminary Assessment Methodology

The goal of the PRMR PAs is to provide committee members with a thorough and standardized baseline evaluation of the measures on the MUC List. The PAs support committee members as they further examine and discuss measure suitability for the selected CMS program(s) before and during the PRMR Recommendation Group Meetings scheduled for January 2025. Battelle staff conducted preliminary assessments of each measure with the following objectives in mind: 1) To assess completeness of measure information provided in the CMS MERIT submission and review available testing/performance data, and 2) To evaluate the evidence provided by

---

[1] Section 3014 of the Patient Protection and Affordable Care Act of 2010 (ACA) (P.L. 111-148) created section 1890A of the Social Security Act (the Act), which required HHS to establish a federal pre-rulemaking process for the selection of quality and efficiency measures for use by HHS.

measure developers and stewards against the criteria of Meaningfulness, Appropriateness of Scale, and Time-to-Value Realization as outlined in the PRMR Guidebook.[2]

To develop the PAs, Battelle's team of experienced measure evaluators review submission documentation provided in the CMS MERIT system (including information in the submission form and optional attachments) against the PRMR evaluation criteria. To guide PRMR committee members in their review, the background section notes the history of each measure's consensus-based entity (CBE) endorsement pathway and inclusion in CMS programs. PRMR committee members should note that measures of different types and in different stages of use are expected to have variation in the types of testing and data availability.

For example, when compared to in-use measures that are undergoing substantive changes, new measures may have less robust testing and use a convenience sample of available data. The appropriate testing methodology for reliability and validity varies by measure type and some measures (e.g., process measures) may not be well-suited to utilizing risk-adjustment models. When Battelle evaluators note that testing scores, clinical guidelines, or other information are absent from submitted materials, PRMR committee members should focus on the available information and direct their reviews toward possible implementation of each measure for the selected program.

When measure score-level reliability testing and performance score results are available in submission materials, Battelle analysts simulate a dataset that closely mirrors the provided median, standard deviation, and percentile information. This simulated dataset is used to generate tables showing performance scores by decile and the distribution of reliability across measured entities (by reliability decile). The distribution of reliability across entities is important because denominator size (generally, a population of patients) has a substantial impact on reliability estimates for a single entity.

Where possible, these performance score and reliability decile tables follow the Importance and Meaningfulness evaluation tables, respectively, for each measure. Battelle uses a reliability threshold of 0.6 for individual entities to determine if a measure is capable of differentiating entities by quality of performance. If a majority of entities have a reliability of >0.6, then the reliability criterion is considered "met." Additionally, if a prior CBE endorsement of the measure indicated that the reliability criterion is "met" then that rating will carry forward. For measures where a CBE rating is carried forward, the committee is encouraged to consider whether any changes to the measure since CBE endorsement impact the committee's assessment of the criterion.

Battelle notes in the PAs where the developer provided additional context during review of the PAs. While additional testing information was not accepted after the September 1 deadline, developers were able to provide additional context and elaboration on their submission materials in response to comments on the PA drafts.

PRMR PA Review & Verification

CMS measure and program leads, as well as the primary contact associated with each measure submission (typically a measure developer), are given 2 weeks to review draft PAs for accuracy

---

[2] Note: Measures that have received CBE endorsement are assumed to largely meet the Meaningfulness criteria, although reviewers are asked to consider the specific needs of the selected program when evaluating this for PRMR

and completeness. During this time, measure developers and stewards may provide additional information or context to fill in any gaps in the analysis and confirm the accuracy of the information and data in the assessments. CMS leads (1) review the PAs to ensure the content is accurate and aligned with CMS program information and (2) insert text that explains the program's rationale for considering the measure for inclusion. By the time the PAs are posted publicly for review and comment, they have been thoroughly vetted by both measure developers/stewards and CMS. Additionally, the PAs will reflect the version of the MUC List available as of November 20 and may have minor differences with the final published version of the MUC List. If differences are noted, the committee should use the published MUC List as the definitive source of truth for measure information.

PRMR Next Steps

Battelle typically publishes PAs on the [PQM website](#) alongside a copy of the MUC List for public comment. This year, the public comment period is expected to extend from December 2 through December 30. Each PRMR Recommendation and Advisory Group member is assigned a subset of measures and PAs to review and evaluate using a Pre-Meeting Initial Evaluation (PIE) Form in Microsoft Forms; however, members are encouraged to complete forms for as many measures as is feasible. Battelle will provide links to Microsoft Forms for each measure assigned to Recommendation and Advisory Group members on December 2, concurrent with the posting of PAs and the MUC List. Committee members should submit their PIE Forms no later than December 23.

Battelle will widely advertise the public comment opportunities to encourage additional input on the MUC List and measure PAs. The MUC List public comment period is an opportunity for members of the public to voice their opinions or concerns on the list of measures that are proposed for review. The PRMR Recommendation Spreadsheet public comment period is for the public to comment on the recommendations the committees have made on the measures.

For the 2024-2025 PRMR cycle, Battelle is offering two written public comment opportunities:

- MUC List public comment period: December 2-December 30

- PRMR Recommendation Spreadsheet public comment period: February 3-February 17

Battelle will also provide additional public comment opportunities by way of three virtual listening sessions, where the public can provide live comments on the measures.

- PRMR Clinician Listening Session: Tuesday, December 17, 2024, 1-4 PM

- PRMR Hospital Listening Session: Wednesday, December 18, 2024, 1-4 PM

- PRMR PAC/LTC Listening Session: Thursday, December 19, 2024, 1-2 PM

In advance of the Recommendation Group meetings, Battelle will convene Advisory Group members to discuss their feedback on the PIE Forms and generate discussion questions for the Recommendation Group meeting. Recommendation Group co-chairs will facilitate these meetings to ensure that the Advisory Group inputs are fairly and thoroughly represented during the Recommendation Group meetings.

- PRMR Clinician Advisory Group Meeting: Tuesday, January 7, 2025, 1-3 PM

- PRMR Hospital Advisory Group Meeting: Wednesday, January 8, 2025, 1-3 PM

- PRMR PAC/LTC Advisory Group Meeting: Thursday, January 9, 2025, 1-2 PM

Finally, Battelle will convene the Recommendation Group, where input from the Advisory Group discussions, written and oral public comments, and PIE Forms will inform the group's measure-specific recommendations to HHS.

- PRMR PAC/LTC Recommendation Group Meeting: Monday, January 13, 2025, 11 AM-4 PM
- PRMR Hospital Recommendation Group Meeting: Wednesday, January 15, 2025, 10 AM -6 PM and Thursday, January 16, 2025, 10 AM-6 PM
- PRMR Clinician Recommendation Group Meeting: Tuesday, January 21, 2025, 10 AM-6 PM and Wednesday, January 22, 2025, 10 AM-6 PM

For more information about the PRMR process and calendar of events, please visit the PQM website, and direct any questions to PQMsupport@battelle.org.

Resources

Committee Members and the public are encouraged to consult available resources on quality measures to aid in review and interpretation of information provided in the PAs. The following resources may be useful:

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

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

- Quality Measure FAQ

- Quality Measures 101

- From Research to Reality: Translating Reliability and Validity into Actionable Insights

- Blueprint Measure Lifecycle Overview | The Measures Management System

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.