



National Consensus Development and Strategic Planning for Health Care Quality Measurement

2025 Final Measure Set Review (MSR): Recommendations Report

November 2025

Prepared by:

Battelle

505 King Avenue, Columbus, Ohio 43201



The analyses upon which this publication is based were performed under 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. *Restricted:* Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.

National Consensus Development and Strategic Planning for Health Care Quality Measurement

2025 Final Measure Set Review (MSR): Recommendations Report

Prepared by:

Battelle Memorial Institute
505 King Avenue
Columbus, Ohio 43201-2696

Technical POC:

Dr. Nicole Brennan
Project Leader
brennan@battelle.org

Contract POC:

Ms. Shadie Teymourian
Sr. Contracts Manager
teymourian@battelle.org



Authorized Signatory

Submitted to:

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

Technical POC:

Ms. Charlayne Van, JD
Contracting Officer's Representative (COR)
charlayne.van2@cms.hhs.gov

Government Authorized Signatory:

Mr. Scott Filipovits
Contracting Officer (CO)
scott.filipovits@cms.hhs.gov

Submitted Date: November 25, 2025

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW:
This information has not been publicly disclosed and is protected from Public Release under the Freedom of Information Act under 5 U.S.C. § 552(b)(4). The information has been funded in whole or in part with Federal funds from the *Centers for Medicare & Medicaid Services* under *Contract Number 75FCMC23C0010* and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law.

Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle Memorial Institute.

Table of Contents

	Page
Executive Summary	2
2025 MSR Measure Set Focus	2
1. Measure Set Review (MSR) Overview	6
1.1 Objectives of the MSR Cycle	6
1.2 MSR Recommendation Group Composition	8
1.3 Pre-Meeting Activities and Analysis	8
1.4 2025 Measure Set Review Meeting	9
2. MSR Recommendations	11
2.1.1 Anticoagulation Therapy for Atrial Fibrillation/Flutter [00062-04-E-HIQR and 00062-04-E-PI].....	11
2.1.2 Antithrombotic Therapy by the End of Hospital Day Two [00064-03-E-HIQR and 00064-03-E-PI].....	12
2.1.3 Discharged on Antithrombotic Therapy [00211-02-E-HIQR and 00211-02-E-PI].....	13
2.1.4 Screening for Metabolic Disorders [00673-01-C-IPFQR].....	15
2.1.5 Influenza Immunization [00386-03-C-IPFQR].....	16
2.1.6 Influenza Immunization Received for Current Flu Season [00389-01-C-HHQR]	17
2.1.7 Left Without Being Seen [00410-01-C-HOQR]	19
2.1.8 Median Time from ED Arrival to ED Departure for Discharged ED Patients [00427-01-C-HOQR]	20
2.1.9 Oncology: Medical and Radiation - Pain Intensity Quantified [00474-01-C-MIPS and 00474-02-E-MIPS].....	21
2.1.10 Oncology: Medical and Radiation - Plan of Care for Pain [00473-01-C-MIPS]	23
2.1.11 Sentinel Lymph Node Biopsy for Invasive Breast Cancer [00676-01-C-MIPS]	23
2.1.12 Coronary Artery Disease (CAD): Antiplatelet Therapy [00178-01-C-MIPS]	24
2.1.13 Functional Status Assessments for Heart Failure [00282-05-E-MIPS]	25
2.1.14 Perioperative Temperature Management [00555-03-C-MIPS]	26
2.1.15 Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences [00053-01-C-MIPS]	27
2.1.16 Urinary Symptoms Score Change 6-12 Months After Diagnosis of Benign	

2025 MSR Recommendations Report

Prostatic Hyperplasia [00741-01-E-MIPS]	28
2.1.17 Children Who Have Dental Decay or Cavities [00126-02-E-MIPS]	29
3. Discussion of Common Themes from the 2025 MSR Recommendation Meeting	31
3.1 Common Themes Across Measures and Programs	31
Prioritize Measure Relevance and Lifecycle Management	31
Promote Scientific Rigor and Evidence-Based Design	32
Advance Care Continuity and Cross-Setting Coordination	32
Resolve Data Capture Challenges and EHR Limitations	33
Recognize and Mitigate Structural Barriers to Measure Implementation	33
Integrate Public Health and Preventive Care	33
Emphasize Patient-Centeredness and Shared Decision Making	34
3.2 Next Steps for the 2025 MSR Cycle	34
Appendix 1: Acronyms	35

List of Tables

Table 1. MSR Recommendation Group Vote Counts per Measure	3
Table 2. Anticipated MSR Review Schedule	6

List of Figures

Figure 1. Measure Set Review Meeting Attendance	3
Figure 2. MSR Recommendation Group Interested Parties	8
Figure 3. Areas for Future Consideration	31

Executive Summary

The Measure Set Review (MSR) process is designed to ensure that the Centers for Medicare & Medicaid Services (CMS) quality programs use the most effective and relevant measures. Through the MSR, an expert committee 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 focused 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 identified 50 measures for this year's review and developed brief [measure information sheets](#) to support public comment. After reviewing public comments and consulting with CMS program and measure leads, Battelle selected 21 measures to undergo committee review during the 2025 MSR cycle. Public comments on the original 50 measures can be accessed at the [PQM website](#).

Prior to the MSR meeting, Recommendation Group members received [preliminary assessments](#) (PAs) of the measures and provided initial feedback on the measures by completing a Pre-Meeting Initial Evaluation (PIE) forms.

The 2025 MSR Recommendation Group Meeting was held virtually on October 6 and 7, 2025.

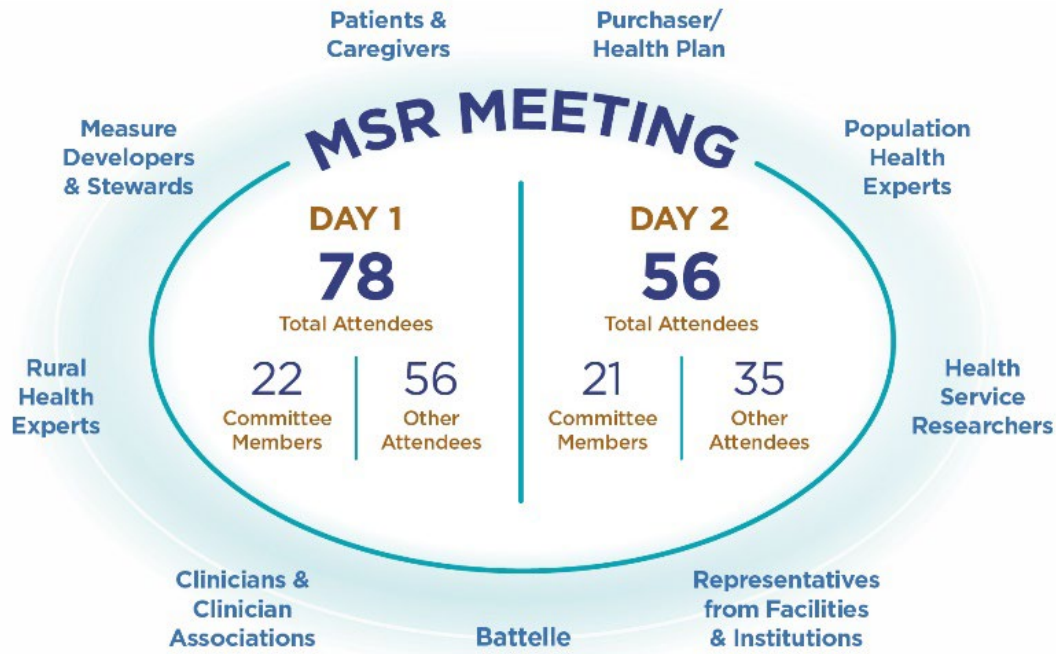


Figure 1. Measure Set Review Meeting Attendance

Meeting participants joined virtually through the Zoom meeting platform. Figure 1 outlines overall meeting attendance. The MSR Recommendation Group, tasked with discussing and voting on the continued use of measures, consisted of 22 members who were in attendance. Table 1 outlines the final vote counts and recommendations for the 2025 measure set. Some measures received less than the total 22 member votes due to recusals and some members needing to step away from the meeting periodically to attend to clinical or other professional duties. Due to restrictions placed on federal employees during the government shutdown in October 2025, no representatives from CMS or other federal agencies were in attendance.

Table 1. MSR Recommendation Group Vote Counts per Measure

CMIT ID	Measure Title	Recommend Continued Use	Do Not Recommend Continued Use	Recusals
00062-04-E-HIQR	Anticoagulation Therapy for Atrial Fibrillation/Flutter	16 (76%)	5 (24%)	0
00062-04-E-PI	Anticoagulation Therapy for Atrial Fibrillation/Flutter	16 (73%)	6 (27%)	0
00064-03-E-HIQR	Antithrombotic Therapy by the End of Hospital	18 (95%)	1 (5%)	0

Version 1.0 | November 2025 | The analyses upon which this publication (or document) is based were performed under 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. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.

