

Pre-Rulemaking Measure Review (PRMR) 2025-2026 Clinician Recommendation Group Meeting

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

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January 14, 2026

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.

Meeting Agenda



12:00 PM

Welcome and Process Overview

12:30 PM

Measure Review

2:45 PM

Adjourn

Welcome and Introductions

Brenna Rabel | Battelle



Housekeeping Reminders



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



To participate in the discourse, type in the chat or raise your hand. Battelle staff will serve as virtual moderators.



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

Community Guidance



- Respect all voices.
- Remain engaged and actively participate.
- Keep your comments concise and focused.
- Be respectful and allow others to contribute.
- Share your experiences.
- Learn from others.

Acronyms



- CBE: Consensus-Based Entity
- CMIT: CMS Measures Inventory Tool
- CMS: Centers for Medicare & Medicaid Services
- E&M: Endorsement and Maintenance
- EHR: Electronic Health Record
- MERIT: MUC Entry/Review Information Tool
- MSR: Measure Set Review
- MUC: Measures Under Consideration
- PA: Preliminary Assessment
- PIE: Pre-Meeting Initial Evaluation
- PRMR: Pre-Rulemaking Measure Review
- PQM: Partnership for Quality Measurement
- RG: Recommendation Group
- STAR: Submission Tool and Repository

Introductions



Battelle Staff

- Brenna Rabel, MPH, Partnership for Quality Measurement (PQM) Technical Director
- Jeff Geppert, JD, EdM, Measure Science Team Lead
- Dr. Meridith Eastman, PhD, MSPH, PRMR/MSR Task Lead
- Kate Buchanan, MPH, PRMR/MSR Deputy Task Lead
- Dr. Lydia Stewart-Artz, PhD, MHS, PRMR/MSR Evaluation Lead
- Isaac Sakyi, MSGH, PRMR/MSR Lead Analyst
- Dr. Ruth Gatiba, DrPH, PMP, PRMR/MSR Program Manager

Centers for Medicare & Medicaid Services (CMS) Staff

- Dr. Michelle Schreiber, MD, Deputy Director of the Center for Clinical Standards and Quality (CCSQ) and the Director of the Quality Measurement and Value-Based Incentives Group (QMVIG)
- Helen Dollar-Maples, RN, Acting Deputy, QMVIG
- Nidhi Singh Shah, MPH, Acting Director, DPMS, CCSQ
- Charlayne Van, JD, CMS Contracting Officer's Representative
- Melissa Gross, BSN, CMS PRMR/MSR Lead
- CMS Medical Officers
- CMS Leads

Roll Call and Disclosures of Interest

Kate Buchanan | Battelle



Disclosures of Interest (DOIs)



- Prior to the meeting, committee members were asked to complete a “measure-specific DOI” form for each measure, or batch of measures, assigned to the committee.
- During the Recommendation Group (RG) meeting, committee members verbally disclose relevant interests.
- If there is a perceived or actual conflict of interest (COI), Battelle requires affected members to recuse themselves from voting regarding the applicable measure(s); however, the affected members may participate in discussion about the measure(s).

Clinician Recommendation Group Roll Call



Co-Chairs: Christa Starkey and Deepak Gopal

Ramsey Adballah

Erin Ferranti

Diane O'Connor

Bradford Tinloy

Nishant Anand

Jonathan French

Tipu Puri

Michael Toedt

Rose Baez

Barbara Goodman

Amir Qaseem

Kayla Waldron

Mary Baliker

Ashraf Harahsheh

Megan Reyna

Jennifer Woodward

Reginald Barnes

Richard Heller

Kristyne Roeger

Wei Ying

Stephanie Braxton

Anne Boffa

Geoffrey Rose

Zeeshan Butt

John Hitchens

Koryn Rubin

Matthew Cerasale

Deirdre Mylod

Jeff Susman

PRMR Clinician Co-Chair Introductions

Christa Starkey

Dr. Deepak Gopal



CMS Opening Remarks

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



Late-breaking Clinician Measure Updates

CMS



PRMR Process Overview

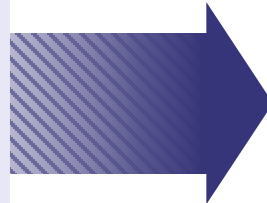
Dr. Meredith Eastman | Battelle



PRMR Overview



The **PRMR process** builds consensus to recommend measures under consideration (MUCs) for inclusion in CMS quality reporting and value-based programs.



Committees of interested parties evaluate measures on whether they are:

- ✓ Meaningful
- ✓ Tailored to a unique program and population need
- ✓ Balanced and scaled to meet program-specific goals
- ✓ Demonstrating a clear vision of near- and long-term program impacts

PRMR Cycle



The Department of Health & Human Services (HHS) annually publishes a list of measures under consideration (i.e., the MUC List) for future federal rulemaking by December 1.*



The PRMR process results in consensus-based recommendations about MUC List measures for CMS programs.

The PRMR process assesses if a measure is appropriate for use in the intended CMS program(s) and target population(s).



