

Pre-Rulemaking Measure Review (PRMR) 2025-2026 Clinician Listening Session

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January 7, 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.

Housekeeping Reminders

(pt. 1)



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



To participate in the discourse, please raise your hand when we open for comments and questions. Participants will be called on a first-come, first-served basis.



Battelle staff will serve as virtual moderators. Please unmute yourself when called on.

Housekeeping Reminders

(pt. 2)



Please lower your hand and mute yourself following your question/comment.



Please state your first and last name if you are a call-in user.



If you are experiencing technical issues, contact the project team at PQMsupport@battelle.org.

Welcome to the Clinician Measures Listening Session



The 2025 MUC List public comment period was open on the [PQM website](#) from December 16, 2025 through January 6, 2026.



This session is an additional opportunity for members of the public to provide public comment on measures of interest proposed for Clinician programs.



CMS and measure developers are on the line to hear comments and answer questions.

Listening Session Agenda



1:00 PM

Welcome and Introduction

1:05 PM

CMS Opening Remarks

1:10 PM

PRMR Process Overview

1:15 PM

Roundtable: Administration Priorities for Quality Measurement

1:20 PM

Public Comment Opportunity

1:55 PM

Next Steps

* All times listed in ET

Acronyms



- CBE: Consensus-Based Entity
- CMS: Centers for Medicare & Medicaid Services
- MERIT: MUC Entry/Review Information Tool
- MIPS: Merit-based Incentive Payment System
- MSR: Measure Set Review
- MUC: Measures Under Consideration
- PA: Preliminary Assessment
- PAC/LTC: Post-Acute Care/Long-Term Care
- PIE: Pre-Meeting Initial Evaluation
- PRMR: Pre-Rulemaking Measure Review
- PQM: Partnership for Quality Measurement
- RG: Recommendation Group

CMS Opening Remarks

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



PRMR Process Overview

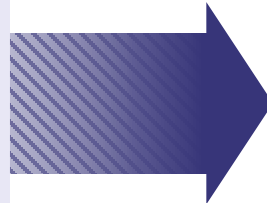
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PRMR Overview



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

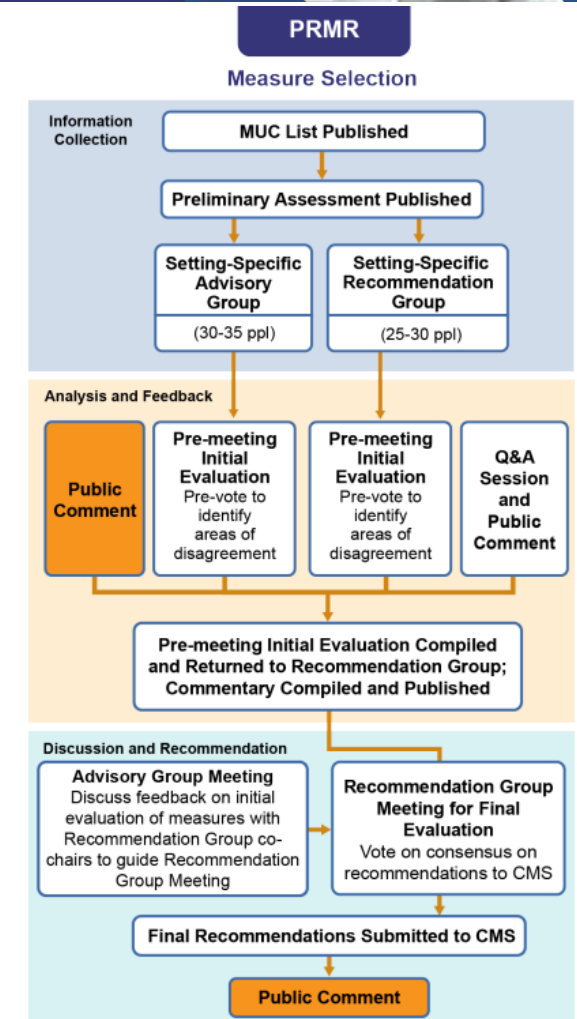
PRMR Process



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.

The feedback you provide today is shared with CMS and with the PRMR committee members to consider when they meet to decide on recommendations for measure use.

