



2026 Pre-Rulemaking Webinar: Submission Impossible? Not with CMS MERIT!

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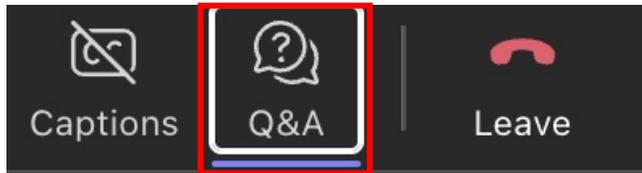
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Housekeeping

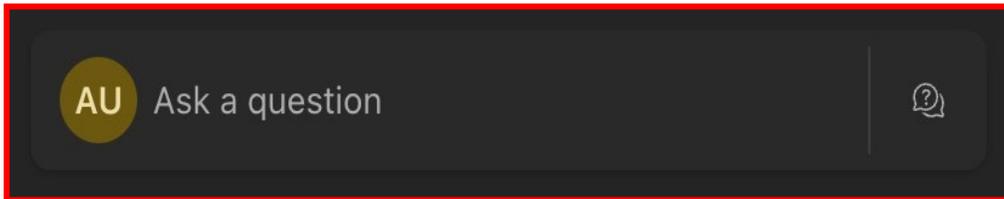
- All audio lines will be muted during the presentation.
- The meeting is being recorded and will be uploaded to the [Pre-Rulemaking Resources Webpage on the CMS Measures Management System \(MMS\) Hub](#) for future viewing.
- Questions will be addressed later in the presentation.

How to ask Questions

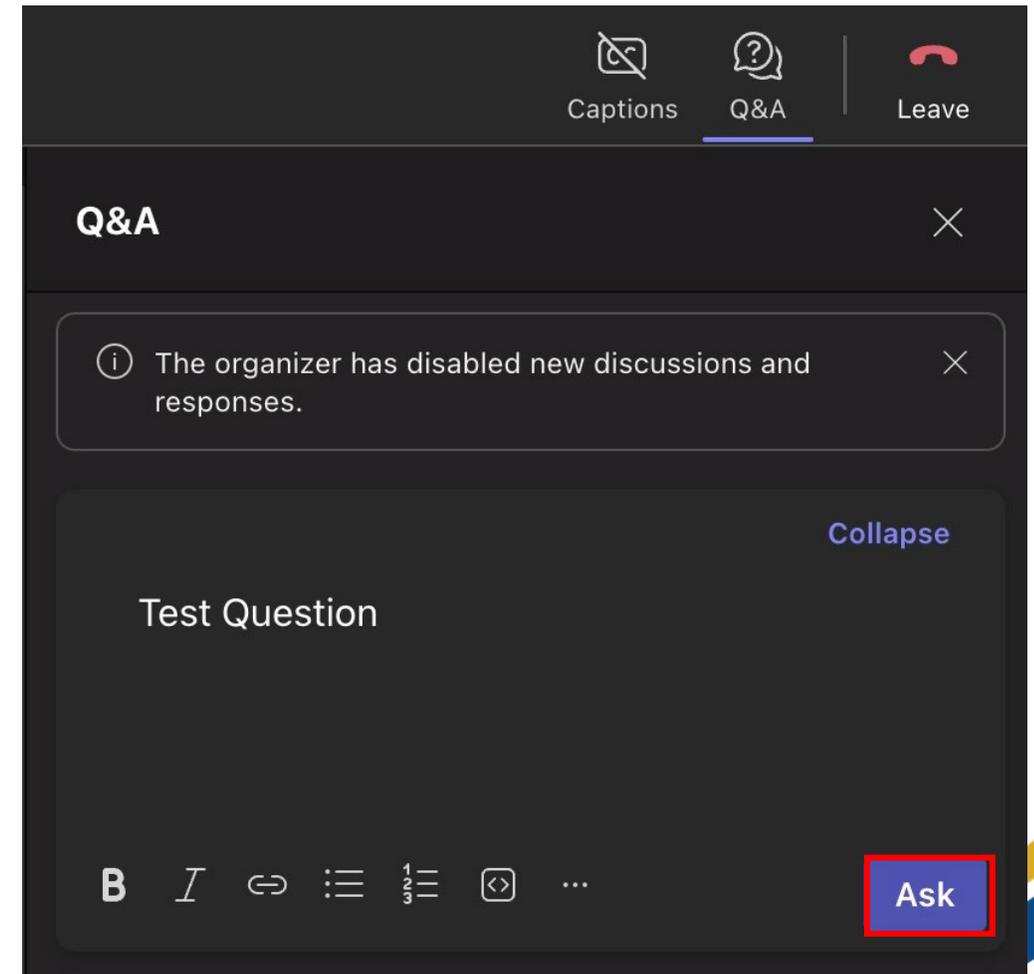
1. Open the Q&A Function located at the top of your screen



2. Type your question in the “Ask a question” field



3. Once your question has been inputted, press “Ask”



Agenda

- **Pre-Rulemaking Overview**
- **Updates to CMS Measures Under Consideration Entry/Review Information Tool (MERIT)**
 - What is CMS MERIT?
 - Description of features
 - Updates to CMS MERIT for 2026
 - Guidance on completing required fields
 - eCQM requirement clarifications
- **Pre-Rulemaking Measure Review (PRMR)**
- **Support & Resources**
 - Tour of Pre-Rulemaking webpage
- **Questions and Answers**