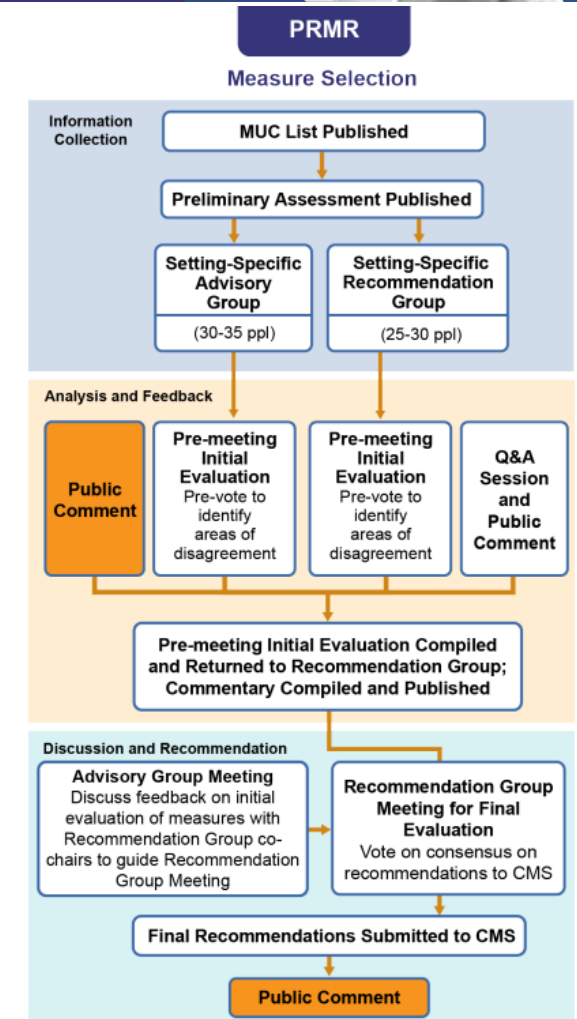
PRMR Process

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

Three major phases:

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

Complete details on the PRMR process are in the [Guidebook of Policies and Procedures for Pre-Rulemaking Measure Review \(PRMR\) and Measure Set Review \(MSR\)](#).



PRMR Measure Evaluation

Dr. Lydia Stewart-Artz | Battelle



PRMR Assertions



Meaningfulness: Concept of Interest

- When evaluating meaningfulness of the concept of interest, committees should 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, process, and people necessary to implement and report on the measure are reasonably available (Feasibility)

PRMR Assertions

(cont., 1)



Meaningfulness: Context of Use

- When considering meaningfulness in the context of use, committees should evaluate 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)

PRMR Assertions

(cont., 2)



Appropriateness of Scale:

- Is the measure balanced and scaled to meet program-target population-specific goals?
 - ✓ Evaluation of the appropriateness of scale assertion considers the evidence about the distribution of benefits and of risks/harms of the measure distributed across subpopulations and how risks/harms of the measure may be mitigated.



PRMR Assertions

(cont., 3)



Time-to-Value Realization:

- Does the measure have a plan for near- and long-term positive impacts on the targeted program and population as measure matures?
 - ✓ The time-to-value realization addresses changes in the benefits or harms that may come from measuring something over time.
 - ✓ Committees can evaluate the time-to-value realization by considering how the harms and benefits change over time, ways the benefits of the measure might be prolonged, and how potential harms could be prevented.



Preliminary Assessments



- Battelle provided committee members with measure-specific preliminary assessments (PAs).
- PAs include:
 - Descriptive information about measure specification, endorsement, and use
 - CMS-provided rationale for measure inclusion in the CMS program
 - Considerations for statutorily required measure areas and upcoming rulemaking
 - Analysis of most recent past 3-year performance data in CMS program

Preliminary Assessment Inputs



Content submitted through CMS MERIT



Information in the PQM Submission Tool and Repository (STAR) database



Results from additional reliability analyses conducted by Battelle, when possible



Findings from the scientific literature



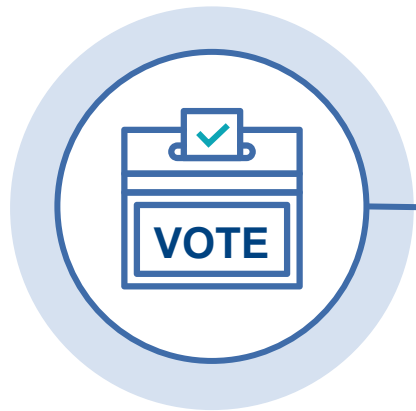
Learnings from conversations with measure developers/measure stewards and CMS

PRMR Voting Procedures

Kate Buchanan | Battelle



Voting Procedures

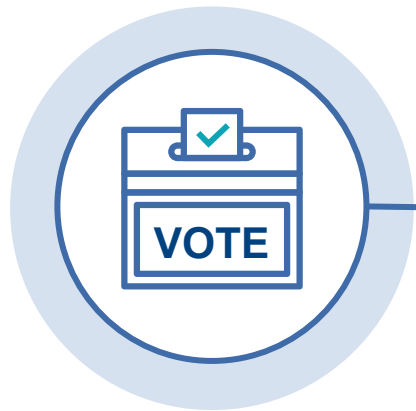


The Battelle moderator will open voting for the measure, and the discussion pauses for 1 minute to begin collection of votes.

