

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

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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 Hospital Measures Listening Session



The 2025 MUC List public comment period is 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 Hospital 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



- AG: Advisory Group
- ACO: Accountable Care Organization
- CMS: Centers for Medicare & Medicaid Services
- MERIT: MUC Entry/Review Information Tool
- 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

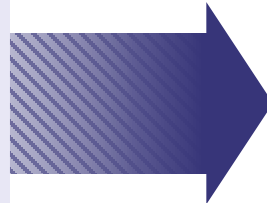
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PRMR Overview



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

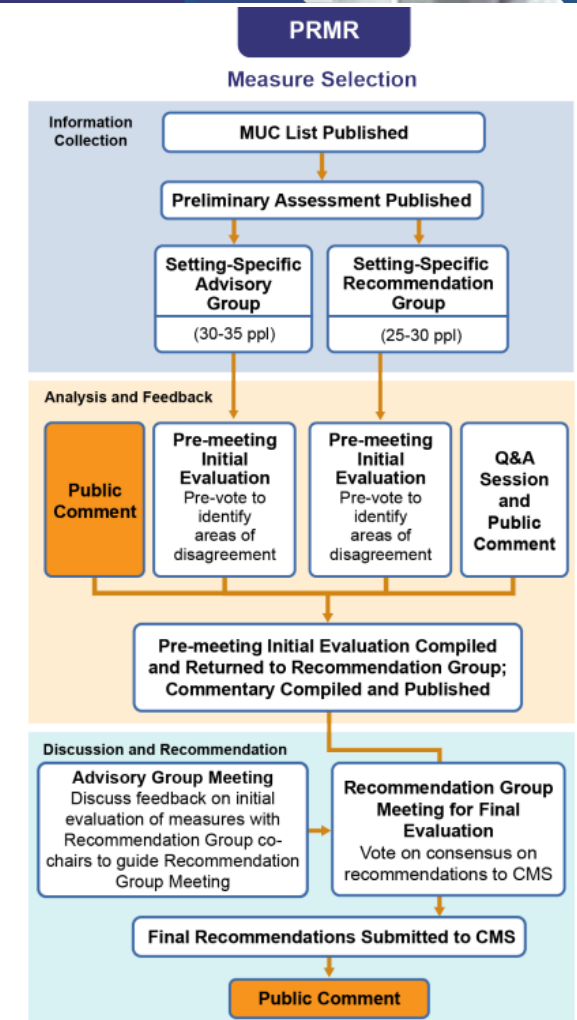
PRMR Process



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 \(MSR\)](#).

