Closing Care Gaps Domain

We commend Battelle for its leadership in advancing health equity through its commitment to closing gaps in care. However, we have significant concerns regarding the proposal to mandate the "Closing Care Gaps" domain for measure endorsement beginning with the Spring 2026 cycle.

The collection of comprehensive and reliable patient demographic data remains a substantial operational and financial challenge for many healthcare organizations. The infrastructure, workflows, and patient trust required for seamless data collection are still maturing across the industry.

Making this domain a mandatory requirement by Spring 2026 could have the unintended consequence of disqualifying high-value clinical measures. An otherwise impactful measure that significantly improves care quality could be rejected solely due to incomplete demographic data, thereby hindering the very progress we all seek to achieve.

Therefore, we strongly recommend that for the Spring 2026 cycle, the "Closing Care Gaps" domain be highly encouraged rather than required. We propose that allowances be made for otherwise robust measures, ensuring that the pursuit of equity does not inadvertently delay immediate and tangible improvements in the quality of patient care.

Potential Typo on Page 63 (*PDF numbering*) of the E&M Guidebook

We are writing to alert you to a possible typo in the E&M Guidebook that may cause confusion for measure submitters.

On page 63, the following paragraph appears under the guidance for electronic Clinical Quality Measures (eCQMs):

"A new eCQM version of an existing endorsed [non-eCQM] measure is automatically considered to be endorsed. Given the distinct characteristics of an eCQM, the new measure must be separately evaluated and endorsed by Battelle. An eCQM should be submitted as a separate measure even if the same or a similar measure exists."

The first sentence appears to be in direct contradiction with the two sentences that immediately follow it. While the first sentence states that a new eCQM version is *automatically* endorsed, the subsequent text correctly clarifies that due to their distinct characteristics, eCQMs *must be separately evaluated and endorsed*.

To resolve this contradiction and align the text with the stated policy, we believe the first sentence is missing the word "not." We recommend the following correction:

"A new eCQM version of an existing endorsed [non-eCQM] measure is **not** automatically considered to be endorsed."

We hope this feedback is helpful in ensuring the clarity and accuracy of your guidance materials.

Guidance on Reliability and Validity Testing

We applaud the recent updates specifying the details for validity and reliability testing. This level of clarity from Battelle is incredibly valuable to the measure development community and will certainly help standardize and improve the quality of submissions going forward.

In the spirit of partnership, we want to highlight a potential challenge this new guidance might present for a specific, yet critical, class of measures: those with small denominators. These are often the very measures that target rare conditions or address significant health disparities in niche populations.

The core issue is statistical. Measures with small sample sizes are inherently more susceptible to volatility that can negatively impact reliability scores, even when the measure is clinically sound and valid. A measure tracking outcomes for a new pediatric cancer therapy, for example, will automatically face reliability hurdles that a measure for a common condition like hypertension will not.

Our concern is that without some built-in flexibility, the endorsement process might inadvertently filter out these vital measures. This could discourage developers from tackling some of the most difficult challenges in healthcare, where the potential for impact is profound but the patient populations are limited.

We respectfully recommend that Battelle consider allowing for specific accommodations in these cases. Perhaps a protocol could be developed where developers can petition for special consideration, providing supplemental evidence or a compelling clinical rationale to compensate for statistical limitations in reliability. This would create a balanced process that upholds rigorous standards while still making room for essential, high-impact innovations.

Risk Adjustment Guidance

We are aligned with Battelle and CMS on the long-term vision for quality measurement, where robust risk adjustment ensures that performance is evaluated fairly. It is a critical goal for the entire industry. However, we wish to share feedback on the practical pathway to achieving this vision.

For many measure developers, the journey to effective risk adjustment is fraught with challenges. The operational and financial costs associated with gathering the necessary

data—from detailed demographics to social determinants of health—are significant. We are still, as an industry, building the infrastructure, standardizing the workflows, and earning the patient trust required to collect this data seamlessly and accurately.

Our concern is that if risk adjustment requirements are applied too rigidly today, we risk creating a barrier to near-term quality improvement. We can envision a scenario where a transformative measure, one that could quickly reduce hospital-acquired infections or improve chronic disease management, is shelved because the developing organization cannot yet meet the high bar for risk model data collection.

We believe a pragmatic, phased approach is needed. We urge Battelle to consider a framework that allows for leniency on risk adjustment, especially when a measure offers a clear and immediate opportunity to improve care. The critical question should be: does the immediate clinical value of this measure justify its implementation, even if provider comparisons are not yet perfectly adjusted? In many cases, we believe the answer is yes. Allowing such measures to proceed would deliver immediate benefits to patients while the industry continues its vital work on building the data infrastructure for the future.