



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

D4-3  
SUBMITTED NOVEMBER 26, 2025

Submitted to:

Centers for Medicare & Medicaid Services  
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## 1.0 Report Purpose

The purpose of the Quality Rating System (QRS) and Quality Improvement Strategy (QIS) Technical Expert Panel (TEP) Report (D4-3) is to summarize the key takeaways and recommendations presented by TEP members for consideration by the QRS and QIS Project Team (Project Team) during the QRS and QIS TEP Meeting (D4-2) held on November 12, 2025.<sup>1</sup> This report does not include Booz Allen's recommendations or responses based on TEP input from this most recent meeting; rather, TEP feedback will inform future refinements aimed at improving the accuracy, usefulness, and credibility of the QRS and QIS programs the Project Team's recommendations for potential analyses and future refinements to the QRS and QIS, which the team will include in deliverables such as future Draft Call Letters (D8-7), Select Statistical Analyses for QRS (D8-24), and relevant Ad Hoc (D2-5) requests as directed by CMS.

## 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.

As part of this engagement, the Project Team established a QRS/QIS TEP. The TEP provides independent, stakeholder-driven insight into methodological decisions, measure set refinement, feasibility considerations, and consumer-facing transparency. In alignment with the Measures Management System (MMS) Blueprint, the Project Team developed a TEP member recruitment plan and solicited nominations for previous TEP members, via the MMS website, and up to five stakeholder organizations. Potential TEP members were invited to participate with a request to review the TEP Charter (D4-13) with information regarding the TEP's mission, scope, and purpose.

The TEP includes 17 members who each bring varied expertise and perspectives, including: quality measures and measurement, consumer/patient advocacy, clinical experience, quality improvement strategies, quality rating methodology, rural health care, national/regional qualified health plans, and State-based Exchanges (SBEs). This diverse representation ensures that CMS receives practical and balanced input that reflects the realities of the marketplace and the needs of consumers. [Appendix A](#) contains a listing of all active confirmed TEP members, including their names, affiliations, and credentials.

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<sup>1</sup> All recommendations listed in this report were supported by at least one TEP member.

## 3.0 Meeting Summary

The Project Team convened the Fall 2025 QRS/QIS TEP Meeting via Teams for Government on November 12, 2025. Fourteen of the 17 QRS/QIS TEP members attended the meeting, with member attendance summarized in [Appendix A](#). Catherine Major (Booz Allen) and Christina Marsh (Booz Allen) served as co-QRS/QIS TEP Chairs. A list of CMS staff and Project Team members in attendance at the Fall 2025 QRS/QIS TEP Meeting is provided in [Appendix B](#).<sup>2,3</sup>

Discussion topics for both the QRS and QIS portions of the meeting included an overview of findings from the QIS Analyses, an overview of the 2025 QRS scoring period and results, discussion of ongoing survey measure analyses, refinement of the QRS measure removal criteria, and potential measure set refinements for future ratings years. TEP feedback helps CMS identify opportunities for refinements that strengthen alignment with federal priorities, mitigate issuer burden, ensure methodological feasibility and credibility, and ultimately improve the consumer decision-making experience. A copy of the meeting agenda is provided in [Appendix C](#).

During the Fall 2025 QRS/QIS TEP Meeting, the Project Team continued using several features to increase TEP participation during the meeting. These features included use of the chat and reactions, and providing comprehensive pre-read materials ahead of the meeting with key questions for consideration.

### 3.1 Meeting Objectives

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

- Review results of QIS analyses (i.e., Plan Year 2026 [PY2026] QIS Analysis results, five-year QIS Trend Analysis results, and the PY2026 QIS Results-at-a-Glance),
- Provide an update on scoring for the 2025 QRS ratings year (i.e., PY2026),
- Discuss results of measure performance analyses for the QHP Enrollee Survey measures included in the QRS Measure Set, and
- Receive TEP feedback on potential refinements to the QRS measure removal criteria and QRS measure set based on the 2025 QRS Measure Assessment.

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<sup>2</sup> Pursuant to Booz Allen's organizational conflict of interest (OCI) mitigation plan, team members affiliated with NCQA are precluded from attending TEP meetings, except for a representative of NCQA as an accreditor, who is not part of the Project Team. However, Booz Allen shares key observations from TEP meetings with NCQA, in accordance with the OCI mitigation plan.