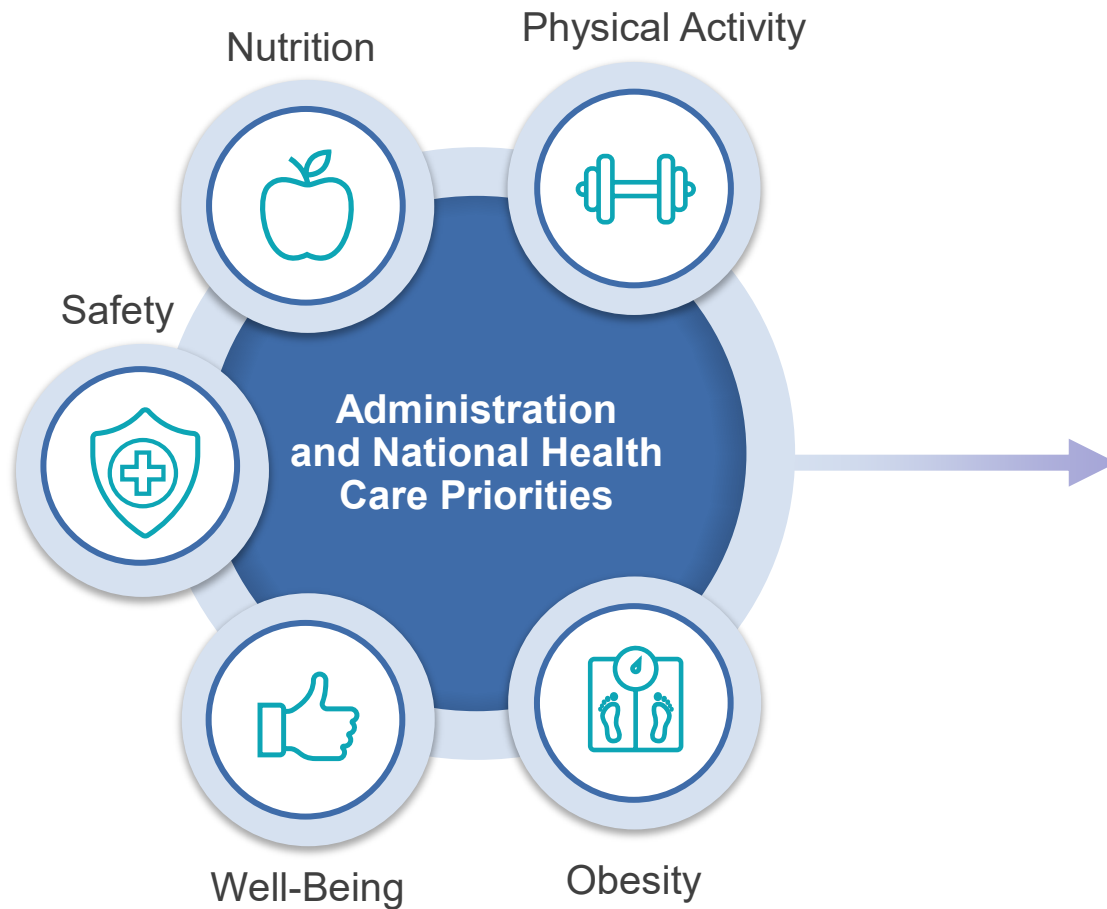


Roundtable: Administration Priorities for Quality Measurement

Kate Buchanan | 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



MUC2025-036 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Acute Myocardial Infarction (AMI) Hospitalization



Item	Description
Measure Description	The measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR) for Medicare patients (Fee-For-Service [FFS] and Medicare Advantage [MA]) aged 65 and older discharged from the hospital with a principal diagnosis of AMI. The outcome is all-cause 30 day mortality, defined as death from any cause within 30 days of the index admission date, including in-hospital death.
Measure Steward	CMS
CMS-Provided Rationale	Measurement of patient outcomes related to acute myocardial infarction (AMI) risk-standardized mortality rates permits an overall view of care provided by individual hospitals as compared to like facilities with similar patient populations. This process can assist patients and caregivers in evaluating outcomes for specific providers in relation to care and services for AMI. This opportunity provides patients with the opportunity to choose a provider based on their needs and provides hospitals with quality improvement opportunities.
Considered For	Hospital Inpatient Quality Reporting Program Hospital Value-Based Purchasing Program

Measure Type
Outcome
Level of Analysis
Facility
CBE Endorsement Status & History
Initial endorsement 2007; Endorsed during maintenance review in 2020.

MUC2025-037 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization



Item	Description
Measure Description	The measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR) for Medicare patients (Fee-For-Service [FFS] and Medicare Advantage [MA]) aged 65 and older discharged from the hospital with a principal diagnosis of HF. The outcome is all-cause 30 day mortality, defined as death from any cause within 30 days of the index admission date, including in-hospital death.
Measure Steward	CMS
CMS-Provided Rationale	Measurement of patient outcomes related to risk-standardized mortality rates of heart failure permits an overall view of care provided by individual hospitals as compared to like facilities with similar patient populations. This process can assist patients and caregivers in evaluating outcomes for specific providers as relating to care and services for heart failure. This opportunity provides patients with the opportunity to choose a provider based on their needs and provides hospitals quality improvement opportunities.
Considered For	Hospital Inpatient Quality Reporting Program Hospital Value-Based Purchasing Program

Measure Type

Outcome

Level of Analysis

Facility

CBE Endorsement Status & History

Initial endorsement 2007;
Endorsed during
maintenance review in 2020.

MUC2025-040 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Chronic Obstructive Pulmonary Disease (COPD) Hospitalization



Item	Description
Measure Description	The measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR) for Medicare patients (Fee-For-Service [FFS] and Medicare Advantage [MA]) aged 65 and older discharged from the hospital with a principal diagnosis of COPD. The outcome is all-cause 30 day mortality, defined as death from any cause within 30 days of the index admission date, including in-hospital death.
Measure Steward	CMS
CMS-Provided Rationale	Measurement of patient outcomes related to risk-standardized mortality rates for chronic obstructive pulmonary disease (COPD) hospitalization permits an overall view of care provided by individual hospitals as compared to like facilities with similar patient populations. This process can assist patients and caregivers in evaluating outcomes for specific providers in relation to care and services for chronic COPD. This opportunity provides patients with the opportunity to choose a provider based on their needs and provides hospitals with identifying quality improvement opportunities.
Considered For	Hospital Inpatient Quality Reporting Program Hospital Value-Based Purchasing Program

Measure Type

Outcome

Level of Analysis

Facility

CBE Endorsement Status & History

Received initial endorsement 2013;
Endorsed during maintenance review in 2020.