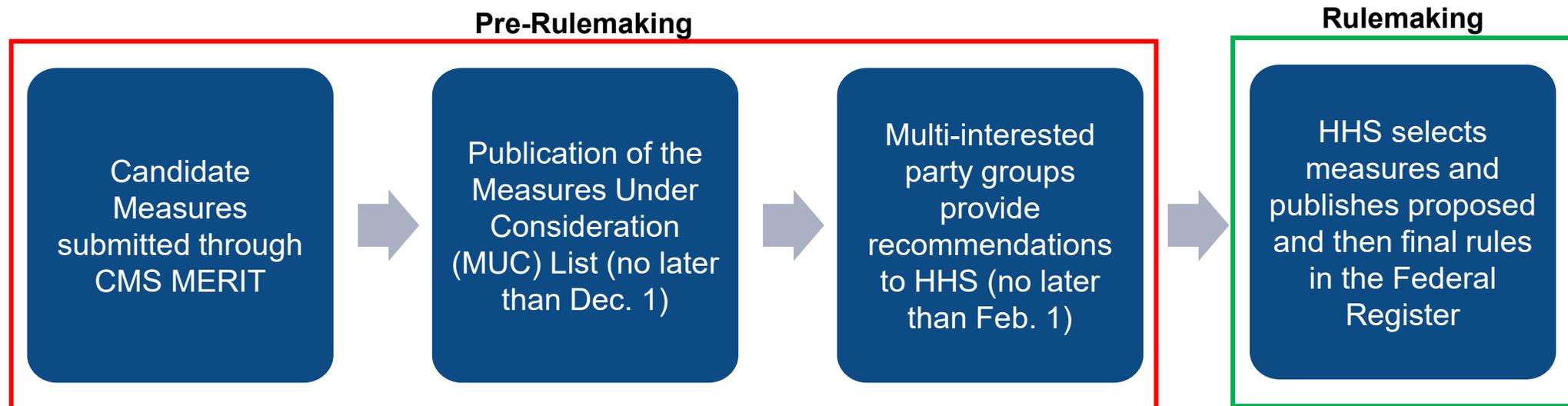




Pre-Rulemaking Overview: Timelines, Trends, and Key Considerations

Pre-Rulemaking Process

Section 3014 of the Patient Protection and Affordable Care Act of 2010 (ACA), created section 1890A of the Social Security Act, which required the U.S. Department of Health and Human Services (HHS) to establish a **federal pre-rulemaking process for the selection of quality and efficiency measures for use by HHS.**

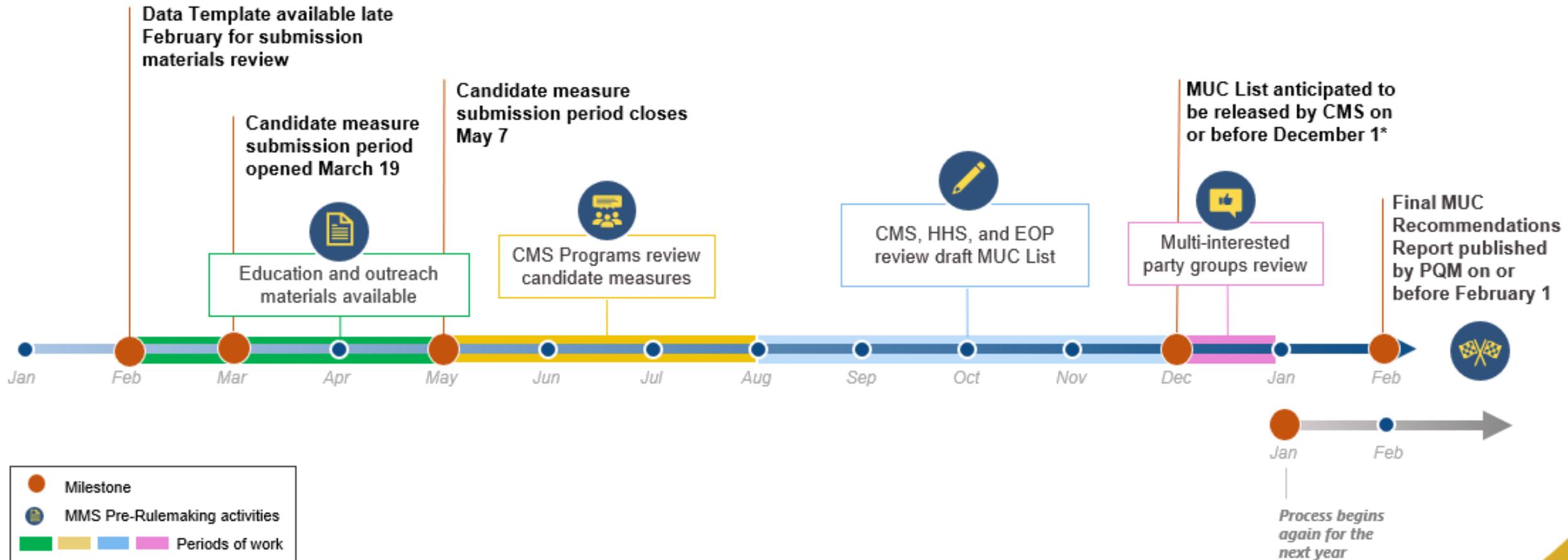


Pre-Rulemaking Programs

The Pre-Rulemaking process for measure selection is used by the following Medicare programs:

- Ambulatory Surgical Center Quality Reporting
- End-Stage Renal Disease Quality Incentive
- Home Health Quality Reporting
- Hospice Quality Reporting
- Hospital-Acquired Condition Reduction
- Hospital Inpatient Quality Reporting
- Hospital Outpatient Quality Reporting
- Hospital Readmissions Reduction
- Hospital Value-Based Purchasing
- Inpatient Psychiatric Facility Quality Reporting
- Inpatient Rehabilitation Facility Quality Reporting
- Long-Term Care Hospital Quality Reporting
- Medicare Promoting Interoperability
- Medicare Shared Savings
- Merit-based Incentive Payment System
- Part C and D Star Ratings
- Prospective Payment System-Exempt
- Cancer Hospital Quality Reporting
- Rural Emergency Hospital Quality Reporting
- Skilled Nursing Facility Quality Reporting
- Skilled Nursing Facility Value-Based Purchasing

2026 Pre-Rulemaking Timeline



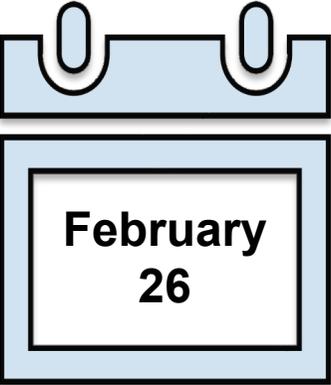
*Published on the CMS [Measures Management System](#) (MMS) Hub and the [Partnership for Quality Measurement](#) (PQM) Website

CMS – The Centers for Medicare & Medicaid Services

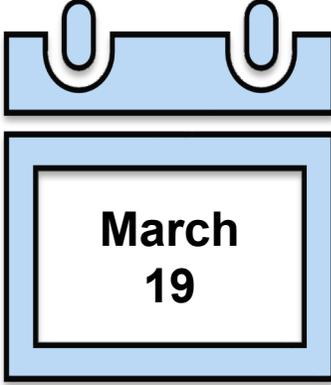
HHS – Department of Health and Human Services

EOP – Executive Office of the President

2026 Measure Submission Important Dates



CMS MERIT
Data Template
posted



CMS MERIT
opened for
measure
submissions

Today



2026 Pre-Rulemaking
Webinar



CMS MERIT
closes for
measure
submissions



MUC List is
statutorily
required to
publish no later
than Dec. 1st

Measure Submission Considerations



Measures currently used in CMS programs do not need to go on the MUC List again

Exceptions:

- Measures being expanded into other CMS program(s)
- Measures currently used in a program but underwent substantive changes



Measure specifications may change over time. If your measure has substantively changed, you should submit it again for consideration

Examples of substantive changes could include:

- Intent of measure
- Data Source
- Facility/Setting
- Level of Analysis

If you are uncertain whether your revision qualifies as a substantive change, reach out to MMSSupport@battelle.org.