2025 MSR Recommendations Report

CMIT ID	Measure Title	Recommend Continued Use	Do Not Recommend Continued Use	Recusals
Day Two				
<u>00064-03-E-PI</u>	Antithrombotic Therapy by the End of Hospital Day Two	18 (90%)	2 (10%)	0
<u>00211-02-E-HIQR</u>	Discharged on Antithrombotic Therapy	7 (35%)	13 (65%)	0
<u>00211-02-E-PI</u>	Discharged on Antithrombotic Therapy	5 (24%)	16 (76%)	0
<u>00673-01-C-IPFQR</u>	Screening for Metabolic Disorders	11 (52%)	10 (48%)	0
<u>00386-03-C-IPFQR</u>	Influenza Immunization	18 (82%)	4 (18%)	0
<u>00389-01-C-HHQR</u>	Influenza Immunization Received for Current Flu Season	17 (77%)	5 (23%)	0
<u>00410-01-C-HOQR</u>	Left Without Being Seen	5 (25%)	15 (75%)	0
<u>00427-01-C-HOQR</u>	Median Time from ED Arrival to ED Departure for Discharged ED Patients	4 (20%)	16 (80%)	1
<u>00474-01-C-MIPS</u>	Oncology: Medical and Radiation - Pain Intensity Quantified	18 (100%)	0 (0%)	1
<u>00474-02-E-MIPS</u>	Oncology: Medical and Radiation - Pain Intensity Quantified ¹	18 (100%)	0 (0%)	1
<u>00473-01-C-MIPS</u>	Oncology: Medical and Radiation - Plan of Care for Pain	18 (95%)	1 (5%)	1
<u>00676-01-C-MIPS</u>	Sentinel Lymph Node Biopsy for Invasive Breast Cancer	2 (11%)	17 (89%)	0
<u>00178-01-C-MIPS</u>	Coronary Artery Disease (CAD): Antiplatelet Therapy	11 (55%)	9 (45%)	0

¹ Committee members cast their votes for this measure asynchronously. After reaching quorum, two additional committee members voted for a total of 20 votes for “Yes, Continue Use.”
 Version 1.0 | November 2025 | *The analyses upon which this publication (or document) is based were performed under 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. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.*

2025 MSR Recommendations Report

CMIT ID	Measure Title	Recommend Continued Use	Do Not Recommend Continued Use	Recusals
<u>00282-05-E-MIPS</u>	Functional Status Assessments for Heart Failure ²	15 (79%)	4 (21%)	0
<u>00555-03-C-MIPS</u>	Perioperative Temperature Management	16 (84%)	3 (16%)	0
<u>00053-01-C-MIPS</u>	Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences	18 (95%)	1 (5%)	0
<u>00741-01-E-MIPS</u>	Urinary Symptoms Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia	17 (89%)	2 (11%)	0
<u>00126-02-E-MIPS</u>	Children Who Have Dental Decay or Cavities	6 (32%)	13 (68%)	0

² Committee members cast their votes for this measure asynchronously. After reaching quorum, one additional committee member voted, resulting in a total of 20 votes with 16 votes in favor of "Yes, Continue Use."

1. Measure Set Review (MSR) Overview

1.1 Objectives of the MSR Cycle

The MSR process, statutorily enabled by the Consolidated Appropriations Act, 2021 Public Law 116–260, is an annual opportunity to consider measures for potential removal from CMS quality programs. Battelle, the consensus-based entity (CBE), convenes interested parties across existing Pre-Rulemaking Measure Review (PRMR) committees for the purpose of discussing measures and developing recommendations for continued use in selected CMS quality programs.

The annual MSR process provides the opportunity to optimize the CMS measure portfolio, ensuring that clinical quality measures in use continue to meaningfully serve CMS programs and beneficiaries. The MSR process also facilitates the provision of qualitative feedback from a set of researchers, experts, and interested parties most directly impacted by quality measurement (including patients and providers). Summarized in subsequent sections of this report, CMS may use this detailed feedback to refine individual measures and set future measure development and strategic priorities.

Battelle aims to strategically consider all measures used in CMS quality programs through the MSR process over the course of a 5-year period. To make the MSR process manageable and to encourage more holistic cross-quality program review and analysis, the portfolio has been divided into three cycles using the [Cascade of Meaningful Measures](#) as a guide (see Table 2).

Table 2. Anticipated MSR Review Schedule*

Year	Cycle	Cycle Description	Cascade of Meaningful Measures Domains (Number of Measures)
Year 1 – Pilot Year (2023)	N/A	To pilot the MSR process, the year 1 cycle focused on measures in the End-Stage Renal Disease (ESRD) Quality Improvement Program (QIP).	<ul style="list-style-type: none"> N/A (15)
Year 2 (2024)	Cycle C: Cost-Effectiveness and Efficiency in Health Care Utilization	This group of measures addresses the financial and operational aspects of health care delivery.	<ul style="list-style-type: none"> Value, Affordability, and Efficiency (107)

2025 MSR Recommendations Report

Year	Cycle	Cycle Description	Cascade of Meaningful Measures Domains (Number of Measures)
Year 3 (2025)	Cycle A: Patient-Centered and Outcome-Focused Care	This group of measures focuses on the individualized needs of patients, emphasizing personalized care plans, preventive measures, and chronic disease management.	<ul style="list-style-type: none"> Person-Centered Care (81) Wellness and Prevention (43) Chronic Conditions and Related Acute Events (74)
Year 4 (2026)	Cycle A: Patient-Centered and Outcome-Focused Care (Continued)	See above.	<ul style="list-style-type: none"> Behavioral Health (32)
Year 5 (2027)	Cycle B: Safety, Quality, and Closing Gaps in Care in Health Care Delivery	This group of measures focuses on creating a safe and coordinated health care environment for all.	<ul style="list-style-type: none"> Safety (144) Seamless Care Coordination (28) Closing Gaps of Care (22)

**Cascade of Meaningful Measure priorities selected for MSR in any given year may change depending on CMS priorities or other considerations.

In consultation with CMS, Battelle identified 50 measures for this year’s review and developed brief [measure information sheets](#) to support public comment. After reviewing public comments and consulting with CMS program and measure leads, Battelle selected 21 measures to undergo committee review during the 2025 MSR cycle. Public comments on the original 50 measures can be accessed at the [PQM website](#). These comments were summarized in MSR Recommendation Group meeting materials for committee consideration during measure-specific discussions.

For the 2025 MSR cycle, the review focused 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)

The 2025 MSR cycle measures span six Medicare programs:

- Merit-based Incentive Payment System (MIPS) (10)
- Hospital Inpatient Quality Reporting (IQR) (3)
- Medicare Promoting Interoperability Program (PI) (3)

2025 MSR Recommendations Report

- Inpatient Psychiatric Facility Quality Reporting (IPFQR) (2)
- Home Health Quality Reporting (HHQR) (1)
- Hospital Outpatient Quality Reporting (OQR) (2)

1.2 MSR Recommendation Group Composition

Battelle staff conducted a public call for nominations and targeted outreach to solicit nominees for PQM committees. For Pre-Rulemaking Measure Review (PRMR) committees, Battelle prioritized individuals who had previously participated in similar panels/committees or had demonstrated knowledge of PRMR and MSR processes; fit into more than one roster category; and possessed lived experience interacting within the health care system. Battelle considered members with often underrepresented voices, including individuals with relevant background and experience who may not have had an opportunity to participate in these processes before. Battelle’s goal was to create a set of committees that balanced experience, expertise, and perspectives. Battelle selected members from all three setting-specific PRMR committees (i.e., Clinician, Hospital, Post-Acute Care/Long-Term Care [PAC/LTC]) representing multiple voices to serve on the MSR Recommendation Group. The interested parties comprising the MSR Recommendation Group are summarized in Figure 2.



Figure 2. MSR Recommendation Group Interested Parties

1.3 Pre-Meeting Activities and Analysis

A team of reviewers, analysts, and measurement scientists internal to Battelle developed the Preliminary Assessments (PAs). During PA refinement, Battelle staff shared drafts with CMS leads and measure stewards and developers for review of completeness and accuracy.

Version 1.0 | November 2025 | *The analyses upon which this publication (or document) is based were performed under 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. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.*

2025 MSR Recommendations Report

The [PAs](#) included information about quality measure specifications from the [CMS Measures Inventory Tool \(CMIT\)](#) and the [PQM Submission Tool and Repository \(STAR\)](#). To support measure evaluation, the PAs presented performance data from the most recent 3 years, drawn from multiple publicly accessible CMS program datasets. Each PA cited the specific data sources used to assess within-program performance for each measure and included links for further exploration. When available, the PAs incorporated additional data or supplementary analyses from prior consensus-based entity (CBE) endorsement submissions and acknowledged these sources via footnotes. Most PAs used boxplots to illustrate performance score trends over time. Importance tables summarized mean performance scores by decile, offering insights into the potential impact of performance improvement.

Each table and figure in the PAs included plain-language interpretations and brief descriptions of the methods used. To further contextualize each measure within its CMS program, the final section of each PA listed all currently available measures in that program.

Committee members initially evaluated the measures by completing Pre-Meeting Initial Evaluation (PIE) Forms. Their feedback helped meeting facilitators identify common areas of concern or support and draft discussion questions to guide the voting discussion. Battelle staff summarized key themes from the PIE Forms and presented them during the MSR Recommendation Group meeting for committee consideration.

Meeting materials included a brief description of each measure from the PA, a summary of related public comments, and a synthesis of committee feedback.

1.4 2025 Measure Set Review Meeting

Battelle staff virtually convened the MSR Recommendation Group for the 2025 MSR Meeting on October 6 & 7, 2025, to review 21 measures across the CMS measure portfolio. The goal of this meeting was to discuss the measures in MSR Cycle A, Year 3, Patient-Centered and Outcome-Focused Care domains and make recommendations to CMS for continued use of measures from the perspective of interested parties impacted by the program. Meeting participants joined virtually through the Zoom meeting platform. Figure 1 in the executive summary outlines overall meeting attendance. The MSR Recommendation Group consisted of 22 members who were in attendance Day 1 and 21 members for Day 2.

After opening remarks, Battelle facilitators outlined the procedures for discussing and voting on measures. The discussion quorum requires the attendance of at least 60% of the Recommendation Group members during roll call at the beginning of the meeting. The voting quorum requires at least 80% of active and non-recused Recommendation Group members. Members may be recused from discussions if they contributed to a measure's development, such as by serving on a technical expert panel (TEP), are the developer of a related or competing measure, or have worked previously with the developer. During the 2-day meeting, some members stepped away temporarily, so Battelle collected voting counts for each measure to ensure quorum. The voting outcome is determined by a simple majority, which requires greater than 50% of the votes.