MUC2025-044 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Pneumonia (PN) Hospitalization



Item	Description
Measure Description	The measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR) for Medicare patients (Fee-For-Service [FFS] and Medicare Advantage [MA]) aged 65 and older discharged from the hospital with a principal diagnosis of Pneumonia. The outcome is all-cause 30 day mortality, defined as death from any cause within 30 days of the index admission date, including in-hospital death.
Measure Steward	CMS
CMS-Provided Rationale	Measurement of patient outcomes related to risk-standardized mortality rates after inpatient hospitalization for pneumonia permits an overall view of care provided by individual hospitals as compared to like facilities with similar patient populations. This process can assist patients and caregivers in evaluating outcomes for specific providers in relation to care and services for treatment of pneumonia. This opportunity provides patients with the opportunity to choose an in-patient facility based on their needs and hospital performance and hospitals in identifying quality improvement opportunities.
Considered For	Hospital Inpatient Quality Reporting Program Hospital Value-Based Purchasing Program

Measure Type
Outcome
Level of Analysis
Facility
CBE Endorsement Status & History
Initial endorsement 2007; Endorsed during maintenance review in 2020

MUC2025-046 Hospital 30-Day, All-Cause, Risk-Standardized Mortality Rate (RSMR) Following Coronary Artery Bypass Graft (CABG) Surgery



Item	Description
Measure Description	The measure estimates a hospital-level 30-day risk-standardized mortality rate (RSMR) for Medicare patients (Fee-For-Service [FFS] and Medicare Advantage [MA]) aged 65 and older discharged from the hospital with a principal diagnosis of CABG. The outcome is all-cause 30 day mortality, defined as death from any cause within 30 days of the index admission date, including in-hospital death.
Measure Steward	CMS
CMS-Provided Rationale	Measurement of patient outcomes related to risk-standardized mortality rates after inpatient hospitalization related to coronary artery bypass graph (CABG) procedures permits an overall view of care provided by individual hospitals as compared to like facilities with similar patient populations. This process can assist patients and caregivers in evaluating outcomes for specific hospitals in relation to care and services for treatment of patients undergoing CABG procedures. This process provides patients with the opportunity to choose an in-patient facility based on their needs and hospital performance and provides hospitals with the chance to identify quality improvement opportunities.

Measure Type

Outcome

Level of Analysis

Facility

CBE Endorsement Status & History

Initial endorsement 2014;
Endorsed during
maintenance review in 2022

Considered For

Hospital Inpatient Quality
Reporting Program;
Hospital Value-Based
Purchasing Program

MUC2025-053 Excess Days in Acute Care (EDAC) After Hospitalization for Diabetes



Item	Description
<p>Measure Description</p>	<p>Excess Days in Acute Care (EDAC) After Hospitalization for Diabetes (“Diabetes EDAC measure”) measure assesses days spent in acute care within 30 days of discharge from an inpatient hospitalization for diabetes. This measure is intended to improve the quality of care (with a focus on care transitions) provided to discharged patients who had a diabetes hospitalization by collectively measuring a set of adverse acute care outcomes that can occur post-discharge: emergency department (ED) visits, observation stays, and unplanned readmissions at any time during the 30 days post-discharge. In order to aggregate all three events, we measure each in terms of days. The outcome is adjusted to account for age and patient comorbidities and incorporates exposure time to account for survival times shorter than 30 days (for patients who die within 30 days of discharge). The measure is calculated for admissions for patients who are 65 years or older, are enrolled in Medicare Fee-For-Service (FFS) or Medicare Advantage (MA) and are hospitalized in non-federal short-term acute care hospitals. The final risk-adjusted measure score is calculated as the difference (“excess”) between a hospital’s “predicted days” and “expected days,” per 100 discharges.</p>

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

MUC2025-053 Excess Days in Acute Care (EDAC) After Hospitalization for Diabetes (cont.)