RG members may continue voting while the meeting moves to the next measure.

Battelle will track all votes and follow up with any outstanding voters until quorum is reached. The Battelle voting staff will note in the chat when voting closes.

Voting Procedure – Consensus



Battelle staff will work with co-chairs to establish meeting ground rules and goals, keep discussion on track, prevent discussions from being dominated by a small number of participants, and ensure decisions are reached.

Battelle will utilize an online voting system to capture votes by committee members.

Consensus is a minimum of 75% agreement among members

Online Voting



Online voting via Poll Everywhere



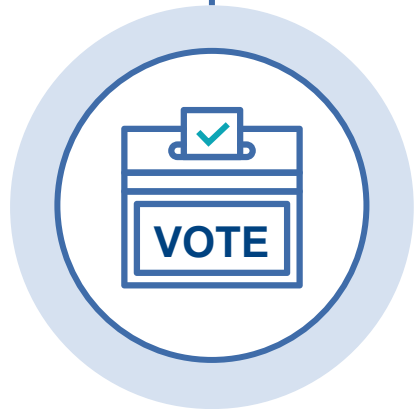
Link provided via email to voting members



Vote at time indicated by facilitator for each measure

If you need voting assistance, please contact the project team via chat on the virtual platform or at PQMsupport@battelle.org.

Voting Procedure – Quorum



Discussion quorum: The discussion quorum requires the attendance of at least 60% of the Recommendation Group members at roll call at the beginning of the meeting.

Voting quorum: The voting quorum requires at least 80% of active Recommendation Group members who have not been recused.

Voting Procedure – Quorum (*cont. 1*)



Maintaining voting quorum is extremely important to the process, and we kindly request you stay for the entirety of discussion and voting.

- If the voting quorum is not met, we will collect the votes for those present and follow up with absent participants until a voting quorum is reached.



Quorum Requirements



Discussion Quorum

- 19 needed to have discussion

Voting Quorum

- 25 members needed to hold vote

PRMR Recommendation Voting



Committee votes on overall recommendation of the measure



Recommend that the measure be added to the intended CMS program(s)

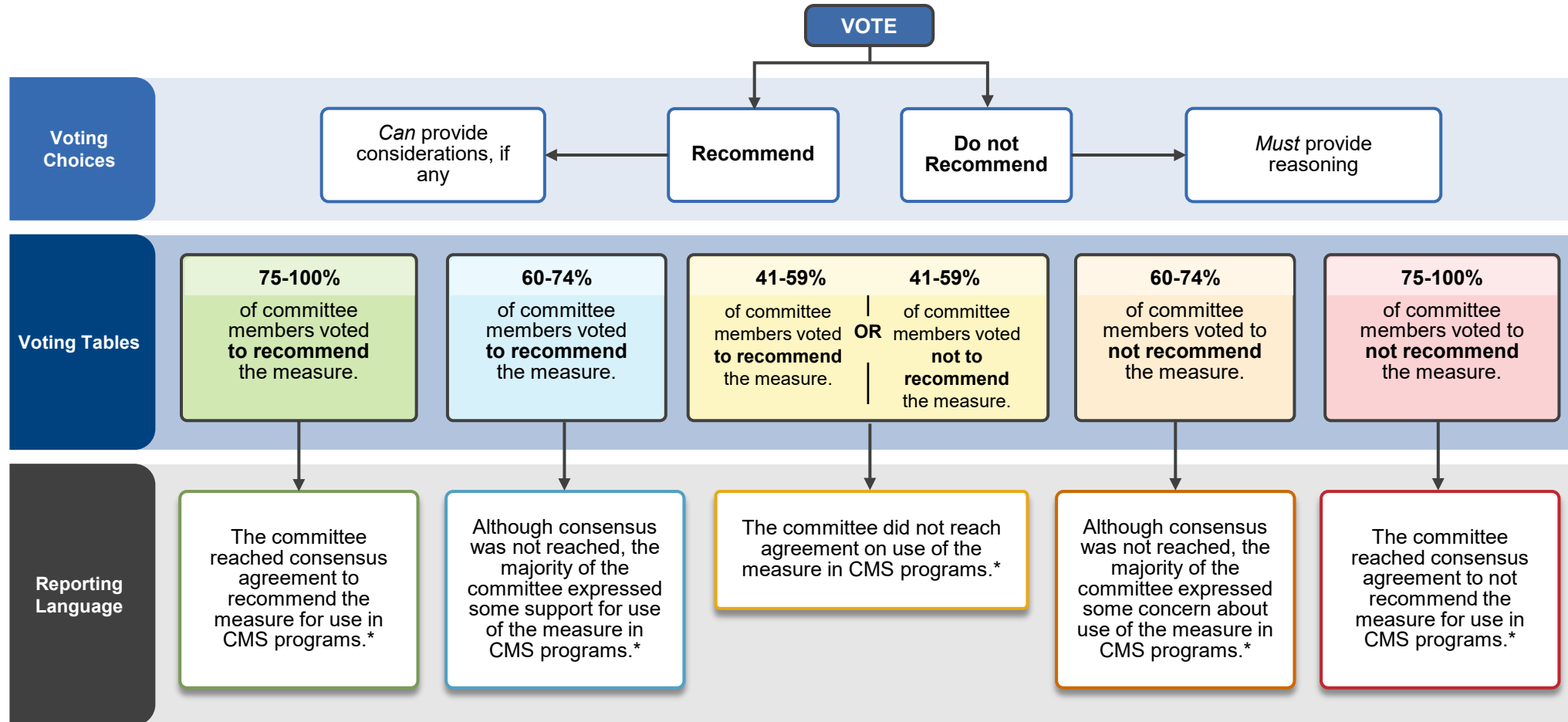
Committee members can provide considerations for CMS to review prior to implementation.