During the 2-day meeting, the number of Recommendation Group members online voting on each measure varied, as some members had to attend to professional duties or were recused. When voting quorum was lost temporarily, members who were not present to vote submitted

2025 MSR Recommendations Report

their votes shortly afterwards via the online platform or email. This fluctuation in total voting members is reflected in the vote counts in section 2.

2. MSR Recommendations

2.1.1 Anticoagulation Therapy for Atrial Fibrillation/Flutter [00062-04-E-HIQR and 00062-04-E-PI]

The committee discussed the use of this measure within two programs and voted separately for each program.

Description: Ischemic stroke patients with atrial fibrillation/flutter who are prescribed or continuing to take anticoagulation therapy at hospital discharge.

Summary of Public Comment³: None.

Measure Review Final Vote (00062-04-E-HIQR): Committee recommends continued use of the measure in the Hospital Inpatient Quality Reporting Program.

Vote Count (00062-04-E-HIQR): Continue Use (16 votes; 76%), Do Not Continue Use (5 votes; 24%), No Recusals.

Measure Review Final Vote (00062-04-E-PI): Committee recommends continued use of the measure in the Medicare Promoting Interoperability Program.

Vote Count (00062-04-E-PI): Continue Use (16 votes; 73%), Do Not Continue Use (6 votes; 27%), No Recusals.

Discussion Themes	Recommendation Group Member Discussion
Clinical Importance and Care Gaps	<ul style="list-style-type: none"> Committee members emphasized the importance of addressing care gaps for patients with atrial fibrillation/flutter who should be prescribed anticoagulation therapy. This measure is seen as valuable for tracking hospital performance and identifying areas for improvement, especially in transitions of care and patient education.
Hospital Influence and Accountability	<ul style="list-style-type: none"> Committee members noted that hospitals have a responsibility to oversee the quality of care, including ensuring appropriate documentation and patient education regarding anticoagulation therapy. They noted that tracking performance on this measure remains important, even if some aspects (like adherence) are outside direct hospital control. Committee members discussed whether hospitals should be held accountable for this measure, given that prescribing decisions are often complex and influenced by individual patient factors, comorbidities, and chronic care needs that extend beyond the hospital stay.

³ A complete record of all written public comments received during this MSR cycle can be found in the [MSR Public Comment Summary](https://p4qm.org) at <https://p4qm.org>.

Discussion Themes	Recommendation Group Member Discussion
Data Capture	<ul style="list-style-type: none"> Despite concerns about data quality due to confounding factors (such as the COVID-19 pandemic), members supported retaining the measure, suggesting that electronic health records (EHRs) and data capture methods may improve over time.
Reporting and Program Structure	<ul style="list-style-type: none"> Committee members noted the smaller number of hospitals reporting the measure compared to broader stroke measures, raising questions about the utility of the performance data. The measure's lack of endorsement and potential for being topped out were also mentioned.

Areas for Future Consideration: Committee members emphasized the importance of maintaining measures that address clinical care gaps, particularly in transitions of care and patient education, while ensuring hospitals are held appropriately accountable for performance. Future efforts should focus on refining attribution, improving data capture, and enhancing the reporting structure of the program to ensure that measures remain relevant, actionable, and responsive to the needs of patient populations.

2.1.2 Antithrombotic Therapy by the End of Hospital Day Two [00064-03-E-HIQR and 00064-03-E-PI]

The committee discussed the use of this measure within two programs and voted separately for each program.

Description: Ischemic stroke patients administered antithrombotic therapy by the end of hospital day 2.

Summary of Public Comment: None.

Measure Review Final Vote (00064-03-E-HIQR): Committee recommends continued use of the measure in the Hospital Inpatient Quality Reporting Program.

Vote Count (00064-03-E-HIQR): Continue Use (18 votes; 95%), Do Not Continue Use (1 vote; 5%), No Recusals.

Measure Review Final Vote (00064-03-E-PI): Committee recommends continued use of the measure in the Medicare Promoting Interoperability Program.

Vote Count (00064-03-E-PI): Continue Use (18 votes; 90%), Do Not Continue Use (2 votes; 10%), No Recusals.

Discussion Themes	Recommendation Group Member Discussion
Measure Performance and Room for Improvement	<ul style="list-style-type: none"> Committee members discussed the measure’s performance, with some members noting that it may be approaching topped-out status, in which most hospitals perform at a high level and there is little room for improvement. However, others pointed out that there are still opportunities to improve care for patients in lower-performing deciles, which could benefit a significant number of individuals.
Ensuring Measure Validity	<ul style="list-style-type: none"> Committee members suggested that linking process measures, such as timely antithrombotic therapy, with outcome measures like stroke mortality would help demonstrate process measure validity.
Closing Gaps in Care	<ul style="list-style-type: none"> Committee members expressed concern about disparities in the administration of antithrombotic therapy, noting that older adults, undocumented individuals, and non-English speaking patients are less likely to receive timely treatment. These gaps were attributed to factors such as language barriers, lack of interpreters, and possible cultural differences, which can impede communication and delay care.
Clinical Relevance	<ul style="list-style-type: none"> The committee clarified that the measure focuses on acute ischemic stroke care, distinguishing it from measures aimed at secondary prevention. Members discussed the appropriateness of aspirin as the recommended therapy and acknowledged that medical contraindications or prior use of anticoagulants may justify exceptions to administration. The committee emphasized documentation of such exceptions in the medical record as important for accurate reporting.

Areas for Future Consideration: The committee emphasized the importance of ongoing monitoring of this measure by CMS to ensure the measure remains impactful, particularly for hospitals in lower-performing deciles where care improvements could benefit many patients. Continuation of this measure and relevant improvements may also address disparities in care delivery for vulnerable populations.

2.1.3 Discharged on Antithrombotic Therapy [00211-02-E-HIQR and 00211-02-E-PI]

The committee discussed the use of this measure within two programs and voted separately for each program.

Description: Ischemic stroke patients prescribed or continuing to take antithrombotic therapy at hospital discharge.

Summary of Public Comment: None.

Measure Review Final Vote (00211-02-E-HIQR): Committee does not recommend the continued use of the measure in the Hospital Inpatient Quality Reporting Program.

Vote Count (00211-02-E-HIQR): Continue Use (7 votes; 35%), Do Not Continue Use (13 votes; 65%), No Recusals.

2025 MSR Recommendations Report

Measure Review Final Vote (00211-02-E-PI): Committee does not recommend the continued use of the measure in the Medicare Promoting Interoperability Program.

Vote Count (00211-02-E-PI): Continue Use (5 votes; 24%), Do Not Continue Use (16 votes; 76%), No Recusals.

Discussion Themes	Recommendation Group Member Discussion
Measure Performance	<ul style="list-style-type: none"> Several committee members expressed concern that the measure may be topped out, with consistently high performance across hospitals and limited variation. This raised questions about the measure’s continued utility, particularly in low-volume settings where data may be less reliable or meaningful.
Potential Harm	<ul style="list-style-type: none"> A committee member raised concerns about the potential harm of dual therapy, citing evidence from the recent clinical trial as part of the AQUATIC study in France, that patients who receive both anticoagulation and antithrombotic therapy experience higher rates of bleeding and poorer outcomes compared to those on anticoagulation alone. The committee also acknowledged that providers can document valid medical reasons for not prescribing antithrombotic therapy, which allows them to meet the measure requirements without compromising patient care.
Measure Specification	<ul style="list-style-type: none"> Members highlighted the complexity of treatment decisions related to anticoagulation, especially for patients with different stroke etiologies. A committee member recommended that the developer refine the measure’s denominator by excluding patients already anticoagulated for atrial fibrillation or flutter, as these individuals may require different treatment approaches.
Access to Care	<ul style="list-style-type: none"> The committee discussed how the measure may disproportionately affect uninsured patients. The measure steward noted that clinicians often prescribe aspirin as a cost-effective alternative to other therapies in these cases. This raised broader concerns about whether the measure adequately accounts for socioeconomic factors that influence prescribing practices.
Program Impact	<ul style="list-style-type: none"> In considering the measure’s future, committee members emphasized the need to balance patient safety, clinical relevance, and reporting efficiency through reducing redundancy. While some supported removal due to limited room for improvement, others cautioned that eliminating the measure could leave a gap in monitoring secondary stroke prevention.

Areas for Future Consideration: The committee made clear the importance of retiring or refining measures that show consistently high performance and limited variation, while ensuring that any changes preserve the ability to monitor meaningful aspects of care. Future directions may include refining specifications to better reflect clinical complexity, addressing gaps in care delivery, and prioritizing measures that support both patient safety and programmatic value.

Version 1.0 | November 2025 | *The analyses upon which this publication (or document) is based were performed under 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. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.*

2025 MSR Recommendations Report

2.1.4 Screening for Metabolic Disorders [00673-01-C-IPFQR]

Description: Percentage of patients discharged from an Inpatient Psychiatric Facility (IPF) with a prescription for one or more routinely scheduled antipsychotic medications for which a structured metabolic screening for four elements was completed in the 12 months prior to discharge, either prior to or during the index IPF stay.

Summary of Public Comment: None.

Measure Review Final Vote: Committee recommends continued use of the measure in the Inpatient Psychiatric Facility Quality Reporting Program.

Vote Count: Continue Use (11 votes; 52%), Do Not Continue Use (10 votes; 48%), No Recusals.

