Booz Allen

Quality Rating System (QRS) and Quality Improvement Strategy (QIS) Technical Expert Panel (TEP) Report

D4-3
SUBMITTED JUNE 2, 2026

Submitted to:

Centers for Medicare & Medicaid Services
7500 Security Boulevard
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Submitted by:

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1.0 Report Purpose

The Quality Rating System (QRS) and Quality Improvement Strategy (QIS) Technical Expert Panel (TEP) (QRS/QIS TEP) Report (D4-3) summarizes the key takeaways and recommendations provided by TEP members during the QRS/QIS TEP Meeting (D4-2) held on May 19, 2026.[1] This report does not include Booz Allen's recommendations or responses based on TEP input from this meeting; rather, TEP feedback contained herein will inform the Project Team's recommendations for potential analyses and future refinements to the QRS and QIS programs. The Project Team will incorporate these recommendations into future deliverables such as Draft Call Letters (D8-7), Select Statistical Analyses for QRS (D8-24), and relevant Ad Hoc Requests (D2-5).

2.0 TEP Overview

Section 1311(c)(3) of the Patient Protection and Affordable Care Act directs the Secretary of Health & Human Services (HHS) to develop a quality rating system for Qualified Health Plans (QHPs) based on quality and price. Section 1311(g) of the Patient Protection and Affordable Care Act calls for development of a set of standards to evaluate QHP issuers' quality improvement strategies, based on target areas for improvement. The Centers for Medicare & Medicaid Services (CMS) contracted with Booz Allen Hamilton (Booz Allen) to support implementation of the QRS and QIS. The National Committee for Quality Assurance (NCQA) supports Booz Allen as a subcontractor.[2]

As part of this engagement, the Project Team established the QRS/QIS TEP. The TEP advises on the continued implementation of the QRS and QIS programs by providing input on topics such as public engagement efforts, guidance materials, data analysis and methodology, and measure set refinements. In alignment with the Measures Management System (MMS) Blueprint, the Project Team developed a TEP member recruitment plan and solicited nominations from current and previous TEP members, and via an open call published to the MMS website. Further, term limits for TEP members were formalized in 2024 at the request of CMS to maintain institutional knowledge while expanding opportunities for new perspectives over time. Potential TEP members were invited to participate and were requested to review the TEP Charter (D4-13) as part of the nomination and onboarding process. The Charter provides information regarding the TEP's mission, scope, and purpose.

The TEP is comprised of 16 members with differing areas of expertise and perspectives, including: quality measures and measurement, consumer/patient advocacy, clinical experience, quality improvement strategies, quality rating methodology, health equity, rural health care, national/regional qualified health plans, and State-based Exchanges (SBEs). Catherine Major (Booz Allen) served as the QRS/QIS TEP Chair for the May 2026 QRS/QIS TEP Meeting. The list of confirmed TEP members, including names, affiliations, and credentials, is provided in Appendix A.

3.0 Meeting Summary

The Project Team convened the TEP via Microsoft Teams® for Government on May 19, 2026. Of the 16 QRS/QIS TEP members, 14 attended the meeting. QRS/QIS TEP members' attendance at the meeting is provided in Appendix A. The list of CMS staff and Project Team members who attended

[1] All recommendations listed in this report were supported by at least one TEP member.
[2] Pursuant to Booz Allen's organizational conflict of interest (OCI) mitigation plan, team members affiliated with NCQA are precluded from attending TEP meetings.

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the QRS/QIS TEP meeting is provided in Appendix B. Discussion topics for the May 2026 QRS/QIS TEP Meeting are included in the meeting agenda provided in Appendix C.

During the meeting, the Project Team used several facilitation strategies to garner TEP participation. These strategies included facilitating discussion both live and via the chat function within Microsoft Teams for Government, and providing comprehensive pre-read materials and key questions for consideration ahead of the TEP meeting.

3.1 Meeting Objectives

The objectives of the QRS/QIS TEP meeting were as follows:

- Collect TEP input on potential measure areas for consideration to address CMS priorities in the QRS measure set;
- Discuss upcoming refinements to the QRS measure set to address priority areas and opportunities for future investigation;
- Discuss opportunities to increase alignment between the QRS and QIS programs; and,
- Solicit TEP feedback on potential factors of variation in QRS measure performance by Exchange type.

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ACCOMPLISHMENTS AND KEY TAKEAWAYS

The QRS/QIS Project Team accomplished all TEP meeting objectives; a summary of key takeaways for each meeting objective is included below.