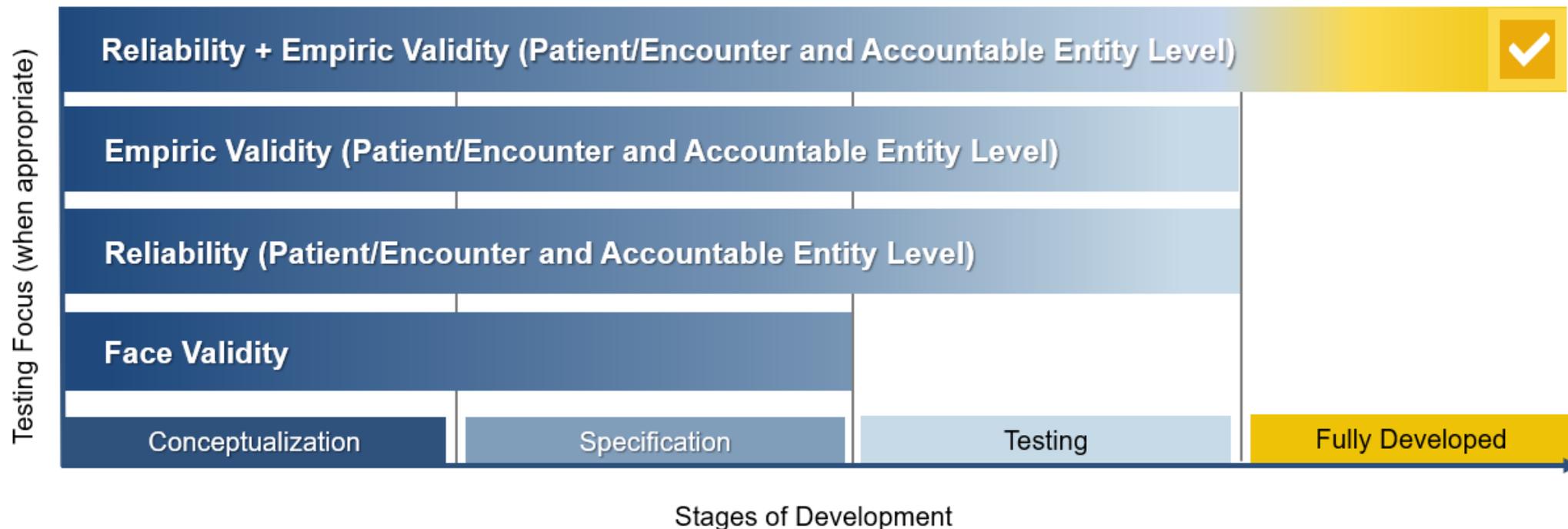
Measure Selection Considerations

To determine whether a measure is suitable for inclusion on the MUC List, CMS programs review each submission against several key considerations, including the following:

- Does the submission align with or fill gaps of Meaningful Measures and national health care quality priorities?
- Is the submission a digital measure? Or an outcome measure?
- Has the measure been reviewed by the Consensus-Based Entity (CBE) for endorsement?
- Does the measure improve upon or enhance any existing measures in the public or private sector? If so, could the original measure be removed?
- Is the measure evidence-based?
- Would the measure be burdensome to operationalize?
- What is the measure's stage of development? Is it fully tested?

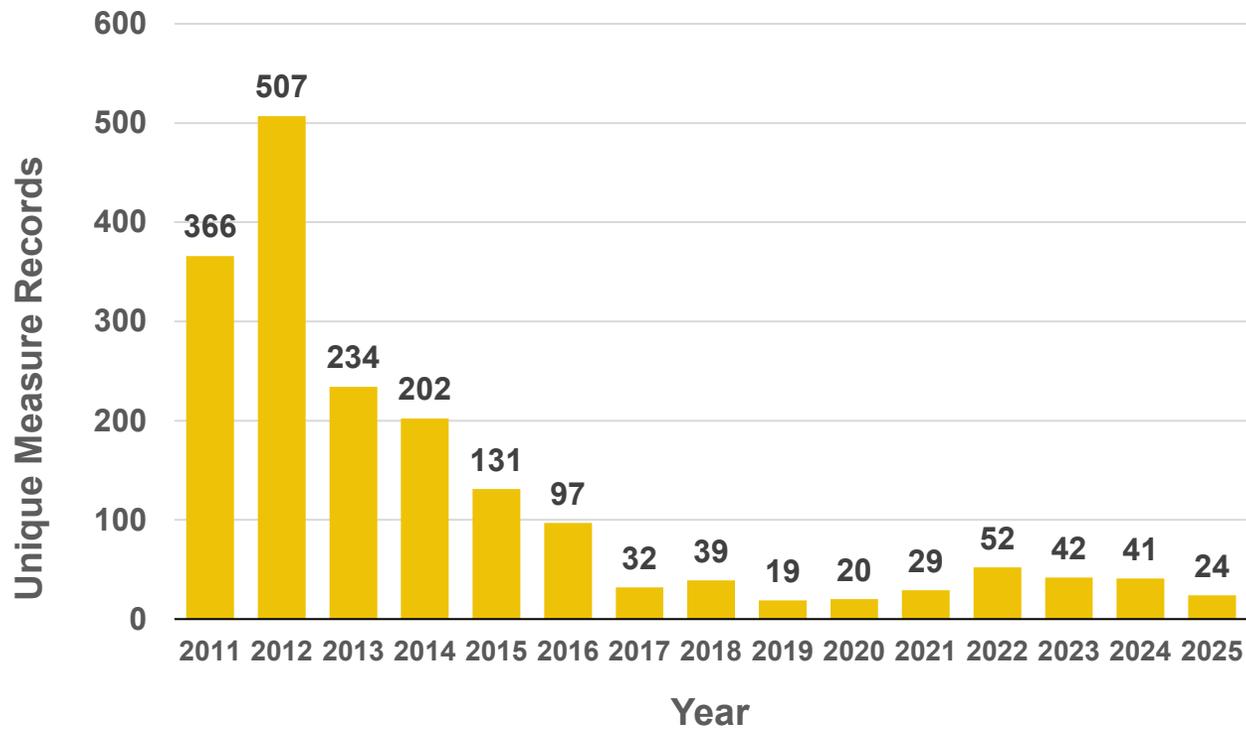
Stage of Development

CMS prefers measures that have been fully conceptualized, specified, and tested.