Discussion Themes	Recommendation Group Member Discussion
Clinical Importance and Patient Safety	<ul style="list-style-type: none"> • Committee members agreed that screening for metabolic disorders in patients prescribed antipsychotics is a clinically important issue, as these patients are at increased risk for serious health problems. • Members emphasized that the measure addresses a significant gap in care and can help identify patients at risk for metabolic disorders. • Committee members discussed the impact of conducting metabolic screening during inpatient stays and whether it leads to appropriate follow up and meaningful improvements in patient outcomes.
Attribution	<ul style="list-style-type: none"> • Committee members discussed whether inpatient psychiatric stays were the appropriate clinical touchpoint to screen, given that this type of preventive care should be the responsibility of primary care providers; however, committee members recognized that this population may have limited contact with other health professionals.
Gaps in Care and Coordination	<ul style="list-style-type: none"> • Some members highlighted that inpatient psychiatric care may be the only opportunity for certain patients to receive metabolic screening. • However, challenges in communication and record-sharing between inpatient and outpatient providers to support follow up on the screening were noted, which can limit the effectiveness of the measure in improving long-term patient outcomes.
Burden and Feasibility	<ul style="list-style-type: none"> • Concerns were raised about the administrative burden of manually extracting data for this measure, especially in resource-limited settings. • Several participants suggested that transitioning to an electronic quality measure could reduce this burden but noted that many inpatient psychiatric facilities lack the necessary electronic health record infrastructure.

Areas for Future Consideration: Committee discussions suggested that future measurement efforts may benefit from evaluating the appropriateness of inpatient psychiatric settings as a screening touchpoint for metabolic disorders, particularly for patients with limited engagement in

2025 MSR Recommendations Report

outpatient care. Considerations for improving the measure’s feasibility and long-term impact include clarifying attribution across care settings, strengthening care coordination for follow up, and assessing the potential for electronic reporting in facilities with limited infrastructure.

2.1.5 Influenza Immunization [00386-03-C-IPFQR]

Description: This prevention measure applies to acute care inpatients aged 6 months and older who are screened for seasonal influenza immunization and vaccinated prior to discharge if indicated. The numerator includes patients who were screened and, when appropriate, received the vaccine, as well as those with documented contraindications, those who declined the vaccine, and those already vaccinated during the current influenza season.

Summary of Public Comment: None.

Measure Review Final Vote: Committee recommends continued use of the measure in the Inpatient Psychiatric Facility Quality Reporting program.

Voting Results: Continue Use (18 votes; 82%), Do Not Continue Use (4 votes; 18%), No Recusals.

Discussion Themes	Recommendation Group Member Discussion
Vaccine Hesitancy & Patient Preference	<ul style="list-style-type: none"> • Patient participants noted that limited access to the influenza vaccine could result in lower performance on this measure. • Other committee members mentioned that misinformation about vaccines is prevalent but emphasized that perceptions can often be changed via communication with someone the individual trusts. This measure could support health care provider-mediated education to encourage vaccination. • The developer clarified that the measure accounts for patient refusal to ensure that hospitals are not held responsible when they have made appropriate efforts to offer the vaccine and the patient chooses to decline. • A committee member explained that psychiatric patients are more likely to refuse psychotropic medications as opposed to vaccinations, though some may refuse based on what they have been exposed to in the media.
Importance	<ul style="list-style-type: none"> • Committee members agreed that vaccination can have a substantial impact on this patient population by protecting both the individual and others in the facility, reducing the risk of severe illness, and preventing rehospitalization. • One member pointed out that this may be the only opportunity patients are exposed to the flu vaccination, as they may not receive follow up in the primary care setting.

Discussion Themes	Recommendation Group Member Discussion
Alignment with the Patient Health Journey	<ul style="list-style-type: none"> • One member noted that the timing of the vaccine may not align with typical hospital stays, as the vaccine requires approximately two weeks to take effect while a patient may only be admitted for 5-7 days. • Committee members also mentioned that some patients may be unaware of their vaccination status, and without interoperability between health records, there is a risk that individuals could receive a second dose of the vaccine.
Measure Format	<ul style="list-style-type: none"> • A committee member commented that this measure does not have an eCQM, but while they understand that an eCQM may not be feasible to report programmatically, they expressed concern that electronic reporting is not available for this measure.

Areas for Future Consideration: Committee discussions suggested that future measurement efforts on this topic may benefit from accounting for patient access and preferences. Considerations for improving measure implementation included clarifying how patient refusal is documented, addressing timing and interoperability challenges, and exploring electronic reporting options to reduce administrative burden.

2.1.6 Influenza Immunization Received for Current Flu Season [00389-01-C-HHQR]

Description: Percentage of home health quality episodes of care during which patients received influenza immunization for the current flu season.

Summary of Public Comment: None.

Measure Review Final Vote: Committee recommends continued use of the measure in the Home Health Quality Reporting program.

Voting Results: Continue Use (17 votes; 77%), Do Not Continue Use (5 votes; 23%), No Recusals.

Discussion Themes	Recommendation Group Member Discussion
Vaccine Hesitancy & Patient Preference	<ul style="list-style-type: none"> • A patient participant raised the possibility that the recent decline in influenza vaccination rates among the home health population may be linked to broader COVID-19 vaccine hesitancy. This downward trend in influenza vaccination was noted as unique to the home health setting and not observed in other populations. The participant emphasized the importance of distinguishing between vaccine refusal and missing data, as conflating the two could misrepresent performance. • Patient participants shared insights from the patient advocacy community regarding influenza vaccine and vaccination-related quality measures. They reported that attitudes toward vaccination often vary within specific subpopulations. • Participants noted that effective messaging can often address this hesitancy, and that community healthcare workers play an important role in educating and reassuring patients about vaccine safety and efficacy.
Barriers to Implementation	<ul style="list-style-type: none"> • One member pointed out, from the home health and hospice industry perspective, that the exclusion of the influenza vaccine from value-based purchasing programs presents a significant barrier to vaccine administration. • Other challenges mentioned included difficulties in obtaining accurate vaccination information, as nurses may not be compensated for the time spent tracking down this information if patients are unsure of their vaccination status. • While some states allow home health agencies to store vaccines at their facilities, many agencies do not offer vaccination services even though nurses are certified to administer the vaccine. One committee member shared that their agency had attempted to provide this service but was unsuccessful.
Care Transitions	<ul style="list-style-type: none"> • A committee member noted that the lack of continuity of care regarding influenza vaccine information during the transition to home health care presents a significant challenge that needs to be addressed. • Another committee member agreed, emphasizing that these barriers warrant re-evaluation of current practices to improve outcomes in the home health environment.
Opportunities for Future Measures	<ul style="list-style-type: none"> • A committee member recommended that CMS consider revising the influenza vaccination quality measure in home health settings to focus on whether nurses provide patient education about the vaccine, rather than solely on vaccine administration. This approach would better reflect the nurse's role, especially in cases where administration is outside their control (due to access or patient preference) and could support more actionable quality reporting.

2025 MSR Recommendations Report

Areas for Future Consideration: Committee discussions suggested that future measurement efforts in home health settings may benefit from distinguishing between vaccine refusal and missing data, and from recognizing the role of patient education in addressing hesitancy. Considerations for improving implementation included evaluating barriers related to care transitions, data collection, and vaccine administration logistics, as well as exploring revisions that reflect the scope of nursing responsibilities and support more actionable reporting.

2.1.7 Left Without Being Seen [00410-01-C-HOQR]

Description: Percent of patients who leave the emergency department (ED) without being evaluated by a physician/advanced practice nurse/physician's assistant (physician/APN/PA).

Summary of Public Comment: None.

Measure Review Final Vote Committee does not recommend the continued use of the measure in the Hospital Outpatient Quality Reporting program.

Voting Results: Continue Use (5 votes; 25%), Do Not Continue Use (15 votes; 75%), No Recusals.

Discussion Themes	Recommendation Group Member Discussion
Measure Validity	<ul style="list-style-type: none"> • Committee members expressed concerns about the measure's overall usefulness for quality improvement, noting a lack of clear evidence on effective interventions to reduce the rate of patients leaving without being seen. They also highlighted the absence of a benchmark rate, which limits the ability to interpret performance meaningfully. • Some members emphasized that understanding why patients leave without being seen—such as feeling better before evaluation—could offer valuable insights into patient behavior and care delivery. Such scenarios offer alternative explanations for the Left Without Being Seen (LWBS) phenomenon that lie outside of the ED's control.
Feasibility & Usability	<ul style="list-style-type: none"> • The administrative burden associated with data collection and reporting was cited as a limitation. • Members questioned whether the effort required to report the measure was justified given its limited utility. • A comment for CMS emphasized that broader changes are needed to address structural barriers and improve patient flow in hospitals.

Discussion Themes	Recommendation Group Member Discussion
Impacts of Measure Removal and Replacement	<ul style="list-style-type: none"> • The committee discussed the potential consequences of removing the measure before its proposed replacement, the Emergency Care Access & Timeliness (ECAT) measure, is in place. Battelle staff verbally paraphrased the contextual information that was provided by CMS prior to the meeting. While some members preferred eliminating a low-quality measure even if it creates a temporary data gap, others cautioned that doing so could reduce attention to emergency department quality. They noted that even imperfect data can help identify issues and support local quality improvement efforts. • While CMS was not permitted to provide direct information about a potential replacement measure, the committee considered the general overview Battelle shared and noted that the proposed ECAT replacement may be more comprehensive than the current measure. Several members raised concerns about removing the existing measure before a replacement is fully implemented, emphasizing the importance of avoiding potential data gaps during the transition.

Areas for Future Consideration: Committee discussions suggest that future measurement efforts should ensure continuity in monitoring emergency department quality, particularly as CMS considers replacing the current measure with a new ECAT composite. Key considerations include minimizing data gaps during the transition, addressing the administrative burden of reporting, and establishing the measure’s evidence base.

2.1.8 Median Time from ED Arrival to ED Departure for Discharged ED Patients [00427-01-C-HOQR]

Description: Median time from emergency department arrival to time of departure from the emergency room for patients discharged from the emergency department.