Item	Description
Measure Steward	CMS
CMS-Provided Rationale	Excess days in acute care after a hospitalization is an issue that affects patient outcomes and impacts the quality of care provided to patients. Measuring and reporting excess days in acute care provides transparency for consumers and informs health care providers about opportunities to improve care, strengthen incentives for quality improvement, and ultimately improve the quality of care (including better inpatient management of diabetes, as well as better peri-discharge care quality) received by Medicare patients
Considered For	Hospital Inpatient Quality Reporting Program

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

MUC2025-030 Excess Days in Acute Care (EDAC) after Hospitalization for Acute Myocardial Infarction (AMI)



Item	Description
Measure Description	This measure estimates days spent in acute care within 30 days post discharge from an inpatient hospitalization for acute myocardial infarction (AMI). The acute care outcomes include 1) Emergency Department (ED) visits, 2) observation stays (OBSs), and 3) unplanned readmissions. Unplanned readmissions are defined using the planned readmission algorithm (PRA). ED visits are counted as 1 day and OBSs are counted by hours and rounded up to 1 day. CMS annually reports the measure for patients who are 65 years or older and enrolled in fee-for-service (FFS) Medicare or Medicare Advantage (MA) and hospitalized in non-federal hospitals or Veterans Health Administration (VA) facilities.
Measure Steward	CMS

Measure Type
Outcome
Level of Analysis
Facility
CBE Endorsement Status & History
Initially Endorsed in 2016; Endorsed with Conditions in Spring 2025 during maintenance review

MUC2025-030 Excess Days in Acute Care (EDAC) after Hospitalization for Acute Myocardial Infarction (AMI) (cont.)



Item	Description
CMS-Provided Rationale	Excess days in acute care after a hospitalization is an issue that affects patient outcomes and impacts the quality of care provided to patients. Measuring and reporting excess days in acute care provides transparency for consumers and informs health care providers about opportunities to improve care, strengthen incentives for quality improvement, and ultimately improve the quality of care (including better inpatient management of diabetes as well as better peri-discharge care quality) received by Medicare patients.
Considered For	Hospital Inpatient Quality Reporting Program

Measure Type

Outcome

Level of Analysis

Facility

CBE Endorsement Status & History

Initially Endorsed in 2016; Endorsed with Conditions* in Spring 2025 during maintenance review

*See conditions for endorsement in MUC2025-030 PA

MUC2025-031 Excess Days in Acute Care (EDAC) after Hospitalization for Heart Failure (HF)



Item	Description
Measure Description	This measure estimates days spent in acute care within 30 days post discharge from an inpatient hospitalization for heart failure (HF). The acute care outcomes include 1) Emergency Department (ED) visits, 2) observation stays (OBSs), and 3) unplanned readmissions. Unplanned readmissions are defined using the planned readmission algorithm (PRA). ED visits are counted as 1 day and OBSs are counted by hours and rounded up to 1 day. CMS annually reports the measure for patients who are 65 years or older and enrolled in fee-for-service (FFS) Medicare or Medicare Advantage (MA) and hospitalized in non-federal hospitals or Veterans Health Administration (VA) facilities.
Measure Steward	CMS
CMS-Provided Rationale	Excess days in acute care after a hospitalization is an issue that affects patient outcomes and impacts the quality of care provided to patients. Measuring and reporting excess days in acute care provides transparency for consumers and informs health care providers about opportunities to improve care, strengthen incentives for quality improvement, and ultimately improve the quality of care (including better inpatient management of diabetes as well as better peri-discharge care quality) received by Medicare patients

Measure Type
Outcome
Level of Analysis
Facility
CBE Endorsement Status & History
Initially Endorsed in 2016; Endorsed again in 2021
Considered For
Hospital Inpatient Quality Reporting Program

MUC2025-039 Excess Days in Acute Care (EDAC) after Hospitalization for Pneumonia



Item	Description
Measure Description	This measure estimates days spent in acute care within 30 days post discharge from an inpatient hospitalization for pneumonia. The acute care outcomes include 1) Emergency Department (ED) visits, 2) observation stays (OBSs), and 3) unplanned readmissions. Unplanned readmissions are defined using the planned readmission algorithm (PRA). ED visits are counted as 1 day and OBSs are counted by hours and rounded up to 1 day. CMS annually reports the measure for patients who are 65 years or older and enrolled in fee-for-service (FFS) Medicare or Medicare Advantage (MA) and hospitalized in non-federal hospitals or Veterans Health Administration (VA) facilities.
Measure Steward	CMS
CMS-Provided Rationale	Excess days in acute care after a hospitalization is an issue that affects patient outcomes and impacts the quality of care provided to patients. Measuring and reporting excess days in acute care provides transparency for consumers and informs health care providers about opportunities to improve care, strengthen incentives for quality improvement, and ultimately improve the quality of care (including better inpatient management of diabetes, as well as better peri-discharge care quality) received by Medicare patients.