MUC List Historical Trends

Measures Under Consideration by Year



A complete repository of historical MUC Lists and Reports is located at:

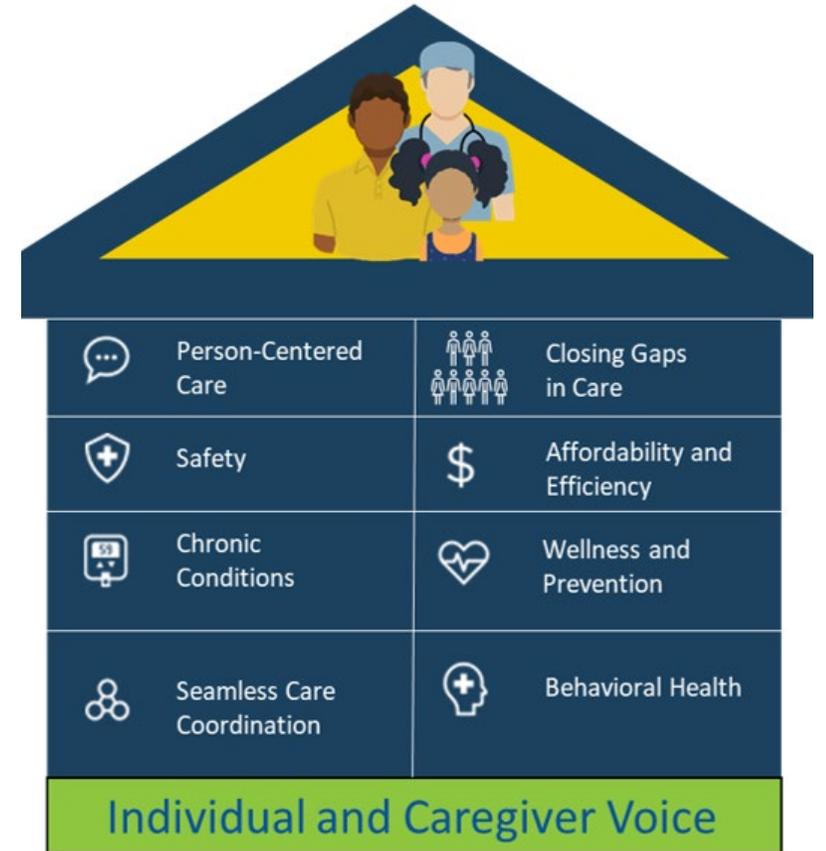
[Pre-Rulemaking MUC Lists and Recommendation Reports The Measures Management System \(cms.gov\)](#)

CMS Quality Measurement Needs and Priorities Report

- CMS annually publishes quality measurement needs and priorities.
- This report also includes high-level overview of each of the programs that participate in the pre-rulemaking process.
- CMS encourages developers to align submissions with these *needs when proposing measures for the MUC List*.
- ***The 2026 MUC List CMS Quality Measurement Needs & Priorities Report is available on the CMS MMS Hub ([Pre-Rulemaking Resources](#)).***

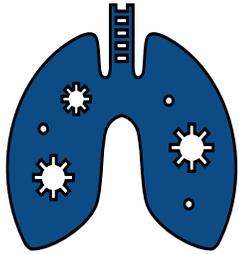
CMS Quality Measurement Needs and Priorities (Meaningful Measures 2.0 + Cascade of Meaningful Measures)

- Two initiatives—Meaningful Measures 2.0 and the Cascade of Meaningful Measures—drive innovation and modernization in quality measurement across programs, settings, and interested parties.
- These initiatives strengthen the measurement system by closing gaps, reducing burden, and improving efficiency through:
 - Using high-value measures
 - Aligning measures across programs and partners
 - Prioritizing outcomes and patient-reported data
 - Advancing fully digital, all-payer measures
 - Expanding wellness and prevention measurement



CMS Agency-Level Quality Measurement Needs and Priorities (Make America Healthy Again (MAHA) Priorities)

- CMS aims to align quality measures with the MAHA initiative in our Quality Reporting and Value Based Programs.
- The MAHA initiative emphasizes health care priorities such as:



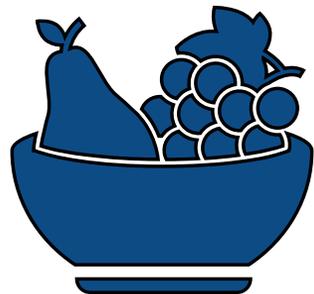
Disease Prevention
(primary, secondary, tertiary)



**Chronic Illness
Management**



Physical Fitness



Nutrition

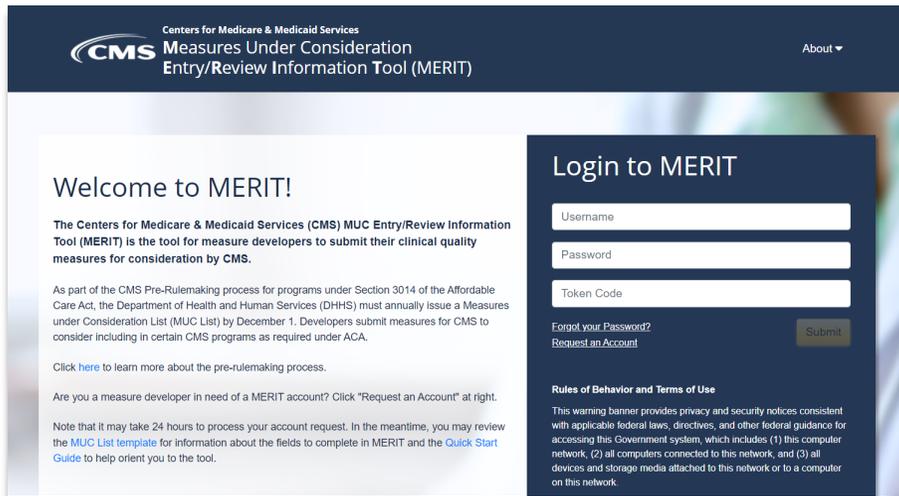


Wellness



Updates to CMS MERIT

What is CMS MERIT?