Summary of Public Comment: One public comment emphasized the importance of retaining emergency department (ED) measures in the Hospital Outpatient Quality Reporting (OQR) program, noting that only two such measures currently exist. The commenter cited strong evidence that ED boarding negatively impacts patient outcomes—contributing to increased medical errors, compromised privacy, delayed care, and higher mortality. Additionally, the financial burden of ED boarding was highlighted, with a recent study showing that daily boarding costs for stroke patients were nearly twice as high as inpatient care costs (\$1,856 vs. \$993 per day). These concerns underscore the need for continued focus on ED performance and patient flow.

Measure Review Final Vote: Committee does not recommend the continued use of the measure in the Hospital Outpatient Quality Reporting program.

Voting Results: Continue Use (4 votes; 20%), Do Not Continue Use (16 votes; 80%), 1 Recusal.

Discussion Themes	Recommendation Group Member Discussion
Impacts of Measure Removal and Replacement	<ul style="list-style-type: none"> Members noted that they had similar concerns about a potential ED quality information gap with this measure as they did with the Left Without Being Seen measure, should this measure be retired before an appropriate replacement is implemented. A key difference highlighted between this measure and its proposed replacement was that this measure is continuous with a one-hour threshold, creating a higher bar compared to the binary replacement which has an eight-hour threshold. Additionally, a committee member clarified that this measure stratifies patients with behavioral health and substance abuse diagnoses, whereas the replacement measure only stratifies those with a prior mental health diagnosis.
Structural Barriers to Emergency Care Quality	<ul style="list-style-type: none"> One committee member discussed the broader structural challenge of increased need for resources in the inpatient setting to address issues that originate in outpatient care. They noted that primary care providers, who have easier access to acute issues as they arise, often lack the time and resources to address these concerns within the constraints of a typical 15-minute office visit, which can lead to preventable emergency room visits. The current health care system does not realistically support hospitals reaching out to outpatient providers to address these issues. One member suggested that metrics in the Medicare Shared Savings Program and MIPS should be used to evaluate outpatient quality programs and allocate resources to the outpatient setting, helping to offload some of the burden from hospitals.

Areas for Future Consideration: Committee discussions suggested that future measurement efforts should consider the implications of transitioning to a new composite measure, particularly given differences in thresholds and stratification criteria. Key considerations included addressing structural barriers that limit outpatient care capacity, evaluating how metrics across programs like MSSP and MIPS can better support outpatient settings, and ensuring that replacement measures maintain continuity in monitoring emergency department quality.

2.1.9 Oncology: Medical and Radiation - Pain Intensity Quantified [00474-01-C-MIPS and 00474-02-E-MIPS]

The committee discussed the eQCM and CQM version of the measure collectively and voted separately for each data collection type.

Description: Percentage of patient visits, regardless of patient age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy in which pain intensity is quantified.

Summary of Public Comment: Battelle received one public comment on the measure from the steward stating that the measure is not duplicative of the Plan of Care for Pain measure, as these measures are intended to be paired and implemented sequentially to achieve a

2025 MSR Recommendations Report

comprehensive clinical outcome. They noted that the measure was re-endorsed in 2023, and that it is designated ‘high priority’ in the Advancing Cancer Care MIPS Value Pathway (MVP).

Measure Review Final Vote: The committee recommends continued use of the measure in the Merit-based Incentive Payment System.

Vote Count:

00474-01-C-MIPS Continue Use (18 votes; 100%), Do Not Continue Use (0 votes; 0%), 1 Recusal.

00474-02-E-MIPS Continue Use (18 votes; 100%), Do Not Continue Use (0 votes; 0%), 1 Recusal.

Discussion Themes	Recommendation Group Member Discussion
Meaningfulness to Patients	<ul style="list-style-type: none"> The committee emphasized the measure’s importance to patients, noting that assessing pain intensity is essential for effective pain management. Patient participants and other members agreed that, regardless of the measure’s topped-out status, patients continue to rely on timely pain care and that removing the measure would create gaps in monitoring and reduce visibility, particularly for vulnerable populations. A member suggested that the Plan of Care for Pain measure might be more meaningful to patients. However, several participants argued that measuring pain intensity is a prerequisite for effective management, highlighting the need for both measures to work together in supporting patient care.
Reporting Self-Selection	<ul style="list-style-type: none"> Members attributed the measure’s topped-out status to the voluntary nature of MIPS, in which measures tend to be selected by high-performing reporters. They discussed how this self-selection may not accurately reflect broader clinical practice or patient experience. The committee considered whether the continued inclusion of the measure in the Advancing Cancer Care MVP might broaden participation and provide a more representative view of performance. However, some questioned whether this would actually increase reporting, as entities in this MVP may still choose not to report on this specific measure.

Areas for Future Consideration: Committee discussions supported the continued relevance of pain intensity assessment, particularly for vulnerable populations who may be impacted by reduced visibility if the measure is removed. Key considerations for CMS and measure developers included evaluating how voluntary reporting affects representativeness of performance data, exploring how MVPs might increase measure uptake, and assessing how complementary measures—such as pain management planning—can work together to support patient-centered care.

2025 MSR Recommendations Report

2.1.10 Oncology: Medical and Radiation - Plan of Care for Pain [00473-01-C-MIPS]

Description: Percentage of visits for patients, regardless of age, with a diagnosis of cancer currently receiving chemotherapy or radiation therapy who report having pain with a documented plan of care to address pain.

Summary of Public Comment: Battelle received one public comment on the measure from the steward stating that the measure is not duplicative of the Pain Intensity Quantified measure, as these measures are intended to be paired and implemented sequentially to achieve a comprehensive clinical outcome. They noted that the measure was re-endorsed in 2023, and that it is designated ‘high priority’ in the Advancing Cancer Care MVP.

Measure Review Final Vote: The committee recommends continued use in the Merit-based Incentive Payment System.

Vote Count: Continue Use (18 votes; 95%), Do Not Continue Use (1 vote; 5%), 1 Recusal.

Discussion Themes	Recommendation Group Member Discussion
Meaningfulness to Patients	<ul style="list-style-type: none"> • Patient participants emphasized the measure’s importance for cancer patients, highlighting the need for follow-up plans to address pain. They discussed the complexity of pain management, especially in rural areas and in states where Advanced Practice Providers must collaborate with physicians to prescribe pain medication.
Measure Justification	<ul style="list-style-type: none"> • The measure steward explained why this measure could not be combined with the Oncology: Medical and Radiation – Pain Intensity Quantified measure. Pain Intensity Quantified is easily captured as an eCQM, while the Plan of Care for Pain measure covers a broad range of care plan options not always specified in structured fields, making eCQM capture more challenging. Combining the two measures would reduce the meaningfulness of Pain Intensity Quantified and undermine the feasibility of the Plan of Care for Pain measure.

Areas for Future Consideration: Committee discussions support distinct roles of pain assessment and care planning, particularly for cancer patients who may face barriers to pain management in certain geographic or licensing/scope of practice contexts. Key considerations for CMS and measure developers include maintaining separate measures to preserve both feasibility and meaningfulness and ensuring that reporting approaches reflect the complexity of care planning across diverse clinical settings.

2.1.11 Sentinel Lymph Node Biopsy for Invasive Breast Cancer [00676-01-C-MIPS]

Description: The percentage of clinically node negative (clinical stage T1N0M0 or T2N0M0) breast cancer patients before or after neoadjuvant systemic therapy, who undergo a sentinel lymph node (SLN) procedure.

Summary of Public Comment: This measure did not receive any public comments.

Measure Review Final Vote: The committee does not recommend the continued use of the measure in the Merit-based Incentive Payment System.

Version 1.0 | November 2025 | *The analyses upon which this publication (or document) is based were performed under 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. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.*

2025 MSR Recommendations Report

Vote Count: Continue Use (2 votes; 11%), Do Not Continue Use (17 votes; 89%), No Recusals.

Discussion Themes	Recommendation Group Member Discussion
Misalignment with Clinical Guidelines	<ul style="list-style-type: none"> The committee briefly discussed the measure’s misalignment with updated clinical standards of care. Patient participants also highlighted that the procedure itself is quite invasive and has the potential to cause adverse outcomes. The measure steward added that sentinel lymph node biopsy is no longer recommended for many T1N0M0 breast cancer patients and would support the removal of the measure as well.

Areas for Future Consideration: The committee emphasized the importance of ensuring clinical relevancy of active measures and supported CMS and the measure developer’s initiative in removing this measure due to misalignment with current clinical guidelines.

2.1.12 Coronary Artery Disease (CAD): Antiplatelet Therapy [00178-01-C-MIPS]

Description: Percentage of patients aged 18 years and older with a diagnosis of coronary artery disease (CAD) seen within a 12-month period who were prescribed aspirin or clopidogrel.

Summary of Public Comment: This measure did not receive any public comments.

Measure Review Final Vote: Committee recommends continued use in the Merit-based Incentive Payment System.

Vote Count: Continue Use (11 votes; 55%), Do Not Continue Use (9 votes; 45%), No Recusals.

Discussion Themes	Recommendation Group Member Discussion
Meaningfulness to Patients	<ul style="list-style-type: none"> The committee discussed the measure’s strong contribution to positive patient outcomes and administration of antiplatelet therapy as a standard of care for CAD patients. One member emphasized that the measure’s CBE endorsement reinforces its validity and importance in clinical practice.
Reporting Dynamics	<ul style="list-style-type: none"> Members noted that the measure is likely reported mainly by high performers due to self-selection in MIPS, which may contribute to its topped-out appearance and not fully reflect broader practice.
Exclusion Criteria	<ul style="list-style-type: none"> Questions were raised about exclusion criteria for patients with frailty, advanced illness, or those on anticoagulants, especially given recent clinical trials evidence mentioned by a committee member (e.g., the AQUATIC study). The measure steward clarified that while exceptions exist for patient reasons and medical reasons, there are no specific exclusions for these groups.