Measure Type
Outcome
Level of Analysis
Facility
CBE Endorsement Status & History
Initially endorsed in 2016; Endorsed again during maintenance review in 2021
Considered For
Hospital Inpatient Quality Reporting Program

MUC2025-072 Emergency Care Access & Timeliness (ECAT)



Item	Description
Measure Description	<p>This measure captures the proportion of Emergency Department (ED) visits where patients (all ages, all payers) experienced any one of four quality gaps in access:</p> <ol style="list-style-type: none"> 1. The patient waited longer than 60 minutes (1 hour) after arrival to the ED to be placed in a treatment room or dedicated treatment area that allows for audiovisual privacy during history-taking and physical examination, or 2. The patient left the ED without being evaluated, or 3. The patient boarded (time from Decision to Admit order to ED departure for admitted patients) in the ED for longer than 240 minutes (4 hours), or 4. The patient had an ED length of stay (LOS) (time from ED arrival to ED departure as defined by the ED departure timestamp indicating when the patient physically left the ED) of longer than 480 minutes (8 hours).
Measure Steward	CMS

Measure Type

Intermediate Outcome

Level of Analysis

Facility

CBE Endorsement Status & History

Measure was Endorsed with Conditions in 2024†

†See conditions for endorsement in MUC2025-072 PA

MUC2025-072 Emergency Care Access & Timeliness (ECAT) (cont.)



Item	Description
CMS-Provided Rationale	CMS is considering including this quality measure in the Hospital Inpatient Quality Reporting Program as the measure supports the agency’s quality improvement efforts to prevent harm and improve outcomes for patients by addressing the variation of access and timeliness to receiving care.*
Considered For	Hospital Inpatient Quality Reporting Program Hospital Value-Based Purchasing Program Medicare Promoting Interoperability Program

Measure Type

Intermediate Outcome

Level of Analysis

Facility

CBE Endorsement Status & History

Measure was Endorsed with Conditions in 2024

*See full rationale in the MUC2025-072 PA

MUC2025-067 Hospital Harm - Postoperative Venous Thromboembolism



Item	Description
Measure Description	The proportion of inpatient encounters for patients age 18 and older, who have at least one surgical procedure performed inside the operating room during the encounter, and who suffer the harm of a postoperative venous thromboembolism (VTE) during the encounter or within 30 days after the first surgical procedure. This measure is adjusted by patient-level risk factors (bleeding disorders, cancer, respiratory operations, central venous catheter insertion, vascular surgeries, obesity, stroke, and history of VTE).
Measure Steward	CMS
CMS-Provided Rationale	Implementing this measure into CMS programs will incentivize hospitals to take steps to prevent VTEs and improve patient outcomes. Hospitals can take well-established, evidence-based strategies to reduce incidence of this outcome. Additionally, this measure furthers the goal of shifting toward outcome measures and away from process measures
Considered For	Hospital Inpatient Quality Reporting Program Hospital-Acquired Condition Reduction Program Medicare Promoting Interoperability Program

Measure Type

Outcome

Level of Analysis

Facility

CBE Endorsement Status & History

Measure was submitted for endorsement in the Fall 2025 measure evaluation cycle; The CBE has not yet reviewed or issued an endorsement decision

MUC2025-016 Excess Antibiotic Duration for Adult Hospitalized Patients with Uncomplicated Community-Acquired Pneumonia



Item	Description
Measure Description	Percentage of adult non-ICU hospitalized patients with uncomplicated pneumonia that qualify for 5-day duration according to national guidelines who received excess antibiotic duration, defined as ≥ 7 days of total antibiotic therapy including inpatient and discharge antibiotics. Measure is reported annually at the hospital level.
Measure Steward	University of Utah
CMS-Provided Rationale	Antibiotic overuse is a national and international public health emergency, with antibiotic resistant infections estimated to directly cause 1.27 million deaths globally and indirectly contribute to 4.95 million deaths. Monitoring the data incentivizes hospitals to track this health care patient safety concern.
Considered For	Hospital Inpatient Quality Reporting Program Medicare Promoting Interoperability Program

Measure Type
Process
Level of Analysis
Facility
CBE Endorsement Status & History
Endorsed with Conditions* in 2025