1. **Collect TEP input on potential measure areas for consideration to address CMS priorities in the QRS measure set:**
   - TEP members identified opportunities to address measure gaps related to high prevalence condition-specific measures; wellness, nutrition, wellbeing, and physical activity; efficiency and affordability; and digital measures and alignment. TEP members emphasized the importance of prioritizing measures that are meaningful to consumers, actionable for issuers, and focus on health outcomes within the control of QHP issuers.
   - TEP members highlighted the role of primary care providers in supporting wellness, prevention, and chronic disease management. TEP members discussed potential approaches for assessing primary care access and engagement.
   - TEP members emphasized the importance of supporting patient self-management and behavioral changes as part of chronic disease management. TEP members discussed concepts related to self-efficacy and wellness, including approaches that may support individuals in managing chronic conditions across diverse care settings.
2. **Discuss upcoming refinements to the QRS measure set to address priority areas and opportunities for future investigation:**
   - TEP members supported the continued exploration of digital quality measures and the transition to electronic clinical data systems (ECDS) reporting. TEP members noted that successful implementation of ECDS measures may require dynamic consideration of operational readiness, data collection burden, benchmarking capabilities, and performance monitoring during transition periods.
   - TEP members discussed future measure concepts related to affordability and efficiency and emphasized the importance of distinguishing avoidable utilization from clinically appropriate care.
   - TEP members recommended that future measures remain closely tied to meaningful health outcomes (i.e., through outcome-based measures).
3. **Discuss opportunities to increase alignment between the QRS and QIS programs:**
   - TEP members discussed opportunities to strengthen alignment between QRS performance and QIS activities. TEP members highlighted approaches that may support more direct connections between measurable performance outcomes and quality improvement activities, such as emphasizing the value of providing issuers with longitudinal views of performance trends over time.
4. **Solicit TEP feedback on potential factors of variation in QRS measure performance by Exchange type:**
   - TEP members discussed geographic, structural, and market differences as potential contributors to variation in QRS performance across Exchange types. TEP members also noted that differences observed across SBEs and FFEs may reflect broader variation in healthcare delivery systems and regional market conditions.
   - TEP members shared examples of state-based accountability and quality improvement approaches that may contribute to issuer performance. Discussion included examples of a variety of strategies designed to encourage quality improvement and sustained performance over time, including performance incentives and accountability structures.

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3.2 QRS Measure Set Refinement Priorities

The Project Team provided an overview of the QRS measure set refinement approach, including alignment with agency policy priorities, the needs of the Exchange enrollee population, and stakeholder feedback. The team discussed the scope of key refinement activities, including the QRS and QHP Enrollee Survey Call Letter process and QRS Environmental Scan, and provided an overview of CMS measure refinement priorities for the QRS measure set in 2026 and beyond: high prevalence condition-specific measures; wellness, nutrition, wellbeing, and physical activity; efficiency and affordability; and digital measures and alignment. The team reviewed findings from the QRS Environmental Scan linked to these CMS priority areas, requested feedback from the TEP on potential measurement gaps, and incorporation of new measures and/or high-impact metrics to advance quality measurement goals. Additionally, the team provided an update on the transition of QRS measures to ECDS-only reporting and solicited feedback on indicators of successful measure transition from the TEP.

The TEP provided feedback regarding high prevalence condition-specific measure gaps identified through the QRS Environmental Scan:

- Two TEP members recommended exploring affordability and efficiency-related measure concepts associated with chronic pain management, including imaging utilization and pricing variation for radiology services related to backpain and physical therapy options.
- Two TEP members emphasized the importance of supporting patients in their own self-management of their chronic conditions and the associated behavioral changes.
    - One of these TEP members shared information regarding the *Self Efficacy Scale for Managing Chronic Disease 6-item Scale* to measure confidence in a patients' self-management.[3]
- One TEP member asked whether the high-prevalence conditions for the Exchange enrollee population are likely to change year-over-year based on updated Enrollee-Level External Data Gathering Environment (EDGE) data.
    - The Project Team noted that it observes minimal difference in the EDGE data each year and prevalent clinical conditions among Exchange enrollees have remained relatively stable, but the team will continue to monitor annually as part of the QRS measure refinement process.