- The Centers for Medicare & Medicaid Services (CMS) MUC Entry/Review Information Tool ([CMS MERIT](#)) is the tool for measure developers to submit their clinical quality and efficiency measures for consideration by CMS.
- CMS MERIT is also used for facilitating searches of measures from the current and previous years and structuring the workflow for CMS review of measures submitted to CMS MERIT.
- CMS MERIT opened on March 19th for the 2026 cycle and **will close at 8 p.m. ET on May 7, 2026.**

CMS MERIT Features

CMS MERIT provides features that enhance the efficiency and effectiveness of the submission and review process.



Automatic completeness checks

- CMS MERIT ensures all required measure information is submitted.



Save submissions and return later

- Submitters can save and return later to complete measure information.
- CMS MERIT now includes autosave, helping prevent data loss if submitters forget to save.



Review process tracking

- Submitters and reviewers can track progress of their submission(s).



Easy-to-navigate interface

- Designed with human-centered principles for intuitive and user-friendly navigation.



Copy and Paste Functionality

- Ability to copy and paste from Word docs into submission(s).



Ability to print .pdf of submissions

- Print and/or save a copy of submission(s) in PDF.

What's New for 2026: Enhanced Features



Language updates: Survey and survey-based measure terminology was updated to the more inclusive term instrument-derived measures.



Improved skip logic: If a measure is instrument-derived, the system will now ask whether it is a single measure from one instrument or multiple measures from the same instrument, ensuring only the appropriate questions appear.



Updated field label: Renamed “Empiric Validity: Interpretation of Results” to “Empiric Validity: Hypothesis Affirmation” to clearly indicate that users should state whether the statistical results affirmed the hypothesized relationship.



Autosave: CMS MERIT now includes autosave to help prevent data loss if submitters forget to save.

What's New for 2026: Enhanced Features (cont.)



Improved comment system: Allows submitters to provide section-specific explanations instead of combining all comments into a single field at the end.

The screenshot displays a web application interface. On the left is a sidebar menu with the following items: "Steward or Owner" (expanded), "Steward or Owner Information", "Measure Developer Information", "Submitter Information", "Steward/Owner Submitter Comments", "Properties", "Characteristics", "Similar Measures", "Attachments", "General Submitter Comments", and "Review & Submit". The main content area shows a measure titled "MUC2026-009:" with the section "Steward or Owner" (last updated 2026-03-06) and "Steward/Owner Submitter Comments". A modal window titled "Submitter Comments for the Steward/Owner Section" is open, containing the text: "Optional. Provide any brief clarifications or additional context related to this section that were not captured in the fields above." and a "Save" button. Above the modal are buttons for "Delete Measure" and "Export Measure". A link "Submit Question/Feedback" is in the top right. Below the modal is a text area with a warning: "Please be aware that when copying and pasting you will add hidden formatting characters to the text. We highly recommend that you enter plain text (right click on the field and choose 'paste as plain text')." Below the text area is a "Submitter Comments for the Steward/Owner Section (Optional)" field with a "View Definition" link. At the bottom are "< Previous" and "Save & Continue" buttons.

What's New for 2026: New Questions



Permission from measure steward/owner question: Indicate whether you have obtained permission to submit the measure (if you are not the steward or owner submitting in CMS MERIT).



FHIR-enablement question: New item asking whether the measure is currently FHIR-enabled or will be ready for FHIR enablement by the end of the calendar year.



Describe the substantive changes: If a submitter indicates that a measure has undergone substantive changes, the system now prompts them to briefly describe those changes.



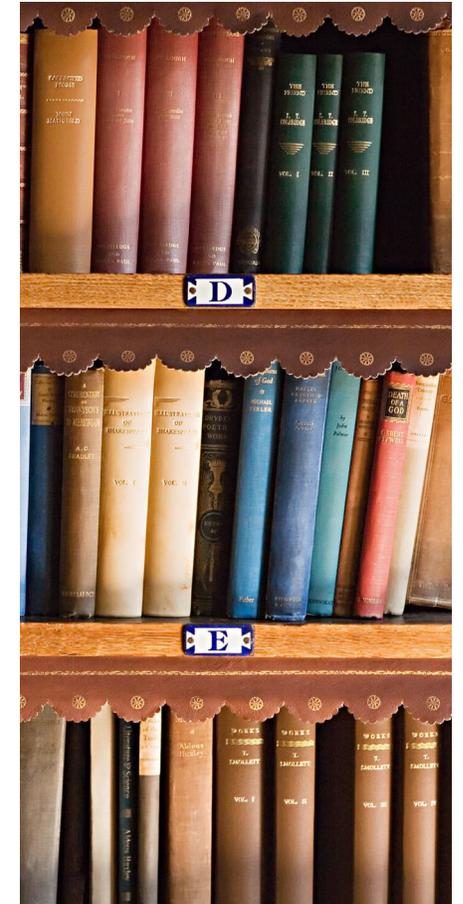
Is the measure currently implemented in a non-rulemaking program?: Allows submitters to identify any non-rulemaking programs where the measure is used, such as state Medicaid quality initiatives or private payer quality programs.

What's New for 2026: Reliability and Importance Table Guidance

- To support accurate and consistent evaluation during the Pre-Rulemaking Measure Review (PRMR) process in the event your measure is selected for the MUC List, developers are **encouraged** to attach a reliability table and an importance table with their MUC List submission. These should include:
 - **Decile Table:** Mean reliability metric, number of entries, and number of persons organized by entity volume decile.
 - **Importance Table:** Mean performance score, number of entities, and number of persons organized by performance score decile.
- If this detail isn't provided, PRMR staff will calculate it independently. Including decile-level data upfront improves transparency and supports informed decision-making by PRMR committee members.