*See conditions for endorsement in MUC2025-016 PA

MUC2025-019 Inappropriately Broad Empiric Antibiotic Selection for Adult Hospitalized Patients with Uncomplicated Community-Acquired Pneumonia



Item	Description
Measure Description	Percentage of adult non-ICU hospitalized patients with uncomplicated pneumonia who: a) did not have risk factors for methicillin-resistant Staphylococcus aureus (MRSA) or Pseudomonas aeruginosa, and b) received empiric (within first 48 hours of emergency department arrival) antibiotics targeting MRSA or Pseudomonas aeruginosa. Percentage reported annually at the hospital level.
Measure Steward	University of Utah
CMS-Provided Rationale	Determining the appropriate antibiotics to treat uncomplicated community-acquired pneumonia (CAP) is important to ensure patient safety and avoid overuse of broad empiric antibiotics best utilized to target CAP-specific organisms. A standard process to evaluate overprescription of broad empiric antibiotics for CAP can mitigate inappropriate or overuse of these antibiotics, which is vital because such inappropriate/overuse can lead to potential negative patient outcomes, including kidney injury or secondary infections.
Considered For	Hospital Inpatient Quality Reporting Program Medicare Promoting Interoperability Program

Measure Type

Process

Level of Analysis

Facility

CBE Endorsement Status & History

Endorsed with Conditions* in 2025

*See conditions for endorsement in MUC2025-019 PA

MUC2025-055 Hospital 30-Day, All-Cause, Risk-Standardized Readmission Rate (RSRR) Following Sepsis Hospitalization



Item	Description
Measure Description	The measure estimates a hospital-level 30-day, all-cause, risk-standardized readmission rate (RSRR) for patients aged 65 and older discharged from the hospital with a principal diagnosis of sepsis including post-procedural sepsis. Readmission is defined as unplanned readmission for any cause within 30 days of the discharge date for the index admission. Readmissions are classified as planned and unplanned by applying the planned readmission algorithm. CMS will report the measure for patients who are 65 years or older and enrolled in fee-for-service (FFS) Medicare or Medicare Advantage (MA) and are hospitalized in non-federal short-term acute care hospitals.
Measure Steward	CMS
CMS-Provided Rationale	Sepsis is a leading cause of death in hospitals. Each year, according to the Centers for Disease Control and Prevention (CDC), at least 1.7 million adults in the U.S. develop sepsis, and at least 350,000 die as a result. It is also one of the main reasons for hospital readmissions in the U.S
Considered For	Hospital Inpatient Quality Reporting Program Hospital Readmissions Reduction Program

Measure Type

Outcome

Level of Analysis

Facility

CBE Endorsement Status & History

Under endorsement review in Fall 2025 cycle

MUC2025-047 Hospital Sepsis Program Core Elements Score



Item	Description
Measure Description	<p>Annual, non-weighted score, assessing acute care hospitals on their leadership support, personnel resources, implementation of quality improvement tools and practices to improve the recognition and care of patients with sepsis.</p> <p>Measure score = Sum of Hospital Sepsis Program Priority Examples in use by hospital.</p>
Measure Steward	Centers for Disease Control and Prevention (CDC)
CMS-Provided Rationale	Sepsis is a leading cause of death in hospitals. Each year, according to the Centers for Disease Control and Prevention (CDC), at least 1.7 million adults in the U.S. develop sepsis, and at least 350,000 die as a result.
Considered For	Hospital Inpatient Quality Reporting Program

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

MUC2025-045 Adult Community-Onset (CO) Sepsis Standardized Mortality Ratio (SMR)



Item	Description
Measure Description	Annual risk-adjusted standardized mortality ratio (SMR) of adult inpatients with community-onset sepsis who died during their hospitalization or were discharged to hospice. SMR is reported annually and is calculated by dividing the number of observed community-onset sepsis deaths by the number of predicted community-onset sepsis deaths.
Measure Steward	CDC
CMS-Provided Rationale	Sepsis is a leading cause of death in hospitals. Each year, according to the Centers for Disease Control and Prevention (CDC), at least 1.7 million adults in the U.S. develop sepsis, and at least 350,000 die as a result. It is also one of the main causes of hospital readmissions
Considered For	Hospital Inpatient Quality Reporting Program Hospital Value-Based Purchasing Program