The TEP provided feedback regarding wellness, nutrition, well-being, and physical activity (referred to hereafter as wellness) measure concepts:

- Two TEP members advised the Project Team to consider potential challenges associated with incorporating wellness-related measures into the QRS measure set.
    - For example, one of these TEP members acknowledged the challenge of identifying wellness-related measures that are already established, demonstrate high response rates, and are operationally feasible for use at the health plan level. The TEP member noted there are currently limited measures that comprehensively address wellness and well-being concepts within the QRS framework.
        - This member recommended considering the *Continuity of Care* measure (CBE #3617) as a potential wellness-related measure, noting that stronger continuity with primary care is associated with improved morbidity,

[3] See the "Self-Efficacy for Managing Chronic Disease 6-item Scale" resource: https://selfmanagementresource.com/wp-content/uploads/English_-_self-efficacy_for_managing_chronic_disease_6-item.pdf.

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mortality, patient experience, and provider experience outcomes across chronic conditions and populations.
    - The other member emphasized the importance of ensuring that future wellness-related measures are assessing outcomes and processes that QHP issuers can influence and operationalize.
        - This TEP member underscored how enrollee environment and lifestyle may affect wellness outcomes beyond the control of QHP issuers, and suggested considering wellness-related supports that health plans may directly facilitate (i.e., access to health coaching or nutritionists/dieticians).
- Three TEP members commented on the role of primary care providers in supporting wellness and chronic disease management outcomes.
    - One of these members recommended considering a binary measure assessing whether an enrollee has a primary care provider, noting that many wellness, preventive care, and chronic disease management activities are grounded in primary care access and engagement.
    - One of these TEP members described a Washington State Exchange quality initiative focused on measuring the proportion of healthcare spending directed toward primary care and discussed how primary care investment may support wellness goals.
        - Another TEP member agreed with the comment.
    - One TEP member commented on the definition of 'wellness' and flagged that this priority area encompasses mental health as well as physical health.
        - This TEP member suggested exploring psychiatric self-management concepts and provided examples, including the *Integrated Illness Management Recovery Scale*.
- Several TEP members engaged in a discussion regarding implementation considerations for future wellness-related QRS measures.
    - Two TEP members discussed the differences between process-oriented and outcome-oriented measures in the primary care workflow. These TEP members cited that certain wellness-related measures that focus on outcomes should be prioritized in the QRS measure set, as patient outcomes may better quantify quality relative to process measures.
    - One TEP member recommended considering future wellness measures that rely on financial or claims payment data and posed the question of whether alternative approaches could capture similar concepts without requiring new data collection methodologies.

The TEP provided feedback regarding efficiency and affordability measure concepts:

- Two TEP members discussed potential approaches for assessing efficiency and affordability within the measure set.
    - The Project Team reviewed existing QRS measures related to appropriate resource use and discussed broader utilization-based measure concepts (i.e., acute hospital utilization, emergency department utilization).
        - One TEP member asked whether future affordability-related concepts could incorporate healthcare spending or claims payment information
        - One TEP member noted that health plans already possess financial and claims-related information and reiterated that future measures should better

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align with outcomes related to wellness, morbidity, mortality, and overall health improvement.
    - One TEP member cautioned that utilization measures should distinguish between avoidable utilization from clinically appropriate emergency department and hospital use.
        - This TEP member recommended that the Project Team review the methodology used in the *New York University Emergency Department Algorithm* (NYU-EDA) classification tool as an example to support identification of avoidable emergency department utilization.

The TEP provided feedback regarding digital measures and alignment:

- Two TEP members discussed considerations related to the transition of select measures from the traditional reporting method to the ECDS reporting method.
    - One TEP member noted that comparable performance between measure rates reported using the traditional method and ECDS method may indicate readiness for transition to ECDS-only reporting.
    - Another TEP member called for greater transparency and benchmarking related to digital measure implementation across lines of business.
        - This member suggested additional analysis of variation across provider and plan types, including product types, geography, and organization size.
- Two TEP members discussed operational and infrastructure challenges associated with digital measure implementation.
    - One TEP member noted that a well-resourced and integrated delivery system may be better positioned to support ECDS implementation than smaller, rural, independent, or less technologically mature providers.
        - This member also noted that digital quality measurement may introduce additional recertification and quality assurance considerations for vendors and implementers.
    - One TEP member noted that although ECDS measures may reduce medical record review burden, implementation may create new challenges around data collection requirements for issuers, especially for measures with large denominators and limited benchmarking information.
        - This member suggested that issuers would benefit from additional time to understand expected performance thresholds and establish provider performance expectations for new ECDS measures.