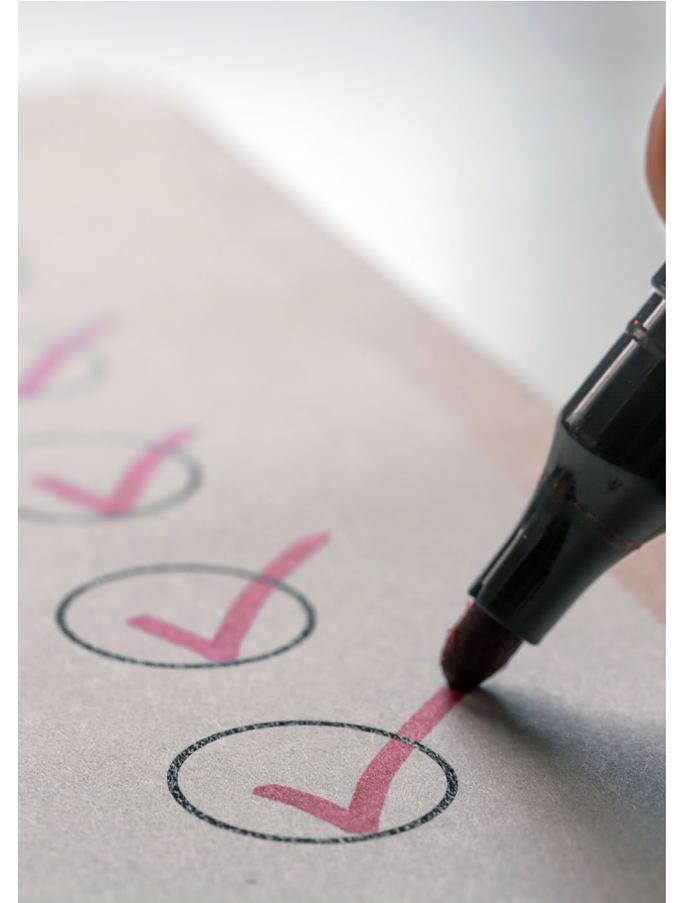
What's New for 2026: Standardization of Citations within CMS MERIT Submissions

- Use AMA-style bracketed numeric citations (e.g., [1], [2]) in the order they appear in the text.
- Include a reference list at the end of the section, formatted per AMA guidelines, with DOIs or URLs where applicable.
- Citations should be provided for:
 - Rationale
 - Clinical guidelines supporting the measure
 - Any other fields where external evidence, guidelines, data sources, or published literature inform the content



What's New for 2026: Section 508-Compliant Attachments

- CMS requires all applicable testing documents to be Section 508-Compliant before submission.
 - Attachments are made public to improve transparency
 - Adherence to 508 standards allows documents to be accessible to those with disabilities
 - Allows for a full review of the measures by the CBE PRMR recommendation committees
- Non-compliant documents will be expected to be remediated in conjunction with the MMS team and the submitter prior to the MUC List being finalized.





Electronic Clinical Quality Measure (eCQM) and Digital Quality Measure (dQM) Readiness

eCQM/dQM Readiness, Step 1: Specification

- **Measure Authoring Development Integrated Environment (MADiE) output** to include human readable files based on the Health Quality measure Format (HQMF) and Fast Healthcare Interoperability Resources (FHIR) Measure Resources.
- **MADiE test case export** achieving 100% passing and 100% coverage
- **Value sets** published in the Value Set Authority Center (VSAC)
- **dQM Fast Healthcare Interoperability Resources (FHIR) specification** output from MADiE with MADiE test cases included
 - Please note: Measure specifications must be submitted using applicable standards: FHIR QI-Core 4.1.1 (QI-Core STU 6 preferred) or QDM standards.

eCQM/dQM Readiness, Step 1: Specification cont.

- For 2026 MERIT submissions, CMS highly prefers measures to be submitted in the FHIR standard. **Starting in 2027, CMS will require FHIR specifications for dQM submissions.**

	FHIR Specifications	QDM Specifications
2026 MERIT Submissions*	Highly Preferred (if finalized for use in a CMS program, FHIR would be required)	Allowed
2027 – 2028 MERIT Submissions*	Required	Allowed
2029 and Future MERIT Submissions	Required	Not Allowed

*Measure Stewards may submit both QDM and FHIR Specifications

eCQM/dQM Readiness, Step 2: Testing

- Reliability and validity testing that meets the definition of a fully developed measure
- Feasibility testing documented on the feasibility scorecard

eCQM/dQM Readiness, Step 3: Steward Expectations

- A measure steward is expected to:
 - Understand and apply QDM-based eCQM FHIR-based Digital Quality Measure (dQM) standards, including:
 - The Quality Data Model (QDM), and Quality Improvement Core (QI-Core) FHIR Profiles data model standards
 - Clinical Quality Language (CQL) measure logic standards
 - CQL-based HQMF, and FHIR Measure Resources-based measure definition standards
 - Quality Reporting Data Architecture (QRDA) I and III; and the Data Exchange for Quality Measures (DEQM) Individual and Summary standards
 - Make and test technical changes using eCQM/dQM tools, including MADiE and VSAC
 - Support responses to interested parties' questions on the measure throughout the year

eCQM/dQM Readiness, Step 3: Steward Expectations, continued

- A measure steward is expected to:
 - Participate in the eCQM and dQM Annual Update process, which is distinct from update cycles for other collection types and may begin at a different time than those for other collection types
 - Adhere to the timelines and processes set forth for the eCQM and dQM Annual Updates for both FHIR-based dQM and QDM-based eCQM specifications as applicable
 - Maintain and update value sets used for the measure in VSAC
 - Maintain documents used to support measure updates (e.g., technical release notes, measure flows)