Measure Type

Outcome

Level of Analysis

Facility

CBE Endorsement Status & History

Not Endorsed;
Never submitted

MUC2025-011 Dialysis Facility Discussion of Patient Life Goals



Item	Description
Measure Description	Dialysis Facility Discussion of Patient Life Goals is a patient reported outcome performance measure (the D-PaLS PRO-PM). The D-PaLS PRO-PM is a patient-specific measure that can be used to generate a t-score that is indicative of patient satisfaction with their care team about life goals discussions during the treatment planning and ongoing treatment process. The D-PaLS PRO-PM uses the patient specific scores to generate a performance-based facility level score. The performance-based measure is the percentage of adult chronic dialysis patients at a given ESRD facility that have a t-score of greater than 40.
Measure Steward	CMS

Measure Type

PRO-PM or Patient Experience of Care

Level of Analysis

Facility

CBE Endorsement Status & History

Not Endorsed in the Spring 2023 cycle based on concerns that the evidence provided did not show a clear patient desire for this type of measurement and there was a lack of alignment with patient-preferred outcomes

MUC2025-011 Dialysis Facility Discussion of Patient Life Goals (cont.)



Item	Description
<p>CMS-Provided Rationale</p>	<p>CMS is considering adding the Dialysis Facility Discussion of Patient Life Goals (D-PaLS) measure to the End-Stage Renal Disease Quality Incentive Program (ESRD QIP) as a new clinical quality measure. This patient-reported outcome measure reports patients’ satisfaction with how well their care team discussed life goals as part of treatment planning using the Patient Life Goals Survey instrument and allows facility-level comparison of patient satisfaction around discussion of life goals by generation of a t-score. This measure will fill a gap in the Patient and Family Engagement domain.</p>
<p>Considered For</p>	<p>End-Stage Renal Disease Quality Incentive Program</p>

<p>Measure Type</p>
<p>PRO-PM or Patient Experience of Care</p>
<p>Level of Analysis</p>
<p>Facility</p>
<p>CBE Endorsement Status & History</p>
<p>Not Endorsed in the Spring 2023 cycle based on concerns that the evidence provided did not show a clear patient desire for this type of measurement and there was a lack of alignment with patient-preferred outcomes</p>

MUC2025-064 Facility Level Percentage of Chronic Hyperphosphatemia in Dialysis Patients



Item	Description
Measure Description	Percentage of adult dialysis patients with a 6-month rolling average phosphorus value greater than or equal to 6.5 mg/dL.
Measure Steward	CMS
CMS-Provided Rationale	The purpose of this measure is to focus quality efforts on those patients with significant, chronic elevations in phosphorus who would benefit from additional intervention, as improvement in chronic hyperphosphatemia can improve cardiovascular complications, fracture, hospitalizations, and mortality. The intent would be to replace the current Hypercalcemia reporting measure with this new measure while maintaining compliance with statutory requirements to include a bone and mineral metabolism measure in the ESRD QIP measure set.
Considered For	End-Stage Renal Disease Quality Incentive Program

Measure Type

Intermediate Outcome

Level of Analysis

Facility

CBE Endorsement Status & History

Endorsed in 2024

MUC2025-023 CollaboRATE Shared Decision-Making Tool for Ambulatory or Outpatient Surgery Patients (Surgical CollaboRATE OAS-PM)



Item	Description
Measure Description	This measure assesses facility level compliance with administration of the CollaboRATE Shared Decision-Making tool to patients undergoing outpatient or ambulatory surgery. To be compliant, facilities must offer 95% of patients the option to complete the CollaboRATE survey within 1 week of the shared decision making conversation. CollaboRATE has been administered as a paper handout, via mail, electronic mail, computer or web interface, voice recorded telephone interviews, SMS text messages, and through MyChart EHR integration. It is available in 11 different languages, as well as for use in pediatrics, and patients with special considerations such as those with proxies or who are unable to speak for themselves.*
Measure Steward	American College of Surgeons

Measure Type

PRO-PM or Patient Experience of Care

Level of Analysis

Facility

CBE Endorsement Status & History

Endorsed in 2019;
Measure developer will pursue maintenance of endorsement in Spring 2026

*See full description in MUC2025-023 PA

MUC2025-023 CollaboRATE Shared Decision-Making Tool for Ambulatory or Outpatient Surgery Patients (Surgical CollaboRATE OAS-PM) (cont.)



