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National Consensus Development and Strategic Planning for Health Care Quality Measurement

Pre-Rulemaking Measure Review (PRMR) CMS Leads and Measure Developer and Steward Education Meeting

December 2025

Prepared by:
Battelle
505 King Avenue, Columbus, Ohio 43201

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National Consensus Development and Strategic Planning for Health Care Quality Measurement

Deliverable 2-11: Pre-Rulemaking Measure Review CMS Leads and Measure Developer and Steward Education Meeting Summary

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

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

Technical POC:
Dr. Nicole Brennan
Project Leader
brennan@battelle.org

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

Contract POC:
Ms. Shadie Teymourian
Sr. Contracts Manager
teymourian@battelle.org

Government Authorized Signatory:
Mr. Scott Filipovits
Contracting Officer (CO)
scott.filipovits@cms.hhs.gov

Authorized Signatory

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Pre-Rulemaking Measure Review — 2025 CMS Leads and Measure Developer and Steward Education Meeting Summary

Battelle staff convened Centers for Medicare & Medicaid Services (CMS) leads and measure developers and stewards for an educational web meeting on December 17, 2025, to discuss the 2025-2026 Pre-Rulemaking Measure Review (PRMR) process and evaluation criteria and to review the timeline. During the meeting, participants reviewed the updated PRMR processes, evaluation criteria, and the roles of CMS leads and measure developers and stewards. The meeting concluded with a timeline review and discussion around updated meeting formats.

Welcome and Introduction

Meridith Eastman, PhD, MSPH, PRMR and Measure Set Review (MSR) task lead, introduced herself and welcomed CMS staff, measure developers, and stewards to the meeting. She reviewed the agenda for the meeting, noting the meeting's purpose was to review the PRMR process, discuss the changes Battelle made for this upcoming cycle, and provide an opportunity for CMS and measure developers and stewards to ask questions. Dr. Eastman introduced Melissa Gross, BSN, CMS lead for PRMR, who thanked everyone for joining. Ms. Gross greeted participants and encouraged everyone to ask questions about the processes and their responsibilities.

Overview of the Partnership for Quality Measurement (PQM)

Dr. Eastman provided an overview of the Partnership for Quality Measurement (PQM). She explained that Battelle is the consensus-based entity (CBE) funded through the CMS National Consensus Development and Strategic Planning for Health Care Quality Measurement Contract to oversee the endorsement and maintenance of quality measures as well as the engagement of interested parties in the CMS pre-rulemaking process. PQM is the membership organization that enables Battelle to facilitate this work. PQM aims to ensure that quality measurement review processes are reliable, transparent, attainable, balanced, and meaningful.

Dr. Eastman explained that the goal of the PRMR process is to develop actionable recommendations for measures listed on the Measures Under Consideration (MUC) List. PRMR leverages the modified Novel Hybrid Delphi and Nominal Groups (NHDNG) technique to structure balanced committees and drive toward consensus.

She reviewed PRMR process updates for the 2025-2026 cycle, including increased accountable care organization (ACO) representation, clarification on voting confidentiality and independence, revised patient assignment procedures, amended conflict of interest policy, and updated PRMR voting procedures. Dr. Eastman noted that committees have a broad representation of interested parties, including those who are most impacted by quality measures. Committee membership includes both individual and organizational seats.

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PRMR Process

Dr. Eastman noted that the PRMR process begins when the Department of Health and Human Services (HHS) publishes the MUC List. Typically, the list is published on December 1, however, the government shutdown led to delayed publication on December 15. The purpose of PRMR is to assess if a measure is appropriate for use in a specific CMS program and for a population of Medicare beneficiaries. The process results in consensus-based recommendations about measures for CMS programs. She briefly reviewed the listening session and Recommendation Group meeting procedures, noting that due to the compressed PRMR schedule, Advisory Group members will not meet separately to discuss the measures. Instead, they are invited to participate in the Recommendation Group meetings as non-voting discussants.

Dr. Eastman reviewed responsibilities for both CMS leads and measure developers and stewards. CMS leads' responsibilities include developing the CMS rationale to be included in preliminary assessments (PAs) and reviewing the full PAs, attending listening sessions in January to hear live comments and address public concerns in real time, attending the CMS Leads Preparation Meeting to preview the Recommendation Group meeting materials, and attending the Recommendation Group meetings. For each PRMR cycle, measure developers and stewards are expected to review PAs for accuracy, attend relevant listening sessions to understand and respond to public concerns or questions, and attend the Recommendation Group meetings to respond to committee questions and observe measure discussion and voting. Measure developers and stewards will also have the option to respond to written public comments on the MUC List to clarify measure information or address misconceptions.