Do not recommend that the measure be added to the intended CMS program(s)

Committee members must provide reasoning to describe a vote to not recommend.

PRMR Voting



*Battelle will report all considerations for positive votes and all reasons for negative votes.

Voting Test

Isaac Sakyi | Battelle



Using the Poll Everywhere Platform



Home

History

Registration

Log in

Partnership for Quality Measurement
Powered by Battelle

Waiting for pqm's presentation to begin...

pqm's presentation is underway. As soon as the activity is active, you'll see it on the screen here. Stay put.

Poll Everywhere helps boost engagement during remote meetings, virtual trainings, and online conferences.

Welcome to pqm's presentation!

Introduce yourself

Enter the screen name you would like to appear alongside your responses

1

Name

0 / 50

Continue

[Skip](#)

Using a screen name allows the presenter and other participants to attach your screen name to your responses. You can change your screen name at any time.

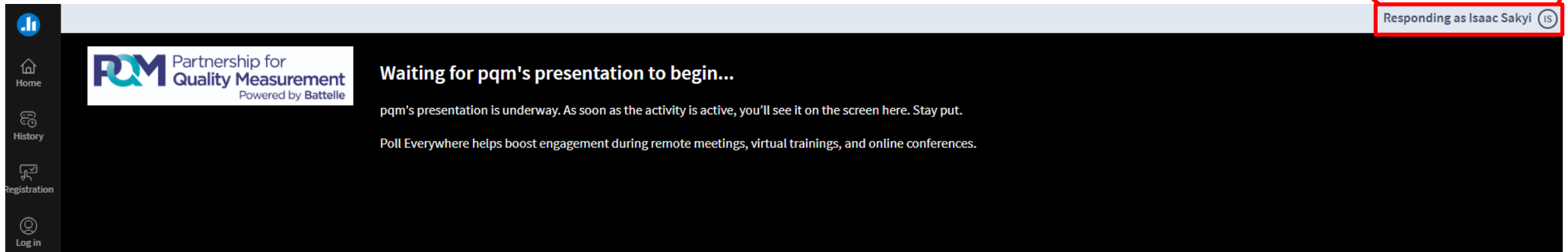
- 1 Click the text box to enter your first and last name and then click continue.

Using the Poll Everywhere Platform (cont., 1)



2

Responding as Isaac Sakyi (IS)



2 Once you enter your name you will see “Responding as First name Last name” followed by your initials.

Click the icon in the top right corner to change your name if the system assigned you a randomly generated name.

Using the Poll Everywhere Platform (cont., 2)



3 Select your vote

4 Rationale Tab

The screenshot shows the Poll Everywhere interface. At the top, there are two tabs: "[MUC2024-068] - Proportion of..." and "[MUC2024-068] Rationale f...". The main content area displays the poll question: "[MUC2024-068] - Proportion of patients who died from cancer receiving chemotherapy in the last 14 days of life". Below the question is the text "Do you recommend including this measure in the Hospital Outpatient Quality Reporting (HOQR) Program?" and "You can respond once". There are two response options: "A) Recommend (You may add any considerations in the Zoom chat.)" and "B) Do not Recommend (Your rationale is required in the next tab.)". A sidebar on the left contains navigation icons for Home, History, Registration, and Log in.

- 3 If voting to recommend a measure, you may provide any considerations in the Zoom chat.
- 4 When voting not to recommend a measure, you are required to document your rationale in the rationale tab.

Using the Poll Everywhere Platform (cont., 3)



4 Rationale Tab

[MUC2024-073] Do you recom... [MUC2024-073] Rationale f... IS

[MUC2024-073] Rationale for Do not Recommend

You have not responded

Type here...

Submit

New Top

Waiting for responses...