Item	Description
CMS-Provided Rationale	CMS believes shared decision-making is important in engaging patients in treatment decisions and supports shared decision-making in elective outpatient surgeries. Use of this survey tool has shown to improve patient satisfaction and health outcomes. This brief three-question survey can be administered at any point after the shared decision-making conversation and before the surgical procedure takes place, allowing for flexibility in how facilities incorporate this survey and opportunity to collaborate with surgeons to ensure the completion of the survey.
Considered For	Ambulatory Surgical Center Quality Reporting Program Hospital Outpatient Quality Reporting Program

Measure Type

PRO-PM or Patient Experience of Care

Level of Analysis

Facility

CBE Endorsement Status & History

Endorsed in 2019;
 Measure developer will pursue maintenance of endorsement in Spring 2026

MUC2025-065 Malnutrition Care Score



Item	Description
<p>Measure Description</p>	<p>Composite: This measure assesses the percentage of eligible encounters of adults aged 18 years and older at the start of the eligible encounter during the measurement period, with a length of stay equal to or greater than 24 hours, who received optimal malnutrition care where care performed was appropriate to the patient's level of malnutrition risk and severity. Malnutrition care best practices recommend that for each eligible encounter, adult inpatients are (1) screened for malnutrition risk or for a dietitian referral order to be placed, (2) assessed by a registered dietitian (RD) or registered dietitian nutritionist (RDN) to confirm findings of malnutrition risk, and if identified with a "moderate" or "severe" malnutrition status in the current performed nutrition assessment, (3) receive a "moderate" or "severe" malnutrition diagnosis by a physician or eligible clinician as defined by the Centers for Medicare & Medicaid Services (CMS), and (4) have a current nutrition care plan performed by an RD/RDN.*</p>
<p>Measure Steward</p>	<p>The Academy of Nutrition and Dietetics</p>

<p>Measure Type</p>
<p>Intermediate Outcome</p>
<p>Level of Analysis</p>
<p>Facility</p>
<p>CBE Endorsement Status & History</p>
<p>Endorsed with Conditions* in 2024</p>

*See full description and conditions for endorsement in MUC2025-065 PA

MUC2025-065 Malnutrition Care Score (cont.)



Item	Description
<p>CMS-Provided Rationale</p>	<p>CMS is considering adding this measure to the PCHQR Program in alignment with existing use in the Hospital Inpatient Quality Reporting (IQR) Program (CBE 3592e). We believe extending adoption to another program will help promote better nutrition, an important component of American health, as well as enable better quality comparisons with hospitals in the Inpatient Prospective Payment System (IPPS). Identification and remediation of malnutrition risks prompted by this measure promotes a shift away from “sick care” by helping identify at-risk patients, encouraging continuity of care, reducing the risk of future readmissions, and improving quality of life.</p>
<p>Considered For</p>	<p>Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program</p>

<p>Measure Type</p>
<p>Intermediate Outcome</p>
<p>Level of Analysis</p>
<p>Facility</p>
<p>CBE Endorsement Status & History</p>
<p>Endorsed with Conditions in 2024</p>

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 considering adding this measure to the Hospital Inpatient Quality Reporting Program, the PPS-Exempt Cancer Hospital Quality Reporting Program (PCHQR), and the Promoting Interoperability Program to promote better person-centered care through wider adoption of advanced care planning documentation. This also promotes CMS initiatives around improving the ability to age with dignity. This measure complements the Documentation of Goals of Care Discussions Among Cancer Patients (PCH-42) currently in the PCHQR Program by expanding these important discussions to a broader scope of care situations, a much larger patient population, and promoting interoperable electronic record keeping.*
Considered For	<ul style="list-style-type: none"> Ambulatory Surgical Center Quality Reporting Program End-Stage Renal Disease Quality Incentive Program Hospital Inpatient Quality Reporting Program Hospital Outpatient Quality Reporting Program Hospital Value-Based Purchasing Program Inpatient Psychiatric Facility Quality Reporting Program Medicare Promoting Interoperability Program Prospective Payment System-Exempt Cancer Hospital Quality Reporting Program Rural Emergency Hospital Quality Reporting Program

Measure Type

Process

Level of Analysis

Facility

CBE Endorsement Status & History

Not Endorsed;
Never submitted

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!



Please provide any additional written feedback via the PQM website.

The public comment period is open through January 6, 2026.

2025-2026 Key Hospital Dates



Event	Dates
Hospital Recommendation Group Meeting	1/12/2026-1/13/2026 <i>10:00 AM-5:00 PM ET</i>
Roundtable: Administration Priorities for Quality Measurement Discussion	1/14/2026 <i>9:00-11:30 AM ET</i>
Hospital Listening Session Meeting Summary published on PQM website	1/15/2026
Final PRMR Hospital Recommendation Group Meeting Summary published on PQM website	2/11/2026

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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