Dr. Eastman then detailed the three key stages of the PRMR process: (1) information collection, (2) analysis and feedback, and (3) discussion and recommendation.

- **During the information collection phase**, Battelle develops preliminary assessments (PAs) for each measure on the MUC List. Battelle publishes the PAs along with the MUC List on the PQM website for a 21-day public comment period.
- **During analysis and feedback,** Battelle hosts three listening sessions, one per setting, where CMS, Battelle staff, and measure developers/stewards hear brief comments/questions on measure(s) of interest. Battelle publishes public comments received during the listening sessions and from the written public comment period on the PQM website. Dr. Eastman noted that Pre-Meeting Initial Evaluation (PIE) Forms, which capture the committee's preliminary written feedback on MUC List measures, are optional for committee members this year due to the compressed PRMR schedule of activities.
- **During discussion and recommendation,** the Recommendation Group meetings happen. At the Recommendation Group meeting:
  - Battelle introduces the measure.
  - CMS summarizes the inclusion rationale.
  - Battelle summarizes public comments and closing gaps of care findings.
  - Advisory Group members, who are invited to attend the Recommendation Group meetings this cycle, have the opportunity to share priority issues.
  - Patient Advisory and Recommendation Group members provide their feedback.
  - All Recommendation Group members discuss the measure.
  - Following the discussion, the Recommendation Group members cast their votes,

recommending whether CMS should include each MUC in the designated CMS quality program.

Dr. Eastman added that Battelle will publish the final recommendations by February 1, 2026. The spreadsheet of final recommendations will undergo a 15-day public comment period during which members of the public can provide CMS with additional feedback on the measures and final recommendations. Public comments do not impact the final recommendations but provide additional information for CMS as they go through rulemaking.

PRMR Evaluation Criteria

Lydia Stewart-Artz, PhD, PRMR and MSR evaluation lead, provided an overview of the evaluation criteria used in PRMR: Meaningfulness, Appropriateness of Scale, and Time-to-Value Realization.

Meaningfulness is considered in two domains for each measure: Concept of Interest and Context of Use. Dr. Stewart-Artz noted that when committee members evaluate Meaningfulness in the Concept of Interest, they evaluate whether the measure provides:

- Evidence that the measure focus is associated with a material outcome for persons and entities (Importance)
- Measure components and specifications that are designed to align with the intent of the measure focus and target population (Conformance)
- Demonstration that the tools, processes, and people necessary to implement and report on the measure are reasonably available (Feasibility)

When evaluating Meaningfulness in the Context of Use, committee members consider if the measure provides importance, validity, reliability, and usability by evaluating whether the measure provides:

- A rationale for why the measure's use in the selected quality program will generate benefits that exceed the costs (Importance)
- Demonstration through data or logic that there are known and effective ways that the person or entity should use to improve the measure focus (Validity)
- Demonstration through data that changes in measure performance are due to improvements in quality of care (Reliability)
- Demonstration that any barriers or facilitators to whether the person or entity could use those ways are known and addressed (Usability)

When evaluating Appropriateness of Scale, committee members consider whether the measure is balanced and scaled to meet program-target population-specific goals. The Time-to-Value realization assertion requires committee members to consider whether the measure has a plan for near- and long-term positive impacts on the targeted program and population as the measure matures.

Dr. Stewart-Artz shared that committee members use the PAs to aid in measure evaluation. PAs contain detailed information about the measure's specifications, endorsement, usage, the rationale for its inclusion in the CMS program, considerations for statutorily required measure areas, summary of performance on PRMR criteria, and reliability and validity testing results and

analysis. She clarified that while Battelle does not perform new reliability testing on measures, Battelle does reformat submitted reliability from developers into a decile table to show the distribution, which can aid the committee in comparing measures tested in large versus small populations. Dr. Stewart-Artz re-emphasized that PIE Forms are optional this cycle due to the compressed schedule of PRMR activities. The PIE Forms include a plain-language description of the criteria and detailed instructions, featuring seven questions related to the evaluation criteria. She noted that Battelle encouraged committee members to use PIE Forms in their preparation and for reference as an additional tool during measure discussion.