<sup>3</sup> Due to the government shutdown that began on October 1, 2025, CMS was unable to attend the Fall 2025 QRS/QIS TEP Meeting. The Booz Allen Project Team shared key takeaways and action items with CMS following the meeting.

## 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.

**Review results of QIS Analyses (i.e., PY2026 QIS Descriptive Analysis Results, five-year Trend Analysis, and PY2026 QIS Results-at-a-Glance):**

- Key Takeaway: TEP members found the five-year QIS trend analysis insightful, particularly that QIS requirements (e.g., the “Reduce Health and Health Care Disparities” topic area requirement introduced in PY2024) result in significant changes to issuer strategies.
- Key Takeaway: TEP members noted that more granular, enrollee-level outreach and QIS initiatives may increase administrative burden for parent companies with multiple issuers participating in QIS. Members instead emphasized the need for coordination across issuers to better align with and address federal priorities (e.g., prevention/wellness, primary care).

**Discuss results of measure performance analyses for the QHP Enrollee Survey measures included in the QRS Measure Set:**

- Key Takeaways: The TEP expressed broad consensus that CMS should implement refinements to address the limited variation for QRS survey measures. The TEP noted that QHP issuers may perform well on the QRS survey measures, other factors may be contributing to the minimal variations, such as low response rates on the QHP Enrollee Survey.
- Key Takeaway: TEP members suggested CMS increase the weight of clinical measures on QRS ratings as there is more variation in performance for these measures and the information is meaningful to consumers and quality improvement.

**Receive TEP feedback on potential refinements to the QRS Measure Removal Criteria and QRS measure set based on the 2025 QRS Measure Assessment:**

- Key Takeaway: TEP members noted that QHP issuers benefit from longer transition periods for replacement and additional measures in the QRS measure set. The TEP emphasized the importance of simultaneously collecting retired and replacement measures to avoid gaps in scoring and to provide insight into performance prior to scoring a replacement measure.
- Key Takeaway: TEP members noted differences in performance across indicators for relevant measures (e.g., age-stratified measures, screening/follow-up measures) and recommended providing increased visibility into performance at the measure indicator level.
- Key Takeaway: TEP members recommended CMS to consider exploring utilization-related measures for potential inclusion in the QRS measure set.

## 3.2 Results of QIS Analyses

The Project Team provided an overview of the PY2026 QIS descriptive analyses, including:

- Findings from issuer submissions, topic area selections, and trends in QIS priority areas over time; and
- Results of a five-year QIS trend analysis spanning PY2022 to PY2026, which illustrated how issuer priorities have evolved in response to CMS requirements, QIS policy changes, and industry shifts.

Additionally, the team notified the TEP of the forthcoming publication (anticipated early 2026) of the PY2026 QIS Results-at-a-Glance. The publication version of this document incorporates improvements based on feedback provided by TEP members during the Spring 2025 TEP meeting.

### **The TEP provided feedback regarding QIS analyses:**

- One member noted the findings indicating that issuers' QIS approaches are responsive and reactive to QIS requirements (e.g., the "Reduce Health and Health Care Disparities" topic area requirement) were particularly interesting.
  - The TEP member proposed encouraging QIS approaches that strengthen coordination across the broader delivery system and reduce administrative burden. While acknowledging the value of enrollee-level outreach and quality metric reporting to QHPs, the TEP member raised the concern that the execution of granular quality improvement approaches may increase administrative burden for parent companies that have multiple issuers and QHPs (i.e., many enrollees to contact and quality reports to review). They highlighted the importance of fostering issuer coordination to support federal priorities such as prevention/wellness and strengthening primary care at a delivery system, rather than enrollee, level.
  - The Project Team noted that it would take this feedback back to CMS for input regarding concerns about the uptick in member outreach approaches in QIS and impacts to issuer burden.

## **3.3 2025 QRS Scoring Update**

The Project Team provided a summary of key updates from the 2025 QRS scoring phase, including:

- An increase in the number of reporting units receiving a global rating in 2025 compared to 2024,
- Comparable performance among QHP issuers between 2024 and 2025 in global ratings given stability in benchmarks, and
- Summary indicator-level review of performance and key findings, including comparability of performance between 2024 and 2025 given benchmark stability.