4 Click the tab with the pin icon, type your rationale, and then click "Submit."

PRMR Clinician Recommendation Group Measure Review



Overview of Public Comments and Closing Gaps of Care Considerations

Dr. Meredith Eastman | Battelle



Summary of Public Comment Period

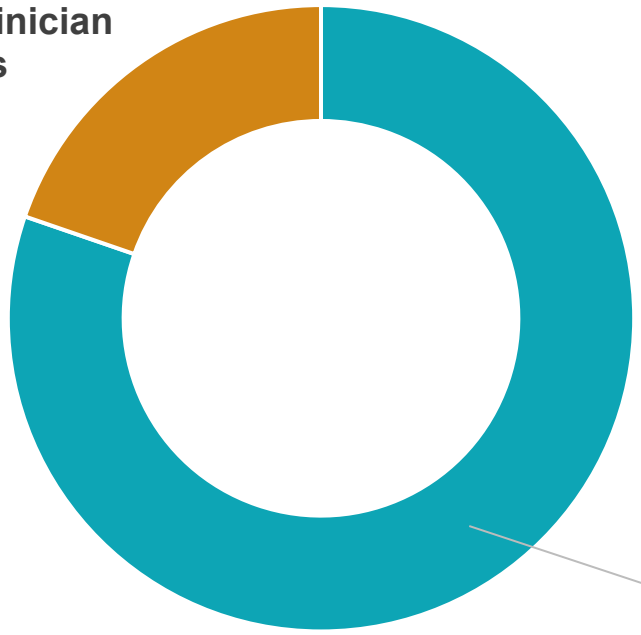


Clinician Public Comments



Total Clinician Public Comments xx total comments

xx spoken comments
on MUC List Clinician
measures



xx written
comments on
MUC List
Clinician
measures

Closing Gaps of Care Considerations



Battelle conducted a search of peer-reviewed literature and federal agency websites to identify how measure topics and conditions might differ by:



Age



Geography
(urban vs. rural)



Dual Medicare and
Medicaid eligibility



Insurance
status



Language

Closing gaps of care is not a PRMR evaluation criterion.

We provide these findings to committee members to consider as they reflect on how each measure, through use in a Medicare quality program, may contribute to closing or widening gaps of care for various population groups.

Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management

MUC2025-034



MUC2025-034 Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management



Item	Description
Measure Description	Percentage of patients aged 18 years and older with clinical atherosclerotic cardiovascular disease (ASCVD) who received a low-density lipoprotein cholesterol (LDL-C) test via lipid panel and achieved an LDL-C of <70mg/dL on the most recent test during the measurement period.
Measure Steward	American Heart Association
CMS-Provided Rationale	CMS is considering adding this measure to the MIPS quality measure set as a new clinical quality measure. This outcome measure promotes care for adult patients with clinical atherosclerotic cardiovascular disease, ensuring patients diagnosed with this condition are tested for LDL-C and achieve an outcome of less than 70mg/dL. MIPS does not have any related measures that examine this outcome. This measure aligns with the CMS Meaningful Measures 2.0 framework and fits into priorities around chronic conditions. This measure has the potential to be in the primary care MIPS Value Pathway (MVP).
Considered For	Merit-based Incentive Payment System

Measure Type

Outcome

Level of Analysis

Clinician: Individual and Group





CBE Endorsement Status & History

Not Endorsed;
Never submitted

MUC2025-034 Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management

Closing Gaps of Care Consideration



	Age	Older adults often have difficulty controlling their LDL-C levels, likely due to a combination of factors such as multimorbidity, frailty, cognitive impairment, and taking multiple medications at once. ¹
	Geography (urban vs. rural)	Patients seen at practices in urban locations are more likely to undergo lipid testing than at practices in rural locations. ²
	Insurance status	While insured and uninsured individuals have similar rates of hypertension and elevated LDL cholesterol, uninsured individuals are less likely to receive treatment and achieve control of these conditions. ³
	Language/Literacy	Many participants lack detailed knowledge of their specific target values and often rely on lab results for interpretation. One in three participants described not fully understanding how serious high cholesterol was after being diagnosed. ⁴

¹ Nanna, M. G., Nelson, A. J., Haynes, K., Shambhu, S., Eapen, Z., Cziryky, M. J., Calvert, S. B., Pagidipati, N. J., & Granger, C. B. (2023). Lipid-lowering treatment among older patients with atherosclerotic cardiovascular disease. *Journal of the American Geriatrics Society*, 71(4), 1243–1249. <https://doi.org/10.1111/jgs.18172>

² Lowenstern, A. M., Li, S., Navar, A. M., Roger, V. L., Robinson, J. G., Goldberg, A. C., Virani, S. S., Lee, L. V., Wilson, P. W. F., Louie, M. J., Peterson, E. D., & Wang, T. Y. (2018). Measurement of Low-Density Lipoprotein Cholesterol Levels in Primary and Secondary Prevention Patients: Insights From the PALM Registry. *Journal of the American Heart Association*, 7(18), e009251. <https://doi.org/10.1161/JAHA.118.009251>