eCQM/dQM Readiness: Notes and Resources

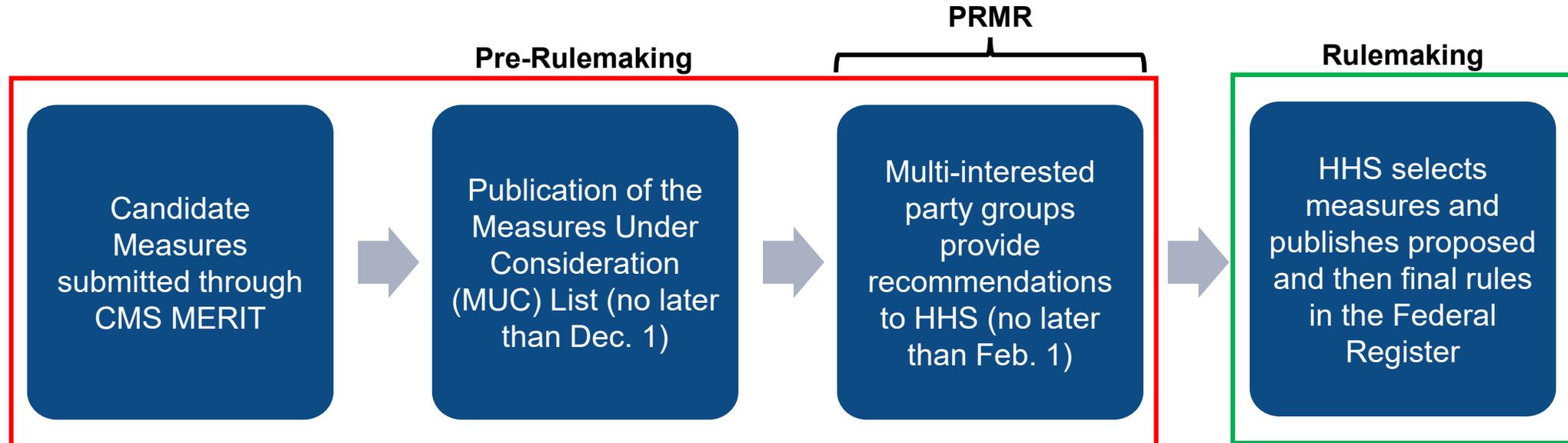
- As part of CMS's transition to dQMs, CMS plans to use HL7 FHIR Data Model and FHIR Reporting Requirements for representing and reporting dQM data. Beginning in 2026, measure stewards will be expected to support maintenance of FHIR-based dQMs, as well as any submitted QDM-based eCQMs. If stewards submit only a QDM-based specification, CMS will work with them to convert their specifications to the FHIR standard through the Annual Update process.
- Resources:
 - eCQI Resource Center: <https://ecqi.healthit.gov/>
 - MADiE: <https://www.emasuretool.cms.gov/>
 - ASTP/ONC Issue Tracking System: <https://oncprojecttracking.healthit.gov/support/secure/Dashboard.jsps>
 - Value Set Authority Center: <https://vsac.nlm.nih.gov/>
 - CMS Measures Management System: <https://mmshub.cms.gov/>



Pre-Rulemaking Measure Review (PRMR)

Pre-Rulemaking Process: PRMR

Section 3014 of the Patient Protection and Affordable Care Act of 2010 (ACA), created section 1890A of the Social Security Act, which required the U.S. Department of Health and Human Services (HHS) to establish a **federal pre-rulemaking process for the selection of quality and efficiency measures for use by HHS.**



PRMR and MSR Guidebook

- The guidebook serves as a resource to all parties who are interested in these processes and includes details on the following:
 - PRMR and MSR activities, processes, and their associated timelines
 - Summary of committee compositions
 - Evaluation criteria for measure selection and continued use criteria



National Consensus Development and Strategic Planning for Health Care Quality Measurement
Guidebook of Policies and Procedures for Pre-Rulemaking Measure Review (PRMR) and Measure Set Review (MSR)

Final
July 2025

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



The analyses upon which this publication is based were performed under Contract Number 75FCMC23C0010, entitled, "National Consensus Development and Strategic Planning for Health Care Quality Measurement," sponsored by the Department of Health and Human Services, Centers for Medicare & Medicaid Services.

PRMR Process

Per statute, the PRMR process provides stakeholder input to CMS on measures being considered for use in quality programs.

Three major phases:

1. Information collection – including creation of preliminary assessments (PAs)
2. Analysis and feedback – including written feedback from committee members and the public
3. Discussion and recommendation – including committee discussion and voting

Measure Developer/Steward's Role in PRMR

Meeting/Activity*	Timeframe*	Purpose/Developer Role
Ensure all testing measure testing data is accurate, current and complete	August/September	Ensure PRMR committees have access to accurate, current and complete data during their reviews.
Developer/Steward Education Meeting	October	Review PRMR process, evaluation criteria, and key milestones.
Review Preliminary Analyses	October/November	Ensure accuracy of preliminary analysis of measure information according to PRMR evaluation criteria prior to publication.
PRMR Measure Preview	Mid-December	Opportunity for PRMR committee members to learn about measures and ask clarifying questions. Measure developers may be invited by CMS leads to respond to questions raised.
Advisory and Recommendation Group Meeting	Mid-Late January	Discussion (including Advisory Group and Recommendation Group members) and voting (Recommendation Group only) to recommend measures for further federal rulemaking. Measure developers may be invited by CMS leads to respond to questions raised.

**Activities and timeframes are subject to change based on Guidebook revisions and MUC List publication timing.*



Support & Resources

CMS MERIT Support



Quick Start Guide and **2026 MERIT Data Template** are available for download on log in [page](#)



Contact MMSsupport@battelle.org
with CMS MERIT questions

Pre-Rulemaking Resources

Tour of Pre-Rulemaking Webpage

[Pre-Rulemaking | The Measures Management System \(cms.gov\)](https://www.cms.gov/Pre-Rulemaking)

CMS.gov | Measures Management System (MMS)

About Quality Measurement | **Blueprint Measure Lifecycle** | Tools & Resources | Get Involved

Home / Measure Implementation

Measure Implementation

Overview | **Measure Selection** | **Pre-Rulemaking** | Measure Rollout

Pre-Rulemaking

Section 3014 of the [Patient Protection and Affordable Care Act](#) (PDF) of 2010 (ACA) (P.L. 111-148) created section 1890A of the Social Security Act (the Act), which required the U.S. Department of Health and Human Services (HHS) to establish a federal pre-rulemaking process for the selection of quality and [efficiency measures](#) for use by HHS. Section 1890(b)(7)(B) of the Act describes the categories of measures.

[CMS Measures Under Consideration Entry/Review Information Tool \(MERIT\)](#)

RESOURCES

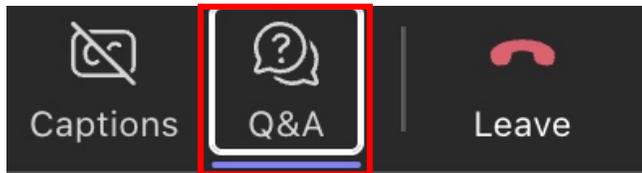
- [Additional Pre-Rulemaking Resources](#)
- [2022 MUC List Overview \(PDF\)](#)
- [2022 MUC List \(XLSX\)](#)

The pre-rulemaking process includes five major steps:

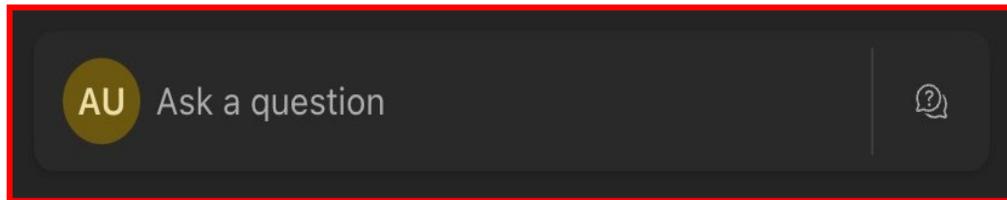
1. Each year CMS invites the submission of candidate measures from measure developers/stewards. The submission period closes on a prescribed date to allow HHS time to review and make their selection of measures to place on the [Measures Under Consideration \(MUC\) List](#).
2. Annually, no later than December 1, HHS makes publicly available a list of quality and [efficiency measures](#) that HHS is considering adopting, through the federal rulemaking process, for use in Medicare program(s).
3. Multi-stakeholder groups provide recommendations to HHS no later

Questions?