3.3 QRS & QIS Alignment

The Project Team provided an overview of the inaugural QIS Results-at-a-Glance Document and background of QRS measure inclusion in QIS submissions using Plan Year 2026 (PY2026) QIS data. The team introduced a potential opportunity to require the use of QRS measures in QIS submissions to improve overall issuer performance by explicitly connecting QRS measure performance to QIS activities. The team illustrated the potential impact of such a requirement by reviewing QRS performance by Exchange type. The team highlighted that issuers in SBE states perform better, on average, than those in FFE states. One potential factor that may contribute to this performance difference is that some state-specific QIS programs require the use of QRS measures. Furthermore, the team discussed additional opportunities to use the QIS program to improve overall quality as measured by the QRS.

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The TEP provided feedback regarding performance variation across Exchange types:

- Multiple TEP members commented on potential factors contributing to performance variation between QHP issuers operating in SBEs and FFEs.
    - One TEP member noted that similar performance variation patterns are also observed across Medicare and commercial populations, suggesting that broader geographic variation in healthcare quality may contribute to observed differences across Exchange types.
        - One of these TEP members noted that structural and geographic differences may contribute to performance variation; however, the member referenced the California SBE as an example of a state successfully implementing additional oversight mechanisms and accountability structures.
            - An additional TEP member agreed and applauded the financial incentive structure used by the California SBE.
    - One TEP member commented that some SBEs have implemented additional quality program requirements and financial incentives beyond those required in the FFE, which positively influence issuer performance.

The TEP provided feedback regarding SBE accountability and quality improvement strategy innovation:

- Several TEP members discussed lessons learned from state-specific accountability and oversight approaches used to improve issuer performance.
    - One of these TEP members emphasized the importance of issuer flexibility in QIS requirements while expressing full support of CMS requiring issuers to include any QRS measure in their QIS.
        - This TEP member noted that plans and provider groups may be better positioned to identify measures that are most relevant to local market performance gaps than CMS.
        - Another TEP member agreed while cautioning against potential gamesmanship. For example, issuers may choose to focus on measures with small denominators or limited population impact which would not meaningfully improve quality for their Exchange population.
    - One of these TEP members provided an example of how the Washington SBE links QRS requirements to QIS participation. Issuers must demonstrate statistically significant improvement or performance above established percentile thresholds on select QRS measures to be offered on the state's Exchange.
        - This TEP member also provided additional examples of Washington SBE's quality improvement innovation, including an annual carrier quality meeting that compares issuer performance within the state and nationally.
        - This TEP member also described how the Washington SBE links QIS participation expectations to QRS performance outcomes, including requirements for statistically significant improvement or performance above established thresholds on select QRS measures.
        - This TEP member encouraged the Project Team to consider additional market stewardship approaches. For example, the member suggested that quality performance should be a factor when evaluating issuer expansion

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into additional service areas or markets, including limited expansion opportunities for persistently low-performing issuers.
    - One of these TEP members described California SBE's accountability approaches, including the use of composite QRS clinical measure scores and corrective action plans for plans performing below the 25th percentile benchmark over multiple years.
        - The TEP Member stated that California may remove persistently low-performing issuers from the Exchange if their performance does not improve. This TEP member noted that after implementing these accountability approaches, California observed improvement among some issuers.
- One TEP member provided feedback regarding issuer performance tracking and QIS reporting infrastructure.
    - This TEP member recommended that the Project Team consider providing a more centralized and longitudinal view of year-over-year QIS submissions and performance history. This approach may allow issuers to monitor their improvement activities over time rather than referencing multiple forms to review historical QIS performance.

4.0 Next Steps

The QRS/QIS Project Team provided an overview of upcoming activities for the QRS and QIS in the coming months:

- **June 2026 – July 2026:** Publish the Final 2026 Call Letter
- **June 2026 – July 2026:** CMS calculates 2026 QRS scores and ratings
- **June 2026 – September 2026:** CMS reviews QIS submissions
- **August 2026 – September 2026:** QRS and QHP Enrollee Survey preview periods
- **September 2026 – October 2026:** Begin planning for Fall 2026 TEP
- **October 2026:** QIS Evaluation results released
- **November 2026:** 2026 QRS scores and ratings publicly posted beginning with the 2027 Open Enrollment Period

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Appendix A. QRS/QIS TEP MEMBERS

QRS/QIS TEP Attendance – May 2026 Meeting
(An asterisk [*] denotes a consumer/patient-caregiver representative;
a yen symbol [¥] denotes a new TEP member for 2026)

Katie Button, MA
Plan Management and Policy Analyst
Oregon Health Insurance Marketplace