³ Brooks, E. L., Preis, S. R., Hwang, S. J., Murabito, J. M., Benjamin, E. J., Kelly-Hayes, M., Sorlie, P., & Levy, D. (2010). Health insurance and cardiovascular disease risk factors. *The American journal of medicine*, 123(8), 741–747. <https://doi.org/10.1016/j.amjmed.2010.02.013>

⁴ Johnson, N., Vandigo, J., de Carvalho, F., Gorre, C., Hall, T., Hennessy, S. E., Kazi, D. S., Kotseva, K., Petrie, P., Kelly, D., Saxena, A., & Oehrlein, E. M. (2025). Experiences of People Diagnosed with High Levels of LDL Cholesterol and Atherosclerotic Cardiovascular Disease: Results from a Multinational Qualitative Study. *Global heart*, 20(1), 63. <https://doi.org/10.5334/gh.1441>

Rate of Timely Follow-up on Abnormal Screening Mammograms for Breast Cancer Detection

MUC2025-042



MUC2025-042 Rate of Timely Follow-up on Abnormal Screening Mammograms for Breast Cancer Detection



Item	Description
Measure Description	This electronic Clinical Quality Measure (eCQM) reports the percentage of female patients aged 40 to 75 years with at least one abnormal screening (BI-RADS 0) or screening-to-diagnostic (BI-RADS 4, 5) mammogram during the measurement period (i.e., calendar year) who received timely diagnostic resolution defined as either follow-up imaging with negative/benign/probably benign results or a breast biopsy within 60 days after their index (i.e., first) abnormal screening mammogram.*
Measure Steward	Brigham and Women's Hospital
CMS-Provided Rationale	CMS is considering adding this measure to the MIPS quality measure set as a new measure for future performance years. MIPS does not have any related measures that examine timely follow-up for abnormal screening mammograms; therefore, the quality of patient care benefits from the promotion of early detection of breast cancer through this measure. This measure is fully tested and developed at both the facility and clinician level. This process measure represents a gap in MIPS and CMS priority areas for diagnostic radiology, which has limited measures and digital measurement overall. Additionally, the measure may be considered for potential inclusion in the diagnostic radiology MIPS Value Pathway (MVP).

Measure Type
Process
Level of Analysis
Facility
CBE Endorsement Status & History
Endorsed with Conditions* during the Spring 2024 cycle
Considered For
Merit-based Incentive Payment System



MUC2025-042 Rate of Timely Follow-up on Abnormal Screening Mammograms for Breast Cancer Detection

Closing Gaps of Care Consideration



	Age	Delayed follow-up after an abnormal screening mammogram was associated with older age, particularly in individuals over 70 years. ¹
	Geography (urban vs. rural)	Women in rural areas experience higher false positive rates on diagnostic mammography, delays in biopsy, lower access to core needle biopsy, and impaired access to treatments. ²
	Insurance status	Patients who are on Medicaid or have no insurance are more likely to delay breast imaging care due to out-of-pocket costs compared to patients with insurance through their employer. ³
	Language	Non-English-speaking (NES) Latina patients experience a 5-6 month-longer overall care-path compared to English-speaking (ES) Latina and White patients, with the greatest delays occurring from initial findings to diagnostic mammogram and from biopsy to surgical resection. ⁴

¹ Durham, D. D., Robinson, W. R., Lee, S. S., Wheeler, S. B., Reeder-Hayes, K. E., Bowling, J. M., Olshan, A. F., & Henderson, L. M. (2016). Insurance-Based Differences in Time to Diagnostic Follow-up after Positive Screening Mammography. *Cancer epidemiology, biomarkers & prevention : a publication of the American Association for Cancer Research, cosponsored by the American Society of Preventive Oncology*, 25(11), 1474–1482. <https://doi.org/10.1158/1055-9965.EPI-16-0148>

² Sprague, B. L., Ahern, T. P., Herschorn, S. D., Sowden, M., Weaver, D. L., & Wood, M. E. (2021). Identifying key barriers to effective breast cancer control in rural settings. *Preventive medicine*, 152(Pt 2), 106741. <https://doi.org/10.1016/j.ypmed.2021.106741>

³ Ngo, M., Qureshi, M., Kim, G., Fishman, M. D. C., & Slanetz, P. J. (2023). Effect of a High-Deductible Health Plan on Patients' Willingness to Undergo Indicated Breast Imaging. *Radiology*, 307(4), e222952. <https://doi.org/10.1148/radiol.222952>

⁴ Balazy, K. E., Benitez, C. M., Gutkin, P. M., Jacobson, C. E., von Eyben, R., & Horst, K. C. (2021). Delays in Care Associated With Non-English-Speaking Patients With Breast Cancer. *Journal of the National Comprehensive Cancer Network : JNCCN*, jnccn20467. Advance online publication. <https://doi.org/10.6004/jnccn.2020.7797>

Rate of Timely Follow-up on Positive Stool-based Tests for Colorectal Cancer Detection