2025 MSR Recommendations Report

Discussion Themes	Recommendation Group Member Discussion
Impact of Measure Removal	<ul style="list-style-type: none"> Committee members expressed concern about the potential gap in care and monitoring if the measure is removed, particularly since any replacement would not be implemented until 2028. Patient participants warned that removal could lead clinicians to deprioritize the practice, resulting in gaps in care.
Stewardship and Future Plans	<ul style="list-style-type: none"> The measure steward announced plans to retire the measure in 2027, citing misalignment of exclusions with current guidelines, lack of internal use at American Heart Association (AHA), and insufficient updated measure testing data. If another party wishes to assume stewardship, they must address intellectual property and copyright issues with AHA. The committee shared concerns about the absence of continued stewardship of this measure from the AHA and had questions about the CMS measure development pipeline on this topic, should the measure not be continued.

Areas for Future Consideration: Committee discussions suggest that future measurement efforts should continue to recognize the importance of maintaining visibility into standard-of-care practices for coronary artery disease. Key considerations for CMS and measure developers include updating exclusion criteria to reflect current evidence, addressing gaps in stewardship to avoid disruption in monitoring, and ensuring that reporting pathways capture a representative view of practice beyond high-performing entities. These steps are essential to preserving the focus on the measure’s quality construct.

2.1.13 Functional Status Assessments for Heart Failure [00282-05-E-MIPS]

Description: Percentage of patients 18 years of age and older with heart failure who completed initial and follow-up patient-reported functional status assessments.

Summary of Public Comment: This measure did not receive any public comments.

Measure Review Final Vote: Committee recommends continued use in the Merit-based Incentive Payment System.

Vote Count: Continue Use (15 votes; 79%), Do Not Continue Use (4 votes; 21%), No Recusals.

Discussion Themes	Recommendation Group Member Discussion
Meaningfulness to Patients	<ul style="list-style-type: none"> Committee members noted that functional status reflects what matters most to patients. It is evaluated in face-to-face care, which yields more personalized care. Patient advocates noted that patients want functional status assessed more often. The committee discussed impacts of data entry/reporting completed by providers not patients themselves and how that may not be in keeping with the true spirit of a Patient-Reported Outcome Measure (PROM).

Discussion Themes	Recommendation Group Member Discussion
Clinical Relevance	<ul style="list-style-type: none"> The committee considered how functional assessments help guide appropriate care, especially in heart failure patients, for whom decline is common and early intervention is crucial. Documentation of functional limitations may enable patients to get end-of-life care and benefits and can help families ease into conversations about this life stage. One member discussed studies going back to the 1990s that show that patient-reported functional status predicted outcomes better than physician assessments. Diagnostic tools sometimes fail to adequately capture quality of life symptoms. The committee asked for clarity on the intended care settings for the current and planned use of the measure.
Provider Burden and Feasibility	<ul style="list-style-type: none"> In rural areas, completing the assessment may be time-consuming for primary care physicians who are already low resourced. A committee member expressed concern that if the measure moves into an MVP and becomes mandatory, rural providers will not be able to perform well on the measure. The measure is difficult to implement in some EHR systems, but artificial intelligence (AI) advancements may ease barriers. Committee members stressed that we cannot only measure what is easy to measure.

Areas for Future Consideration: Committee discussions suggested that future measurement efforts should continue to prioritize functional status as a meaningful indicator of patient-centered care, particularly in heart failure management, in which early intervention is critical. Key considerations for CMS and developers included clarifying applicable care settings, addressing technological and workflow barriers to implementation, and exploring innovations—such as AI—that may reduce provider burden and improve data capture.

2.1.14 Perioperative Temperature Management [00555-03-C-MIPS]

Description: Percentage of patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer for whom at least one body temperature greater than or equal to 35.5 degrees Celsius (or 95.9 degrees Fahrenheit) was achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time.

Summary of Public Comment: This measure did not receive any public comments.

Measure Review Final Vote: Committee recommends continued use in the Merit-based Incentive Payment System.

Vote Count: Continue Use (16 votes; 84%), Do Not Continue Use (3 votes; 16%), No Recusals.

Discussion Themes	Recommendation Group Member Discussion
Meaningfulness	<ul style="list-style-type: none"> The measure steward noted that shivering, nausea, and vomiting are top complaints about patients' perioperative experience. Committee members were surprised that shivering is a more common symptom than pain.
Measure Actionability and Provider Accountability	<ul style="list-style-type: none"> The committee considered that the use of bright lights make the operating room warm and staff request that the ambient temperature be turned down. This can compromise patient warmth, as outlined by the measure steward. Discussion indicated that balance is needed between maintaining ambient temperature for staff and ensuring patient thermal comfort. The committee considered how environmental dynamics of the surgical suite and individual provider choices can influence adherence. Committee members expressed concern that without accountability or visibility, clinicians may deprioritize temperature management, which was a primary concern voiced by the measure steward.
Performance Gaps	<ul style="list-style-type: none"> The committee considered that even though the average performance rate of the measure is 98.55%, patients are still coming out of surgery in a hypothermic state, according to the measure steward. Committee members stated that the measure may only appear to be topped out, while gaps in care remain.
Specialty Relevance	<ul style="list-style-type: none"> Committee members were hesitant to remove a measure in anesthesiology and perioperative care.

Areas for Future Consideration: Committee discussions supported the importance of postoperative thermal comfort, particularly given its relevance to patient experience and recovery. Key considerations for CMS, surgical professionals, and measure developers include maintaining visibility into temperature management practices, balancing environmental and clinical needs, and ensuring accountability in perioperative care settings where performance gaps may still exist despite high overall rates.

2.1.15 Amyotrophic Lateral Sclerosis (ALS) Patient Care Preferences [00053-01-C-MIPS]

Description: Percentage of patients diagnosed with Amyotrophic Lateral Sclerosis (ALS) who were offered assistance in planning for end-of-life issues (e.g., advance directives, invasive ventilation, lawful physician-hastened death, or hospice) or whose existing end of life plan was reviewed or updated at least once annually or more frequency as clinically indicated (i.e., rapid progression).

Summary of Public Comment: This measure did not receive any public comments.

Measure Review Final Vote: Committee recommends continued use in the Merit-based Incentive Payment System.

2025 MSR Recommendations Report

Vote Count: Continue Use (18 votes; 95%), Do Not Continue Use (1 vote; 5%), No Recusals.

Discussion Themes	Recommendation Group Member Discussion
Meaningfulness to Patients	<ul style="list-style-type: none"> The committee discussed the relevance of the measure, sharing that ALS is a devastating and rapidly progressing disease, making early care planning essential. Many patients are shocked by the diagnosis and discussing end-of-life plans should not be delayed. Patient participants indicated that the measure captures the essence of what matters: the patient’s goals and voice. Doctors can struggle with end-of-life conversations, and the measure encourages education around advance care planning. The measure is low burden and deeply meaningful, especially in a space with few patient-centered metrics.
Feasibility	<ul style="list-style-type: none"> One committee member suggested that many EHRs already have advance care planning fields, so measurement is easy to implement.
Clinical Specificity	<ul style="list-style-type: none"> Committee members stressed that ALS-specific planning is different from general advance care planning, requiring nuanced, disease-specific discussions with neurologists.
Data Stream Parsimony	<ul style="list-style-type: none"> Committee members raised questions about the overlap between this measure and the Advance Care Planning measure and whether a holistic measure would be preferable to one or more condition-specific measures on the topic.

Areas for Future Consideration: Committee discussions suggested that future measurement efforts should continue to support ALS-specific care planning, given its importance in capturing patient goals early in the disease trajectory. Key considerations for CMS and measure developers include maintaining low-burden, feasible measures that reflect the unique needs of ALS patients, while evaluating potential overlap with broader advance care planning measures to ensure clarity and parsimony.

2.1.16 Urinary Symptoms Score Change 6-12 Months After Diagnosis of Benign Prostatic Hyperplasia [00741-01-E-MIPS]

Description: Percentage of patients with an office visit within the measurement period and with a new diagnosis of clinically significant Benign Prostatic Hyperplasia who have International Prostate Symptoms Score (IPSS) or American Urological Association (AUA) Symptom Index (SI) documented at time of diagnosis and again 6-12 months later with an improvement of 3 points.

Summary of Public Comment: This measure did not receive any public comments.

Measure Review Final Vote: Committee recommends continued use in the Merit-based Incentive Payment System.

Vote Count: Continue Use (17 votes; 89%), Do Not Continue Use (2 votes; 11%), No Recusals.

2025 MSR Recommendations Report

Discussion Themes	Recommendation Group Member Discussion
Measure Specification	<ul style="list-style-type: none"> • Committee members appreciated that the measure quantifies improvement in an outcome by design. • Various treatments exist for benign prostatic hyperplasia and outcomes may depend on individual patient factors. Clinicians are not required to use a certain treatment to complete the measure, and improvement on the measure can be accomplished via the treatment plan that works best for the patient.
Feasibility Challenges	<ul style="list-style-type: none"> • Committee members highlighted that getting patients to return for follow-up may impact data availability, clinical outcomes, and measure performance. • Some patients may be uncomfortable discussing urinary conditions, which impacts engagement and data collection.

Areas for Future Consideration: Committee discussions suggested that future measurement efforts should account for follow-up challenges and patient comfort, which may affect data completeness and engagement, when addressing urinary conditions through measurement. Key considerations for CMS and developers include ensuring measure feasibility across diverse clinical settings.

2.1.17 Children Who Have Dental Decay or Cavities [00126-02-E-MIPS]

Description: Percentage of children, 1-20 years of age at the start of the measurement period, who have had dental decay or cavities during the measurement period as determined by a dentist.

Summary of Public Comment: This measure did not receive any public comments.