Meeting Process

Dr. Eastman outlined the PRMR meeting processes. She noted that the Recommendation Group meetings will be held virtually January 12-14, 2026. CMS, measure developers, and measure stewards are expected to attend the meetings. She added that Battelle will provide a measure review schedule prior to the meeting.

Dr. Eastman explained the voting procedures, highlighting that for this cycle, the Battelle moderator will open voting for the measure while the discussion pauses for a minute to begin vote collection. Recommendation Group members may continue voting while the meeting moves on to the next measure for discussion. Battelle staff will track all votes and follow up with any outstanding voters until the committee reaches quorum and will note in the chat when voting closes.

The discussion quorum requires attendance of at least 60% of the Recommendation Group members at roll call at the beginning of the meeting. The voting quorum, on the other hand, requires at least 80% of active and non-recused Recommendation Group members. If the committee does not meet discussion quorum, discussions are postponed until a backup meeting. If the committee does not meet voting quorum, the committee discusses the measures but votes asynchronously.

She noted that committee members vote to either recommend or not recommend the measure be added to its intended CMS program. Dr. Eastman explained that committee members have the option to provide any considerations they may have if they vote to recommend a measure. However, committee members must provide reasoning for voting do not recommend.

Consensus is reached when 75-100% of committee members committee members vote to recommend or not recommend the measure. If 60-74% of committee members vote to either recommend or not recommend the measure, Battelle staff report that, although consensus was not reached, most of the committee expressed some support or some concern for use of the measure in the CMS program. Consensus is not reached if 41-59% of committee members vote to recommend or not recommend the measure.

After the meeting, Battelle staff synthesizes the voting results and discussions into a report for CMS. This report includes the rationale behind each recommendation as well as any concerns or areas of dissent.

Next Steps and Key Timeline

Kate Buchanan, MPH, PRMR and MSR deputy task lead, reviewed the timeline, noting that the Battelle will post the final PAs on the PQM website on December 22.

Ms. Buchanan provided next steps for both CMS leads and measure developers and stewards:

- CMS leads will meet with Battelle staff on January 5 for the CMS Leads Preparation Meeting. During this meeting, they can discuss the Recommendation Group meeting agendas with Battelle staff. PIE Form results and public comments will not be available in time for the meeting, but Battelle will provide a spreadsheet of the public comments prior to the Recommendation Group meetings.
- CMS leads and measure developers and stewards will attend the relevant listening sessions for their measure(s) to answer questions from the public. Measure developers and stewards will also be able to respond to written public comments via the PQM website.
- CMS leads, measure developers, and measure stewards will receive meeting materials 1 week prior to the Recommendation Group meetings.

Ms. Buchanan provided dates for the upcoming PRMR meetings:

- PRMR CMS Leads Preparation Meeting – January 5, 2026, 1:00-2:00 PM ET
- Hospital Listening Session – January 6, 2026, 1:00-2:00 PM ET
- Clinician Listening Session – January 7, 2026, 1:00-2:00 PM ET
- Post-Acute Care/Long-Term Care (PAC/LTC) Listening Session – January 8, 2026, 1:00-2:00 PM ET
- Hospital Recommendation Group Meeting – January 12-13, 2026, 10:00 AM-5:00 PM ET
- Roundtable: Administration Priorities for Quality Measurement Discussion – January 14, 2026, 9:00-11:30 AM ET
- Clinician Recommendation Group Meeting – January 14, 2026, 12:00-2:45 PM ET
- PAC/LTC Recommendation Group Meeting – January 14, 2026, 3:00-4:45 PM ET

She noted that following the Recommendation Group meetings, Battelle will:

- Deliver the Draft MUC Recommendations Spreadsheet on January 20 for review until January 28.
- Submit the Final MUC Recommendations Spreadsheet on January 30, which will be published on the PQM website and undergo public comment until February 16.
- Deliver the Draft MUC Recommendations Report to CMS on February 3 for review until February 13.
- Submit the Final MUC Recommendations Report on February 25.

Roundtable: Administration Priorities for Quality Measurement

Due to time constraints, Battelle presenters were unable to review two slides on the cross-committee roundtable discussion on administration priorities for quality measurement. Battelle will follow up by providing a brief written summary of this topic to all meeting invitees.

Conclusion

The meeting concluded with Battelle extending gratitude to all participants for their continued engagement.

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