## **3.4 Member Experience Summary Indicator Analysis**

The Project Team provided an overview of performance trends for CAHPS®-based QHP Enrollee Survey measures included in the QRS measure set. The team noted that, in recent years, reporting units have consistently high, unvarying performance in the Enrollee Experience and Plan Efficiency, Affordability, and Management summary indicators. To support TEP discussion, the team summarized descriptive findings from analyses conducted in 2024 related to the behavior of survey measure scores under different versions of the QRS scoring methodology (i.e., Proc Rank, Z-score, Benchmark Ratio Approach), and subsequent analyses testing the impact of refinements to the QRS survey measures (i.e., removing survey measures, including additional survey measures) on the distribution of summary indicator scores.

The Project Team then introduced considerations for future refinements, including alternative static cut point thresholds and/or refinements to the Benchmark Ratio Approach. The Project Team summarized known benefits and limitations of each approach and requested TEP feedback on the most appropriate path forward for scoring survey-based measures.

**The TEP provided feedback regarding the potential methodological refinements to the Benchmark Ratio Approach:**

- One TEP member requested clarification on what CMS would use as QRS survey measure scores if the Benchmark Ratio Approach were removed.
  - The Project Team clarified that CMS would use the case-mix adjusted, weighted survey measure rates as scores within the QRS methodology. The survey measure rates are currently on a 0-100 scale. CMS would continue to apply the denominator criteria to survey measure rates and aggregate survey measure rates up the hierarchy.
    - This TEP member noted additional interest in understanding the impact of removing the Benchmark Ratio Approach on performance distribution at the measure level.

**The TEP provided feedback on the potential methodological refinement of alternative static cut point thresholds:**

- One TEP member noted that raising static cut points could inadvertently penalize high-performing reporting units as many issuers perform similarly on survey measures.
  - The member noted that the lack of variation in survey measure scores may be due to the high performance of QHP issuers on the measures, and therefore, CMS should avoid overcorrecting the associated summary indicator ratings.
- Several TEP members expressed openness to modest upward adjustments to the static cut points (i.e., a 5+ point adjustment).

**The TEP provided additional feedback regarding the interpretation of limited variation in survey scores:**

- Three TEP members shared concerns about survey response rates, noting that limited variation in survey measure scores may be a result of low response rates to the QHP Enrollee Survey rather than uniform performance.
  - One of these TEP members suggested the Project Team investigate the impact of low survey response rates on measure scores or potential incentives to increase response rates. Another TEP member agreed that CMS should prioritize investigating methods to increase survey response rates, and another shared anecdotal evidence from their organization noting that increasing response rates did not result in significant variation in measure scores.
    - One TEP member reiterated that CAHPS-based survey measures tend to have a limited distribution, and it is expected that the majority of reporting units are receiving 4- and 5-star ratings. This TEP member further noted that it is important to consider that a high volume of reporting units are ineligible to receive a score for the Enrollee Experience summary indicator due to low response rates.
  - This TEP member recommended that CMS consider lowering the minimum denominator criteria for survey measures (i.e., 100) with the goal of increasing the diversity of reporting units with measure data used in scoring.
- Four TEP members encouraged CMS to prioritize investigating large performance differences between reporting units on clinical measures, noting that clinical measures exhibit more variation that should be emphasized to improve consumer decision-making.

- Two TEP members recommended increasing the weight of the Clinical Quality Management summary indicator on the Global score, as clinical measures have direct implications for enrollee health and wellness.

### 3.5 Refining the QRS Measure Set

The Project Team provided an overview of the QRS Measure Assessment, including recent changes to the measure assessment approach and an overview of refined measure removal criteria used for the 2025 QRS measure assessment (i.e., performance, misalignment with agency priorities, lower priority within composites, and measure steward retirement/replacement). The team also introduced one measure retention criterion used for the 2025 QRS measure assessment (i.e., measure removal would result in a significant gap in measurement). Three of the four measures that were recommended for removal by the 2025 QRS Measure Assessment (i.e., *Asthma Medication Ratio*, *Medical Assistance with Smoking and Tobacco Use Cessation*, and *Controlling High Blood Pressure*) are being retired by the measure steward in a future ratings year and replaced by Electronic Clinical Data Systems (ECDS) measures.