Jonathan Burdick, MD, CPE ¥
Chief Medical Officer
Uptown Community Health Center

Amy Cleary, MBA, MPH
Director of Quality Management
Geisinger Health Plan

Kaylee Capparelli, MHA¥
Senior Director, Quality Improvement
Centene Corporation

Shirley Dominguez, AA*
ACA Certified Application Counselor
State of Florida

Karen Fortuna, PhD, LICSW, MSW¥
Assistant Professor, Director Patient Innovation Lab
Geisel School of Medicine at Dartmouth

Tammy Geltmaker, RN, BSN, MHA, CPHQ
Health Care Quality Analyst
Florida Blue

Itisha Jefferson, BS*
Patient/Caregiver and Medical Student
Loyola University: Stritch School of Medicine

Eric Martin, MA
Advance Analytics Consultant
Elevance Health

Erin O'Rourke, BS¥
Executive Director, Clinical Performance and Transformation
AHIP

William Smith*¥
Patient/Caregiver

S. Monica Soni, MD
Chief Medical Officer, Chief Deputy Executive Director
Covered California

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QRS/QIS TEP Attendance – May 2026 Meeting (An asterisk [*] denotes a consumer/patient-caregiver representative; a yen symbol [¥] denotes a new TEP member for 2026)
Kristin Villas, MPA ¥ Senior Health Policy Analyst *Washington Health Benefit Exchange*
Catherine (Kate) Wormington, MS, PMP Director, Solutions Management *Veradigm*
Could Not Attend the May 2026 QRS/QIS TEP Meeting
Cassandra (Sandy) Gibson* President and CEO *Karing is Mutual, LLC*
Peter Robertson, MPA Senior Director, Practice Transformation *California Quality Collaborative, Purchaser Business Group on Health*

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Appendix B. Meeting Attendees

Centers for Medicare & Medicaid Services (CMS) Attendees
Preeti Hans, QIS Government Task Lead, Division of Program and Measurement Support Center for Clinical Standards & Quality (CCSQ) Centers for Medicare & Medicaid Services (CMS)
Deborah Hunter, QRS and QIS Technical Advisor Consumer Information and Insurance Oversight (CCIIO) Centers for Medicare & Medicaid Services (CMS)
Melodee Koehler, QRS Government Task Lead Center for Clinical Standards & Quality (CCSQ) Centers for Medicare & Medicaid Services (CMS)
Nidhi Singh-Shah, Acting Director, Division of Program and Measurement Support Center for Clinical Standards & Quality (CCSQ) Centers for Medicare & Medicaid Services (CMS)
Could Not Attend the May 2026 QRS/QIS TEP Meeting
Patrick Wynne, Contracting Officer's Representative (COR) Center for Clinical Standards and Quality (CCSQ) Centers for Medicare & Medicaid Services (CMS)
Mei Zhang, QRS Data Scientist Center for Clinical Standards & Quality (CCSQ) Centers for Medicare & Medicaid Services (CMS)

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QRS/QIS Project Team Attendees
Emma Dreher, Project Manager
Gina Finley, Data and Quality Assurance Workstream Lead
Melanie Konstant, Project Director
Nyaradzo Longinaker, QRS Methodology Lead
Katie Mackoul, QRS/QIS TEP Coordinator
Catherine Major, QRS TEP Chair
Christina Marsh, QIS TEP Chair
Natalia Ramirez, QRS Methodology Analyst
Hallie Tuchman, QRS Policy and Outreach Workstream Lead
Jim Williamson, QRS Methodology Analyst
Natalie Wong, QIS Workstream Lead

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Appendix C. QRS/QIS Technical Expert Panel Agenda

Quality Rating System (QRS) & Quality Improvement Strategy (QIS) Technical Expert Panel (TEP)

Meeting Agenda: May 19, 2026; 12:00 pm – 3:00 pm Eastern Time

TIME	TOPIC
20 minutes	**Welcome** • Welcome and overview of Meeting Agenda • TEP Member Introductions
60 minutes	**QRS Measure Set Refinement Priorities** • Review of proposed updates to the QRS measure set as outlined in the Draft 2026 Call Letter • Review of 2026 Environmental Scan results
10 minutes	**BREAK**
90 minutes	**QRS-QIS Alignment** • Review of Plan Year 2026 QIS Results-at-a-Glance • Discussion findings from the QRS/QIS Landscape Analysis • Discuss findings from the SBE/FFE Performance Analysis
5 minutes	**Meeting Wrap-Up**

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