Measure Review Final Vote: The committee does not recommend the continued use of the measure in the Merit-based Incentive Payment System.

Vote Count: Continue Use (6 votes; 32%), Do Not Continue Use (13 votes; 68%), No Recusals.

Discussion Themes	Recommendation Group Member Discussion
Performance Gaps	<ul style="list-style-type: none"> • The committee discussed that there may be limited access to dental clinics, especially in rural areas and among Medicaid patients. There is an ongoing dental workforce shortage and rural providers may not perform well on the measure due to factors outside of their control. Some practices may only take five new Medicaid patients per year. • One committee member shared that there may be cultural beliefs that minimize the importance of treating baby teeth, contributing to delayed care. Delays in pediatric dental care may have whole-body health implications for adulthood. • The committee considered that performance scores on the measure have decreased over time, indicating room for improvement and continued focus on the quality construct.

2025 MSR Recommendations Report

Discussion Themes	Recommendation Group Member Discussion
Unintended Consequences	<ul style="list-style-type: none"> • One committee member voiced concern that providers serving high-risk populations could be unfairly penalized by the measure, but committee members noted that the measure is voluntary. • Several committee members stressed the importance of adjusting for socioeconomic and clinical risk factors to avoid punitive effects.
Measure Appropriateness	<ul style="list-style-type: none"> • Committee members noted that even imperfect measures can shine a light on systemic issues and drive policy attention. • While the measure highlights problems, it doesn't guide actionable process improvements. • CMS hasn't proposed a replacement, and a committee member noted that removing the measure without a replacement would be a step backward in promoting quality dental care for children. However, one committee member noted that continuing to rely on a flawed measure may lead to incorrect conclusions. • Committee members urged CMS to develop more actionable, equitable dental health measures that support prevention and care coordination. There are only two dentistry measures available in MIPS. A committee member acknowledged that despite frustrations with the measure, it has prompted their practice to partner with pediatric dentists and build partnerships to improve pediatric dental care.
Dental Professional Participation in MIPS	<ul style="list-style-type: none"> • Committee members expressed uncertainty about how many dental professionals participate in MIPS and showed interest in understanding how coordination occurs between MIPS-participating clinicians and dentists in relation to this measure. They also expressed a desire to learn more about any measures currently in the CMS development pipeline that could serve as a future replacement.

Areas for Future Consideration: Committee discussions suggested that future measurement efforts should continue to address gaps in pediatric dental care quality while ensuring measures are actionable and support prevention and care coordination. Key considerations for CMS include adjusting for socioeconomic and clinical risk factors to avoid unintended consequences and developing quality measures that promote access to appropriate and timely dental care.

3. Discussion of Common Themes from the 2025 MSR Recommendation Meeting

3.1 Common Themes Across Measures and Programs

During the MSR Recommendation Group meeting, committee discussion yielded several recurring themes related to revising and improving measures for future use. Figure 3 shows the topics that members would like to see CMS and other measure stewards dedicate resources to in the future.



Figure 3. Areas for Future Consideration

Prioritize Measure Relevance and Lifecycle Management

One of the most pressing themes was the need to retire measures that are topped out or no longer drive meaningful improvement. This approach supports administrative efficiency by reducing reporting burden and focusing resources on measures with actionable performance variation. The committee supported maintaining a dynamic and clinically relevant measure portfolio. Measures that were considered topped out, misaligned with current guidelines, or lacking actionability by providers were not recommended for continued use. These included Discharged on Antithrombotic Therapy (00211-02-E-HIQR/PI), Sentinel Lymph Node Biopsy for Invasive Breast Cancer (00676-01-C-MIPS), and Children Who Have Dental Decay or Cavities (00126-02-E-MIPS). While these measures had previously served important roles, their continued use was seen as offering limited value in driving improvement. Committee members cautioned against labeling measures as topped out when reporting is voluntary, noting that

Version 1.0 | November 2025 | *The analyses upon which this publication (or document) is based were performed under 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. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.*

2025 MSR Recommendations Report

limited uptake may obscure true performance variation. They suggested that CMS explore strategies to increase participation in such measures to better identify and close remaining gaps in care.

The committee also raised concerns about stewardship transitions, particularly for Coronary Artery Disease: Antiplatelet Therapy (00178-01-C-MIPS), which was recommended for continued use but flagged for retirement in 2027 due to the American Heart Association's withdrawal from stewardship. The planned withdrawal of stewardship by the American Heart Association raised concerns about continuity and accountability for ensuring focus on an important clinical area. The committee urged CMS to proactively manage transitions in stewardship to avoid disruptions in data availability and misalignment with clinical guidance. Ensuring that measures remain supported by credible, engaged stewards is essential for maintaining trust in measurement and consistent focus on health care quality.

Promote Scientific Rigor and Evidence-Based Design

Measures grounded in current clinical evidence and aligned with best practices received strong support. The committee recommended continued use of Anticoagulation Therapy for Atrial Fibrillation/Flutter (00062-04-E-HIQR/PI), recognizing its importance in stroke care and transitions of care, despite complexities in attribution and prescribing decisions. In contrast, Sentinel Lymph Node Biopsy (00676-01-C-MIPS) was not recommended for continued use due to misalignment with updated breast cancer treatment guidelines. Discussions around Coronary Artery Disease: Antiplatelet Therapy (00178-01-C-MIPS) and impacts of the latest evidence from published literature highlighted the need for measure exclusions to be updated to align with guidelines, but lack of stewardship raised concern about the viability of making updates.

To strengthen the scientific credibility and policy relevance of CMS quality measures, the committee emphasized the importance of consensus-based entity (CBE) endorsement. Endorsement serves as a signal that a measure has undergone rigorous, transparent evaluation and meets established standards for validity, reliability, and feasibility. Measures such as Anticoagulation Therapy for Atrial Fibrillation/Flutter (00062-04-E-HIQR/PI) and Coronary Artery Disease: Antiplatelet Therapy (00178-01-C-MIPS) were discussed in the context of their clinical importance, but concerns were raised about the lack of current endorsement (along with lack of enduring stewardship). CBE endorsement not only supports alignment with national priorities but also facilitates broader adoption across programs, reduces duplication, and enhances stakeholder confidence in measure safety and effectiveness. Encouraging measure developers and stewards to seek and maintain endorsement can help CMS ensure that its measure portfolio reflects the highest standards of safety and scientific rigor.

Advance Care Continuity and Cross-Setting Coordination

The committee discussion underscored the importance of measures that efficiently support continuity across inpatient, outpatient, and home health settings. Measures that incentivize early intervention and care coordination—especially in home health and inpatient psychiatric settings—can yield substantial savings while improving population health. Screening for Metabolic Disorders (00673-01-C-IPFQR) and Influenza Immunization (00386-03-C-IPFQR, 00389-01-C-HHQR) were recommended for continued use, with recognition that some

Version 1.0 | November 2025 | *The analyses upon which this publication (or document) is based were performed under 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. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.*

2025 MSR Recommendations Report

patients—particularly those in inpatient psychiatric or home health settings—may receive preventive care only during these encounters. However, challenges in attribution, communication, and record-sharing between providers and settings were noted as barriers to long-term impact.

Future considerations include clarifying attribution between different care settings, enhancing infrastructure for care coordination and interoperability, and assessing which screening touchpoints are suitable for patients with limited engagement in outpatient care.

Resolve Data Capture Challenges and EHR Limitations

Persistent challenges in data capture were noted across several measures. Functional Status Assessments for Heart Failure (00282-05-E-MIPS) was recommended for continued use due to its patient-centered focus, but members flagged technological and workflow barriers, especially in rural settings. The committee stressed that data entry should reflect true patient-reported outcomes and not rely solely on provider documentation. Manual data extraction remains a challenge for Screening for Metabolic Disorders (00673-01-C-IPFQR) and Influenza Immunization (00386-03-C-IPFQR), prompting calls for electronic reporting formats to reduce burden and improve feasibility.

Future considerations include clarifying applicable care settings, exploring AI and other innovations to reduce provider burden, and transitioning to eCQMs where feasible to improve data accuracy and usability.

Recognize and Mitigate Structural Barriers to Measure Implementation

Structural barriers such as workforce shortages, resource constraints, and fragmented care systems were central to several discussions. Measures like Left Without Being Seen (00410-01-C-HOQR), Median Time from ED Arrival to Departure (00427-01-C-HOQR), and Children Who Have Dental Decay or Cavities (00126-02-E-MIPS) were not recommended for continued use. While committee members asserted these measures highlighted important health care quality issues, members noted that without actionable pathways or adequate support, they may unfairly penalize providers serving populations at risk for poor health outcomes. The committee cautioned against removing measures without appropriate replacements, as doing so could reduce visibility in critical areas of care.

Future considerations include minimizing reporting gaps during transitions to new measures, adjusting for socioeconomic and clinical risk factors to avoid punitive effects, and developing quality measures that promote access and timely care for populations experiencing gaps in care. Risk-adjustment strategies and flexible reporting pathways can help ensure that providers serving populations at risk for poor health outcomes are not unfairly penalized, thereby supporting fairness and sustainability in value-based programs.

Integrate Public Health and Preventive Care

Public health and preventive care measures can support health care interventions that reduce long-term health care costs while improving population outcomes. The committee

2025 MSR Recommendations Report

recommended continued use of Influenza Immunization (00386-03-C-IPFQR, 00389-01-C-HHQR) and Screening for Metabolic Disorders (00673-01-C-IPFQR), emphasizing their role in protecting vulnerable populations. Committee discussions highlighted the importance of accounting for patient refusal, vaccine hesitancy, and access barriers, particularly in home health and inpatient psychiatric settings.

