

June 21, 2026

The Honorable Dr. Mehmet Oz
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: Partnership for Quality Measurement
Submitted electronically to: <https://p4qm.org/prmr-msr-guidebook/working-draft-guidebook-policies-and-procedures-prmr-and-msr-2026>

RE: Working Draft Guidebook of Policies and Procedures for Pre-Rulemaking Measure Review (PRMR) and Measure Set Review (MSR) 2026

Dear Administrator Oz:

The National Association of ACOs (NAACOS) appreciates the opportunity to submit comments in response to the Partnership for Quality Measurement's (PQM) working draft guidebook of policies and procedures for PRMR and MSR for 2026. NAACOS is a member-led and member-governed nonprofit of nearly 500 accountable care organizations (ACOs) and value-based care entities in Medicare, Medicaid, and commercial insurance working on behalf of health care providers across the nation to improve the quality of care for patients and reduce health care cost. Collectively, our members are accountable for the care of more than 10 million beneficiaries through Medicare's population health-focused payment and delivery models, including the Medicare Shared Savings Program (MSSP) and the Accountable Care Organization Realizing Equity, Access, and Community Health (ACO REACH) Model.

The PRMR and MSR processes are critical for ensuring appropriate quality measures in ACO programs. We appreciate PQM's work in this area and write to share feedback and raise concerns regarding the lack of transparency in communication about changes to the guidebook. Our comments below reflect priorities of our members and our shared goals to ensure appropriate quality measures are used to assess total cost of care programs.

On the question of transparency, we are encouraged by PQM's decision to post public comments online. However, as currently written, the guidebook states that comments received during the initial PRMR review period (Step 3, page 17) will be posted, but not those for final PRMR recommendations (Step 6, page 19) or Step 2 of the MSR process on page 20. NAACOS believes strongly that transparency should not be selectively applied and public comments are valuable at every stage. We ask that PQM revisit the guidebook to ensure that the commitment to posting public comments is applied uniformly throughout both the PRMR and MSR processes.

Additionally, NAACOS encourages PQM to include all meaningful edits in the summary of changes during future revisions of the guidebook. In reviewing the document, NAACOS identified multiple revisions to *Appendix B. Guidance on Evaluating PRMR and MSR Criteria* that do not appear in the summary of

changes. This oversight reduces transparency and undermines public engagement. We urge PQM to adopt a more rigorous approach to documenting changes in future revisions to guidebooks. Stakeholders should not be expected to conduct a side-by-side comparison of draft and current documents to identify revisions. As value-based care continues to mature and the stakes of quality measurement grow, getting this process right matters more than ever.

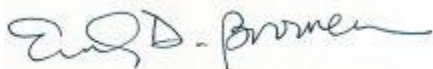
NAACOS has outlined feedback on specific revisions below.

- NAACOS disagrees with the Meaningfulness guidance, starting on page 39, which states that endorsed measures will automatically receive a rating of "met" for certain criteria. This approach is problematic when the level of measurement and/or care setting associated with a measure does not align with the program under consideration. ACOs operate across a variety of care settings and payment arrangements, and measures that have not been appropriately tested at the relevant level can produce misleading assessments of ACO performance. A measure developed and endorsed for use within a specific setting should not receive an automatic "met" rating absent additional testing.
- NAACOS opposes the criterion on page 41 stating, "Reliability is considered acceptable when at least 70% of entities in the testing sample demonstrate reliability greater than 0.6," as this standard is inadequate for the programs in question. ACOs and their clinician partners are subject to significant payment changes based on their measured performance. Measures used to make these determinations must be demonstrated to be highly reliable. NAACOS recommends a minimum reliability of 0.7 across all entities.
- NAACOS urges PQM to remove the prompt, "Is this a measure suitable for Fast Healthcare Interoperability Resources (FHIR) implementation," under the Time-to-Value Realization guidance. NAACOS is a strong advocate for interoperability and the responsible adoption of FHIR across the health care landscape. That said, measure review committees are not the right venue for assessing FHIR suitability. This is a technical determination that requires specialized expertise most committee members are unlikely to possess, and in the absence of that expertise, any conclusions drawn could be uncertain at best.

CONCLUSION

Thank you for the opportunity to provide feedback on the 2026 working draft guidebook of policies and procedures for PRMR and MSR. NAACOS and its members are committed to providing the highest quality care for patients while advancing population health goals for the communities they serve. We look forward to our continued engagement on improving quality measurement in CMS programs. If you have any questions, please contact Aisha Pittman, senior vice president of government affairs at NAACOS at aisha_pittman@naacos.com.

Sincerely,



Emily D. Brower
President and CEO
NAACOS