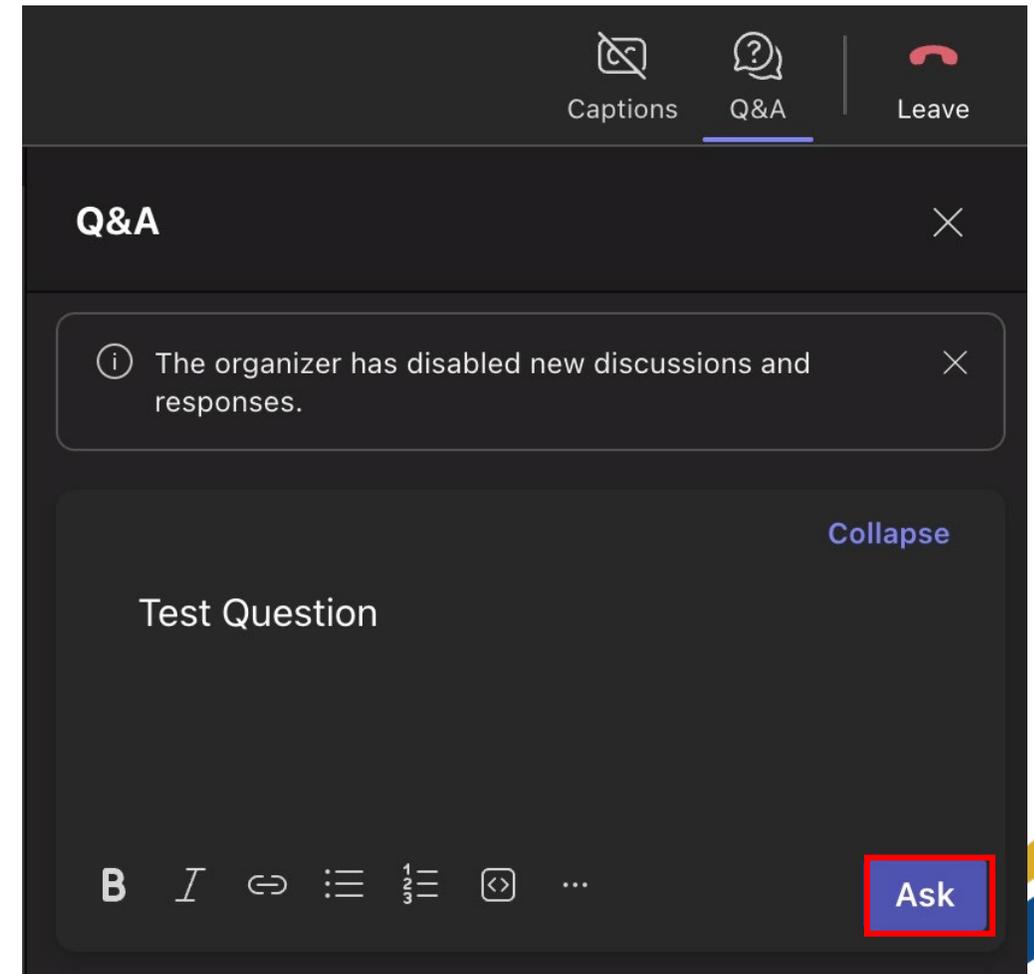
1. Open the Q&A Function located at the top of your screen



2. Type your question in the “Ask a question” field



3. Once your question has been inputted, press “Ask”



MMS Information Session

“The American Heart Association’s Get With The Guidelines® and the Role of Performance Measures and Registry Data in Wellness and Prevention”

Webinar Objectives

- Understand key features and capabilities of the Association’s Get With The Guidelines® quality improvement resources and platform.
- Learn about the Association’s current and upcoming measure development and registry activities, including updates to Chronic Coronary Disease measures, newly proposed lipid monitoring, and a management measure for the Quality Payment Program
- Hear about an HL7 implementation guide development for physical activity
- Learn about the launch of the Healthy Living BEYOND Weight registry.

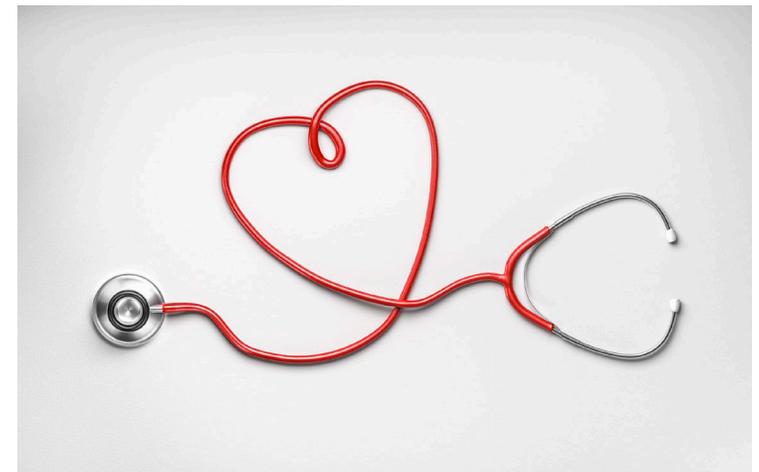
Wednesday, March 25

2 p.m. – 3 p.m. (ET)

[Register here](#)

Presenter Organization

The American Heart Association is a national leader in advancing cardiovascular health through research, clinical guidelines, and quality improvement initiatives. Their Get With The Guidelines® program is one of the most widely adopted hospital-based quality improvement platforms in the country, supporting data-driven practice and consistent application of evidence-based care





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