Preventive interventions—particularly in settings where patients may have limited access to primary care—can reduce avoidable hospitalizations, emergency department visits, and downstream complications that drive up healthcare spending. These measures also align with CMS’s value-based care goals by promoting early detection and timely intervention, which are more cost-effective than reactive treatment. Moreover, integrating preventive care into inpatient and home health workflows supports operational efficiency by leveraging existing encounters to deliver high-impact services. The committee encouraged CMS to continue prioritizing preventive measures that demonstrate both clinical benefit and cost containment, and to support their implementation through streamlined reporting and digital infrastructure. Future considerations include designing measures that reflect patient preferences, addressing timing and interoperability challenges, and exploring electronic reporting options to reduce administrative burden and improve implementation.

Emphasize Patient-Centeredness and Shared Decision Making

Measures that reflect patient goals and support shared decision making were strongly supported. The committee recommended continued use of ALS Patient Care Preferences (00053-01-C-MIPS), Oncology: Pain Intensity Quantified (00474-01-C/02-E-MIPS), and Oncology: Plan of Care for Pain (00473-01-C-MIPS), recognizing their importance in capturing meaningful aspects of care. These measures were seen as especially valuable for vulnerable populations and in settings where pain management and end-of-life planning are critical. Members emphasized that removing these measures would reduce visibility in patient priorities and urged CMS to maintain measures that support individualized care.

Future considerations include maintaining low-burden, technically feasible measures that reflect patient goals, preserving paired pain measures to support both feasibility and meaningfulness, and ensuring reporting within Medicare programs reflects the complexity of care planning across diverse settings. These measures not only improve care quality but also support efficient resource use by aligning treatment plans with patient goals, reducing unnecessary interventions, and enhancing patient experience.

3.2 Next Steps for the 2025 MSR Cycle

A detailed summary of the MSR meeting and recording of the meeting are available at the PQM website. The MSR Recommendation Group recommendations will have a final public comment period. Public comments will not change the final committee recommendations but will serve as an additional source of information for CMS on the measures discussed. CMS will consider the Recommendation Group votes, discussion points, and recommendation rationales in future rulemaking for the measures reviewed during the 2025 MSR cycle.

Appendix 1: Acronyms

Please note: The following list encompasses acronyms that Battelle commonly encounters and uses in its work as a CBE. Not all acronyms will appear in this document.

Acronym	Definition
ACA	Affordable Care Act
ACC	American College of Cardiology
ACO	Accountable Care Organization
AGC	After Government Contract
AHIP	Formerly known as American Health Insurance Partnership
AHRQ	Agency for Healthcare Research and Quality
AI Pilot	Artificial Intelligence Pilot
AIPAC	Advanced Illness and Post-Acute Care
AIR	American Institutes for Research
ANOVA	Analysis of Variance
ASCO	American Society of Clinical Oncology
ASCQR	Ambulatory Surgical Center Quality Reporting Program
ASCs	Ambulatory Surgical Centers
C&E	Cost and Efficiency
CAH	Critical Access Hospital
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CBE	Consensus-Based Entity
CBE ID	Consensus-Based Entity Identification
CDC	Centers for Disease Control and Prevention
CDS	Clinical Decision Support
CDSS	Clinical Decision Support System
CIS	Clinical Information Systems
CMIT	CMS Measures Inventory Tool
CMMI	Center for Medicare and Medicaid Innovation
CMS	Centers for Medicare & Medicaid Services
CO	Contracting Officer
COIs	Conflicts of Interest
COR	Contracting Officer's Representative
CPG	Clinical Practice Guidelines

Version 1.0 | November 2025 | *The analyses upon which this publication (or document) is based were performed under 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. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.*

2025 MSR Recommendations Report

Acronym	Definition
CQL	Clinical Quality Language
CQM	Clinical Quality Measure
CQMC	Core Quality Measures Collaborative
CSAC	Consensus Standards Approval Committee
DEL	CMS Data Element Library
Del.	Deliverable
DOI	Disclosure of Interest
dQMs	Digital Quality Measures
DRC	Direct Reference Code
E&M	Endorsement and Maintenance
EC	Electronic Copy
eCQI	Electronic Clinical Quality Improvement
eCQM	Electronic Clinical Quality Measures
ED	Emergency Department
EHR	Electronic Health Record
EPC	Evidence-Based Practice Center
ESRD QIP	End-Stage Renal Disease Quality Improvement Program
EVI	Expected Value of Information
FAQs	Frequently Asked Questions
FFS	Fee-For-Service
FHIR	Fast Healthcare Interoperability Resources
FMS	Full Measure Submission
FY	Fiscal Year
HACRP	Hospital-Acquired Conditions Reduction Program
HCBS	Home and Community-Based Services
HCD	Human-Centered Design
HEDIS	Healthcare Effectiveness Data and Information Set
HH QRP	Home Health Quality Reporting Program
HH VBP	Home Health Value-Based Purchasing
HHS	Department of Health and Human Services
HIQR	Hospital Inpatient Quality Reporting
HOPD	Hospital Outpatient Department
HOPE	Hospice Outcomes and Patient Evaluation

Version 1.0 | November 2025 | *The analyses upon which this publication (or document) is based were performed under 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. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.*

2025 MSR Recommendations Report

Acronym	Definition
HOQR	Hospital Outpatient Quality Reporting
HQMF	Health Quality Measurement Format
HQR	Hospice Quality Reporting
HQRP	Hospice Quality Reporting Program
HRRP	Hospital Readmission Reduction Program
HSAG	Health Services Advisory Group
HTML	Hypertext Markup Language
HVBP	Hospital Value-Based Purchasing
IAW	In Accordance With
ICD	International Classification of Diseases (International Statistical Classification of Diseases and Related Health Problems)
IHI	Institute for Healthcare Improvement
IMPACT Act	Improving Medicare Post-Acute Care Transformation Act
IPF	Inpatient Psychiatric Facilities
IPF QRP	Inpatient Psychiatric Facility Quality Reporting Program
IPPS	Inpatient Prospective Payment System
IQR	Inpatient Quality Reporting
IR	Initial Recognition
IRF	Inpatient Rehabilitation Facilities
IRF QRP	Inpatient Rehabilitation Facility Quality Reporting Program
IT	Information Technology
ITS	Intent to Submit
LLMs	Large Language Models
LTACH	Long-Term Acute Care Hospitals
LTCH	Long-Term Care Hospital
LTCH QRP	Long-Term Care Hospital Quality Reporting Program
MA	Medicare Advantage
MACRA	Medicare Access and CHIP Reauthorization Act
MACS	Medicaid: Adult Core Set
MAQIP	Medicare Advantage Quality Improvement Program
MAT	Measure Authoring Tool
MCCS	Medicaid: Child Core Set
MCO	Managed Care Organization

2025 MSR Recommendations Report

Acronym	Definition
MERIT	Measures Under Consideration Entry/Review Tool
MIPPA	Medicare Improvement for Patients and Providers Act of 2008
MIPS	Merit-based Incentive Payment System
MLTSS	Managed Long-Term Service and Support
MMS	Measures Management System
MS-DOI	Measure-Specific Disclosure of Interest
MSR	Measure Set Review
MSSP	Medicare Shared Savings Program
MUC	Measures Under Consideration
n	Sample Size
NCDC	National Consensus Development and Strategic Planning for Health Care Quality Measurement Contract
NCQA	National Committee for Quality Assurance
NHDNG	Novel Hybrid Delphi and Nominal Groups
NHQI	Nursing Home Quality Initiative
NLP	Natural Language Processing
NQF	National Quality Forum
NQS	CMS National Quality Strategy
NTTAA	National Technology Transfer and Advancement Act
OMB	Office of Management and Budget
OP	Option Period
OY	Option Year
PA	Preliminary Assessment
PAC/LTC	Post-Acute Care/Long-Term Care
PaLS	Patient Life Goals Survey
PAM	Patient Activation Measure
PCHQR	PPS-Exempt Cancer Hospital Quality Reporting
PDF	Portable Document Format
PIE Form	Pre-Meeting Initial Evaluation Form
PL	Project Leader
PM	Project Manager
PMP	Project Management Plan
POC	Point of Contact

2025 MSR Recommendations Report

Acronym	Definition
PPS	Prospective Payment System
PQA	Pharmacy Quality Alliance
PQM	Partnership for Quality Measurement
PRA	Paperwork Reduction Act
PRMR	Pre-Rulemaking Measure Review
PRO	Patient-Reported Outcome
PROM	Patient-Reported Outcome Measure
PRO-PMs	Patient-Reported Outcome Performance Measures
Q&A	Question & Answer
QC	Quality Control
QCDR	Qualified Clinical Data Registries
QDM	Quality Data Model
QI	Quality Improvement
QMDSA	Quality Measure Developer and Steward Agreement
QPP	Quality Payment Program
REHQR	Rural Emergency Hospital Quality Reporting (Program)
SDOH	Social Determinants of Health
SES	Socioeconomic Status
SLIN	Subline Item Number
SMEs	Subject Matter Experts
SMP	Scientific Measures Panel
SNF	Skilled Nursing Facilities
SNF QRP	Skilled Nursing Facility Quality Reporting Program
SNF VBP	Skilled Nursing Facility Value-Based Purchasing
SOP	Standard Operating Procedure
SOW	Statement of Work
SSA	Social Security Administration
STAR	Submission Tool and Repository
SUD	Substance Use Disorder
TBD	To Be Determined
TEP	Technical Expert Panel
TL	Task Lead
UMLS	Unified Medical Language System

Version 1.0 | November 2025 | *The analyses upon which this publication (or document) is based were performed under 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. Restricted: Use, duplication, or disclosure is subject to the restrictions as stated in Contract Number 75FCMC23C0010 between the Government and Battelle.*

2025 MSR Recommendations Report

Acronym	Definition
USCDI	United States Core Data for Interoperability
VSAC	Value Set Authority Center
Yale CORE	Yale Center for Outcomes Research and Evaluation