The Project Team provided an overview of potential replacement measures and requested TEP feedback on the appropriateness of proposing the inclusion of those measures in the QRS measure set via a future Call Letter. The team gathered TEP feedback on the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis* measure, which is proposed for removal due to high missingness and overlap with existing resource use measures pertaining to appropriate use of antibiotics for respiratory infections. The team discussed measure concepts for potential replacement measures (e.g., efficiency and resource use related measures). The team provided an overview of the placement of the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis* measure in the Plan Administration (S3) summary indicator, noting that clinical measures used in this summary indicator address issuers' waste and efficiencies.

#### The TEP provided feedback on the refined measure removal criteria:

- Two TEP members noted that QHP issuers benefit from longer transition periods for replacement and addition of measures in the QRS measure set. The TEP emphasized the importance of simultaneously collecting retired and replacement measures to avoid gaps in scoring and to provide insight into performance prior to scoring a replacement measure.
  - One TEP member suggested that it would be helpful to establish a standard transition process to avoid gaps in measurement when a measure is retired and/or replaced by the measure steward. The member cited the gradual transition of the *Controlling High Blood Pressure* measure to the *Blood Pressure Control for Patients with Hypertension* (BPC-E) finalized via the Final 2025 Call Letter as an example.<sup>4</sup>
    - Two members agreed and noted that understanding performance on replacement measures prior to the inclusion in scoring is beneficial for quality improvement efforts.
    - One of these members additionally requested CMS provide benchmark information prior to collecting the measure; however, acknowledged the feasibility challenges associated with this.

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<sup>4</sup> See the Final 2025 Call Letter, available at: <https://www.cms.gov/files/document/final-2025-call-letter-july-2025.pdf>.



- One TEP member commented that the proposed measure removal criterion, “Misalignment with Agency Priorities and/or Policy Directives” may be too vague compared to other, more quantitative metrics used by CMS to assess the QRS measure set.
  - The Project Team explained that the phrase is intended to reference enduring initiatives, such as the Meaningful Measures Initiative, or priorities that persist across administrations (e.g., digital measurements).

**The TEP provided feedback on the potential removal of four QRS measures (i.e., *Asthma Medication Ratio, Medical Assistance with Smoking and Tobacco Use Cessation, Controlling High Blood Pressure, Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis*).**

- One member noted that there is no visibility into performance by age band for age-stratified measures, such as the *Tobacco Use Screening and Cessation Intervention* (TSC-E) measure, within QRS scoring. The member asked about the feasibility of providing benchmarks for measure indicators. The member emphasized that maintaining more granular benchmarks by age band would help issuers translate data into action.
- One member noted that the *Medical Assistance with Smoking and Tobacco Use Cessation* measure has high missingness and low feasibility, as the measure is reported using QHP Enrollee Survey data.
  - The member inquired whether CMS anticipates similar data completeness and feasibility challenges with the new measure (i.e., TSC-E).
- A TEP member noted that the TSC-E measure is structured similarly to the *Depression Screening and Follow-Up* (DSF-E) (i.e., the measure includes an indicator for screening the entire population and an indicator for follow-up for positive screenings). This member noted that there are significant differences between the denominator sizes for the two indicators.
  - Another TEP member agreed and requested CMS provide more visibility into issuer performance below the measure level (e.g., measure indicators, sub-measure indicators).
    - The Project Team clarified that CMS began to provide performance information at the measure indicator level and below via the QRS Proof Sheets in the 2025 ratings year.
    - Two TEP members noted that insight into the percentiles for measure indicators and below is very helpful for issuer and state understanding of areas to target for quality improvement efforts.

**The TEP provided feedback on the removal of the *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis* measure and discussed replacement measures.**

- One member suggested the Project Team consider alternative utilization-related measures for potential inclusion in the QRS measure set. For example, CMS could investigate developing a measure related to enrollees that do not have any claims for a given year. The member emphasized that non-utilization generates no value, creates waste, and has broader implications for the health system.
  - Another member agreed with the suggestion that the team analyze the proportion of Exchange enrollees with no utilization.

## 4.0 Next Steps

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

- **November 2025 – December 2025:** Finalize analyses of 2025 QRS and QIS data.
- **February 2026:** Publish the Draft 2026 Call Letter.
- **February 2026 – March 2026:** Begin planning for Spring 2025 TEP meeting.

