

2025 Measure Set Review: Preliminary Assessment User Guide

Purpose of the Measure Set Review (MSR)

The Measure Set Review (MSR) process is designed to ensure that the Centers for Medicare & Medicaid Services (CMS) Medicare quality programs use the most effective and relevant measures. Through the MSR, a committee of experts reviews and recommends whether specific measures should continue to be used in their respective programs. These recommendations are informed by the latest data on each measure's performance, alignment with program goals, ongoing relevance to interested parties, and CMS priorities.

2025 MSR Measure Set Focus

For the 2025 MSR cycle, the review will concentrate on measures that fall within the following Cascade of Meaningful Measures priority areas:

- Chronic Conditions and Related Acute Events (8)
- Person-Centered Care (7)
- Wellness and Prevention (5)
- Safety (1)

In consultation with CMS, Battelle initially identified 50 measures for this year's review and developed brief measure information sheets to support public comment. After reviewing public comments and in consultation with CMS program and measure leads, Battelle identified 21 measures as the focus of the 2025 MSR cycle. Public comments on the original 50 measures can be accessed at the [PQM website](#).

About the Preliminary Assessments (PAs)

Each of the 21 measures for the 2025 MSR cycle is accompanied by a PA, designed to provide the public and MSR committee members with a clear, concise overview of the measure's performance and use within a CMS program. These PAs draw on the current measure specifications and program use data available from the [CMS Measures Inventory Tool](#) (CMIT) as well as the endorsement status and history from the Partnership for Quality Measurement's [Submission Tool and Repository](#) (STAR). All information is current as of August 2025. In cases where endorsement information differed between sources, the endorsement status from the PQM STAR database is presented.

Evaluation Criteria

Battelle's team of evaluators considers three primary criteria in the review of MSR measures:

- **Meaningfulness:**
 - **Importance:** Does the evidence show that the focus of the measure is linked to meaningful outcomes for patients and health care organizations? Do the data demonstrate that using this measure within the quality program results in benefits that outweigh any associated burdens or costs?
 - **Conformance:** Do measure components and specifications align with the measure intent and target population?
 - **Feasibility:** Are the tools, processes, and people necessary to implement and report on the measure reasonably available for measured entities in the CMS program?
 - **Validity:** Do the data and/or logic support the idea that the measured entity can improve their performance on the measure?
 - **Reliability:** Is there evidence that changes in measure performance are due to improvements in care quality? In other words, do data demonstrate that variation in measure performance is linked to changes made to processes or behaviors to improve care? For measures where estimating reliability was not possible due to insufficient data, committee members should exclude this sub-criterion from their review.
 - **Usability:** Are there any known barriers or facilitators that determine whether the person or entity could improve the measure focus? Are these barriers addressable?
- **Entity Data Stream Parsimony:** Does the data flow required for the measure promote non-burdensome data collection and reporting?
- **Patient Health Care Journey:** Does the measure address the appropriate aspects of care to align with the patient health care journey?

For each of the meaningfulness sub-criteria, evaluators assigned a rating of Met, Not Met, or Insufficient Information Available. During the initial review process, CMS leads and measure stewards had the opportunity to provide additional information to address gaps for any criteria.

Measure Performance in Program

To support evaluation of each measure, the PAs contain measure performance data for the most recent 3 years from multiple publicly accessible CMS program datasets.

Each PA cites the specific data sources used for each measure's within-program performance, with links provided for further exploration. If available, the PAs incorporate (and acknowledge via a footnote) additional data or supplementary analyses from prior consensus-based entity (CBE) endorsement submissions. PAs generally display boxplots to illustrate performance score trends over time. Importance tables report mean performance scores by decile, offering insight into the potential impact of performance improvement. Some measures do not have boxplots in their PA due to data availability limitations.

Plain-language interpretations and brief descriptions of the methods accompany all tables and figures in the PAs. To further support review of the measure within the context of the relevant

2025 MSR Preliminary Assessment Guide

CMS program, the final section of each PA includes a comprehensive list of all measures currently available within that CMS program.

Data Availability

Where sufficient data were available, Battelle staff calculated reliability using the Adams or Empirical Bayes methodology, as appropriate, to demonstrate the measure's ability to assess quality across measured entities. For Merit-based Incentive Payment System (MIPS) measures, reliability cannot be estimated due to the absence of denominator data in QPP files, which are required for calculation. As a result, available data are insufficient to assess measure reliability within the program. If a measure does not have current estimated reliability data but does have prior endorsement and reliability testing data in STAR, the PA includes that submission information. Differences in the presentation of figures and tables across CMS programs in the PAs reflect variations in data availability and program-specific guidance.

Next Steps in the Review Process

MSR committee members are encouraged to review all PAs prior to the virtual MSR Recommendation Group Meeting planned for October 6 and 7, 2025. In addition, MSR committee members will be assigned a subset of measures for which to complete Pre-Meeting Initial Evaluation (PIE) Forms ahead of the MSR Recommendation Group Meeting. Members of the public are encouraged to review the PAs and review the MSR Final Report and meeting summary when they are posted. A final public comment opportunity will be in November on the final MSR committee recommendations.

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 FAQs](#)
 - [Quality Measures 101](#)
 - [From Research to Reality: Translating Reliability and Validity Findings in Actionable Insights](#)
 - [Blueprint Measure Lifecycle Overview](#)
- [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.