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

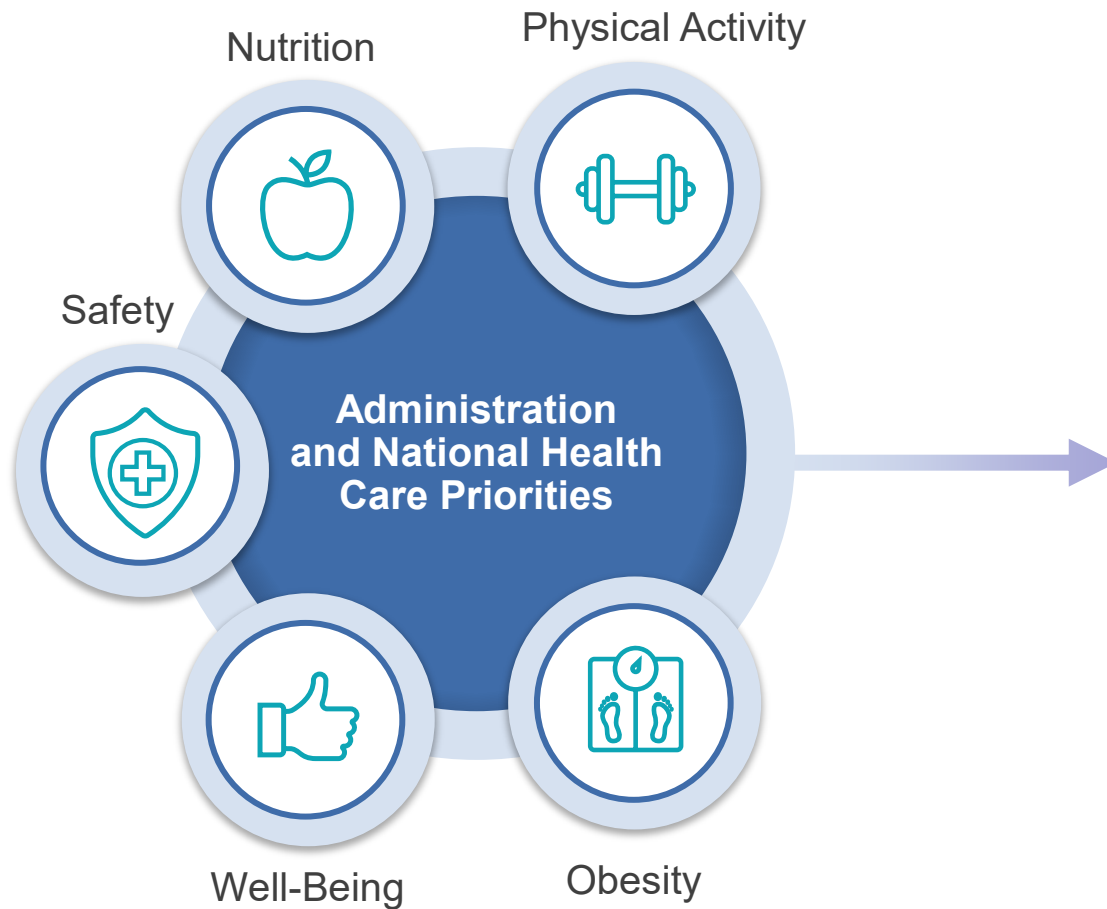


Roundtable: Administration Priorities for Quality Measurement

Dr. Kirsten Barrett | Battelle



Roundtable: Administration Priorities for Quality Measurement



Goal:

- Committee will discuss the benefits and limitations of these quality measures and concepts and identify alternatives to consider.
- CMS will determine if these concepts are appropriate to be re-specified and expanded to other CMS programs, which will support alignment and help to meet the administration's quality measurement priorities.

Public Comment Opportunity

1:20 – 1:55 PM



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

MUC2025-042 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



MUC2025-043 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

MUC2025-020 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
<p>CMS-Provided Rationale</p>	<p>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.*</p>
<p>Considered For</p>	<p>Merit-based Incentive Payment System</p>

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

18 *See full CMS-Provided Rationale in MUC2025-020 PA



Roundtable Measures

- Discharge Function Score
- Low Density Lipoprotein Cholesterol (LDL-C) Monitoring and Management
- Malnutrition Care Score (MCS)
- Percent of Residents Who Received an Antipsychotic Medication (Long-Stay)
- Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-up-plan
- Well-Being Signs

Next Steps

Dr. Meredith Eastman | Battelle



Public Comment Period



All comments—shared through our website or during this listening session—will be shared with:

- CMS
- Advisory Groups
- Recommendation Groups

Public comments help guide Recommendation Group discussions next month!



The written public comment period was open December 16, 2025 through January 6, 2026.

2025-2026 Key Clinician Dates



Event	Dates
Roundtable: Administration Priorities for Quality Measurement Discussion	1/14/2026 9:00-11:30 AM ET
Clinician Recommendation Group Meeting	1/14/2026 12:00-2:45 PM ET
Clinician Listening Session Meeting Summary published on PQM website	1/16/2026
Final PRMR Clinician Recommendation Group Meeting Summary published on PQM website	2/12/2026

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 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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