MUC2025-043



MUC2025-043 Rate of Timely Follow-up on Positive Stool-based Tests for Colorectal Cancer Detection



Item	Description
Measure Description	This electronic Clinical Quality Measure (eCQM) reports the percentage of patients aged 45 to 75 years with at least one positive stool-based colorectal cancer screening test (i.e., high-sensitivity guaiac fecal occult blood test, fecal immunochemical test, or Cologuard) during the measurement period (i.e., calendar year) who completed a colonoscopy within 180 days after their index (i.e., first) positive stool-based test result date.
Measure Steward	Brigham and Women's Hospital
CMS-Provided Rationale	CMS is considering adding this measure to the MIPS quality measure set as a new measure for future performance years. MIPS does not have any related measures that examine timely follow-up for positive stool-based colorectal screening tests; therefore, the quality of patient care benefits from promoting early detection of colorectal cancer. This measure is fully tested and developed at both the facility and clinician level. This process measure represents a gap in MIPS and CMS priority areas of digital measurement and expands on current colonoscopy screening measures to drive quality improvement. Additionally, the measure may be considered for potential inclusion in the Gastroenterology Care MIPS Value Pathway (MVP).





Measure Type
Process
Level of Analysis
Facility
CBE Endorsement Status & History
Endorsed with Conditions* during the Fall 2024 cycle
Considered For
Merit-based Incentive Payment System



MUC2025-043 Rate of Timely Follow-up on Positive Stool-based Tests for Colorectal Cancer Detection

Closing Gaps of Care Consideration



	Age	Older patients are at an increased risk of perforation. When considering colonoscopy, older patients and their providers must weigh the risk of complications and comorbid conditions. ¹
	Geography (urban vs. rural)	Distance and transportation are obstacles to colonoscopies for colorectal cancer screening in rural communities. ²
	Insurance status	Legislation has required private insurance to cover a follow-up colonoscopy after a positive screening stool test. Americans without insurance are unable to benefit from these policies. ³
	Language	Adults with limited English proficiency are less likely to be up to date with colorectal cancer screening. ⁴

¹Gornick, D., Kadakuntla, A., Trovato, A., Stetzer, R., & Tadros, M. (2022). Practical considerations for colorectal cancer screening in older adults. *World journal of gastrointestinal oncology*, 14(6), 1086–1102. <https://doi.org/10.4251/wjgo.v14.i6.1086>

²Maki, J., Lewis-Thames, M., Oestmann, K., & James, A. S. (2023). Distance and Transportation Barriers to Colorectal Cancer Screening in a Rural Community. *Journal of primary care & community health*, 14, 21501319221147126. <https://doi.org/10.1177/21501319221147126>

³ FAQs about Affordable Care Act Implementation Part 51, Families First Coronavirus Response Act and Coronavirus Aid, Relief, and Economic Security Act Implementation. U.S. Department of Labor. Published January 10, 2022. Accessed April 12, 2024 at: <https://www.dol.gov/sites/dolgov/files/EBSA/about-ebbsa/our-activities/resource-center/faqs/aca-part-51.pdf>

⁴ Bayly, J. E., Trivedi, S., Mukamal, K. J., Davis, R. B., & Schonberg, M. A. (2024). Limited English proficiency and reported receipt of colorectal cancer screening among adults 45-75 in 2019 and 2021. *Preventive medicine reports*, 39, 102638. <https://doi.org/10.1016/j.pmedr.2024.102638>



Advance Care Planning (ACP)

MUC2025-020



MUC2025-020 Advance Care Planning (ACP)



Item	Description
Measure Description	Percentage of patients aged 18 years and older at the start of the measurement period with one or more inpatient encounters during the measurement period who have an advance care planning document or documentation of an advance care planning discussion resulting in a documented decision in the electronic health record (EHR) by the time of hospital discharge for at least one hospital encounter during the measurement period.
Measure Steward	CMS

Measure Type
Process
Level of Analysis
Facility
CBE Endorsement Status & History
Not Endorsed; Never submitted

MUC2025-020 Advance Care Planning (ACP) (cont.)



Item	Description
CMS-Provided Rationale	CMS is also considering adding this measure to the Merit-based Incentive Payment System (MIPS). This measure would provide a more robust alternative to the current MIPS clinical quality measure (CQM) and Medicare Part B claims advance care planning measure by expanding the denominator population, allowing different types of advance care plans for numerator compliance, and ensuring a decision is documented as a result of the advance care planning discussion assessed. This measure allows the MIPS eligible clinician choice of the most appropriate advance care plan document based on setting and scope of care. As an eCQM, this measure would also help to reduce reporting burden for MIPS eligible clinicians and would be broadly applicable across multiple clinician specialty types, including hospitalists, which represent a gap area for measurement in MIPS.*
Considered For	Merit-based Incentive Payment System

Measure Type

Process

Level of Analysis




Facility

CBE Endorsement Status & History

Not Endorsed;
Never submitted

MUC2025-020 Advance Care Planning (ACP) Closing Gaps of Care Considerations



	<p>Age</p>	<ul style="list-style-type: none"> Advanced care planning in older populations may increase potentially burdensome care at end of life, highlighting the importance of aligning ACP with the patients' true preferences.¹
	<p>Geography (urban vs. rural)</p>	<ul style="list-style-type: none"> Because ACP initiatives are often sponsored by urban- or suburban-based health care institutions, rural populations are less likely to have access to ACP discussions facilitated by a health care practitioner.²
	<p>Dual Medicare and Medicaid eligibility</p>	<ul style="list-style-type: none"> Care is typically fragmented for patients dually eligible for Medicare and Medicaid because they are administered separately and cover different services.³ Integrated models such as Program of All-Inclusive Care for the Elderly (PACE), Fully Integrated Dual Eligible Special Needs Plans (FIDE-SNPs), and Medicare-Medicaid Plans (MMPs) have been developed to coordinate care, but only a small fraction of patients are currently enrolled in integrated models.³



¹ Wolff JL, Scerpella D, Giovannetti ER, Roth DL, Hanna V, Hussain N, Colburn JL, Saylor MA, Boyd CM, Cotter V, McGuire M, Rawlinson C, Sloan DH, Richards TM, Walker K, Smith KM, Dy SM; SHARING Choices Investigators. Care Planning, End-of-Life Preferences, and Burdensome Care: A Pragmatic Cluster Randomized Clinical Trial. *JAMA Intern Med.* 2025 Feb 1;185(2):162-170. doi: 10.1001/jamainternmed.2024.6215. PMID: 39621341; PMCID: PMC11612918.

² Fink, R. M., Kline, D. M., Bailey, F. A., Handel, D. L., Jordan, S. R., Lum, H. D., & Fischer, S. M. (2020). Community-Based Conversations about Care Planning for Underserved Populations Using Lay Patient Navigators. *Journal of palliative medicine, 23*(7), 907–914. <https://doi.org/10.1089/jpm.2019.0470>

³ Roberts, E. T., Johnston, K. J., & Figueroa, J. F. (2023). Integrating Medicare and Medicaid Coverage for Dual Eligibles-Recommendations for Reform. *JAMA, 330*(5), 409–410. <https://doi.org/10.1001/jama.2023.8879>

MUC2025-020 Advance Care Planning (ACP) Closing Gaps of Care Considerations (cont. 1)



	<p>Insurance status</p>	<ul style="list-style-type: none"> • Patients with Medicare insurance are more likely than those with non-Medicare insurance to have ACP documentation in the EHR preoperatively.⁴
	<p>Language/ Literacy</p>	<ul style="list-style-type: none"> • Patients with limited English proficiency (LEP) experience barriers in end-of-life decision-making and care planning.⁵ • These barriers include prolonged intensive care unit (ICU) stays, death in the ICU, increased and aggressive interventions at end of life, increased use of restraints, lower rates of comfort measures only, and do-not-resuscitate orders despite imminent death.⁵

⁴ Colley, A., Lin, J. A., Pierce, L., Finlayson, E., Sudore, R. L., & Wick, E. (2022). Missed Opportunities and Health Disparities for Care Planning Before Elective Surgery in Older Adults. *JAMA surgery*, 157(10), e223687. <https://doi.org/10.1001/jamasurg.2022.3687>

⁵ Barwise, A., Balls-Berry, J., Soleimani, J., Karki, B., Barrett, B., Castillo, K., Kreps, S., Kunkel, H., Vega, B., Erwin, P., Espinoza Suarez, N., & Wilson, M. E. (2020). Interventions for End-of-Life Decision Making for Patients with Limited English Proficiency. *Journal of immigrant and minority health*, 22(4), 860–872. <https://doi.org/10.1007/s10903-019-00947-w>

Feedback on PRMR Process

Dr. Meredith Eastman | Battelle



Committee Reflections



Open discussion considering topics like:

- Announcements and communications
- Committee workspace
- PAs and public comments
- Committee Member Education Meeting
- PRMR Recommendation Group meeting measure discussion and voting process

What went well this cycle?

What could have gone better?

Next Steps

Kate Buchanan | Battelle



Recommendation Report



Following the PRMR Recommendation Group review, Battelle synthesizes the results into a report for CMS.

The report includes:

- Committee recommendations and rationale
- Committee and interested parties' concerns or areas of dissent



The report is submitted to CMS and posted on the PQM website.

2025-2026 Key PRMR Dates



Event	Dates
Final MUC Recommendations Spreadsheet published on PQM website	1/30/2026
Final MUC Recommendations Spreadsheet public comment period	2/2/2026-2/16/2026
Final PRMR Clinician Recommendation Group Meeting Summary and Recording published on PQM website	2/12/2026
Final MUC Recommendations Report published on PQM website	2/25/2026

Resources

The PRMR and MSR Guidebook

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

Become a PQM member – it's free!



Guidebook of Policies and Procedures for Pre-Rulemaking Measure Review (PRMR) and Measure Set Review (MSR)



Questions or Comments?

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





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