## Appendix A: QRS/QIS TEP Members

**QRS/QIS TEP Attendance – November 2025 Meeting**  
(An asterisk [\*] denotes a consumer/patient-caregiver representative.  
A yen symbol [¥] denotes a new TEP member for 2025.)

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**John Allen, MAT**

Quality Improvement Director  
*CareSource*

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**Jonathan Burdick, MD, CPE**

Chief Medical Officer  
*Uptown Community Health Center*

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**Katie Button, MA**

Plan Management and Policy Analyst  
*Oregon Health Insurance Marketplace*

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**Kaylee Capparelli, MHA**

Senior Director, Quality Improvement  
*Centene Corporation*

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**Amy Cleary, MBA, MPH**

Director of Quality Management  
*Geisinger Health Plan*

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**Shirley Dominguez, AA\***

ACA Certified Application Counselor  
*State of Florida*

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**Tammy Geltmaker, RN, BSN, MHA, CPHQ¥**

Program Director  
*Qsource*

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**Cassandra (Sandy) Gibson\*¥**

President and CEO  
*Karing is Mutual, LLC*

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**Eric Martin, MA¥**

Advance Analytics Consultant  
*Elevance Health*

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**Peter Robertson, MPA¥**

Senior Director, Practice Transformation  
*California Quality Collaborative, Purchaser Business Group on Health*

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**S. Monica Soni, MD**

Chief Medical Officer, Chief Deputy Executive Director  
*Covered California*

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**Kristin Villas, MPA**

Senior Health Policy Analyst  
*Washington Health Benefit Exchange*

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**QRS/QIS TEP Attendance – November 2025 Meeting**  
(An asterisk [\*] denotes a consumer/patient-caregiver representative.  
A yen symbol [¥] denotes a new TEP member for 2025.)

**Karla Weng, MPH, CPHQ**  
Director, Program Management  
*Stratis Health*

**Catherine (Kate) Wormington, MS, PMP<sup>¥</sup>**  
Director, Solutions Management  
*Veradigm*

***Could Not Attend the November 2025 QRS/QIS TEP Meeting***

**Itisha Jefferson, BS\***  
Medical Student  
*Loyola University: Stritch School of Medicine*

**Jennifer Jones, MPH**  
Managing Director, Legislative and Regulatory Policy  
*Blue Cross Blue Shield Association*

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

## Appendix B: Meeting Attendees

### Centers for Medicare & Medicaid Services (CMS) Attendees

#### *Could Not Attend the Fall 2025 QRS/QIS TEP Meeting*

**Jennifer Boyd, Acting Deputy Director, Division of Program and Measurement Support**

Center for Clinical Standards & Quality (CCSQ)

Centers for Medicare & Medicaid Services (CMS)

**Preeti Hans, QIS Government Task Lead, Division of Program and Measurement Support**

Center for Clinical Standards & Quality (CCSQ)

Centers for Medicare & Medicaid Services (CMS)

**Melodee Koehler, QRS Government Task Lead**

Centers for Medicare & Medicaid Services (CMS)

Center for Clinical Standards & Quality (CCSQ)

**Elizabeth Malik, Coordinator, Stakeholder Outreach**

Consumer Information and Insurance Oversight (CCIIO)

Centers for Medicare & Medicaid Services (CMS)

**Nidhi Singh-Shah, Acting Division Director, Division of Program and Measurement Support**

Center for Clinical Standards & Quality (CCSQ)

Centers for Medicare & Medicaid Services (CMS)

**Patrick Wynne, Contracting Officer Representative**

Centers for Medicare & Medicaid Services (CMS)

Center for Clinical Standards & Quality (CCSQ)

**Mei Zhang, QRS Methodology Lead**

Center for Clinical Standards & Quality (CCSQ)

Centers for Medicare & Medicaid Services (CMS)

### QRS/QIS Project Team Attendees

Yasmine Brown-Williams, QIS Workstream Lead

Emma Dreher, Project Manager

Melanie Konstant, Project Director

Nyaradzo Longinaker, QRS Methodology Workstream Lead

Gina Finley, Data and Quality Assurance Workstream Lead

Christina Marsh, QIS TEP Chair

Katie Mackoul, QRS Operations and Outreach Task Lead

Catherine Major, QRS TEP Chair

Natalia Ramirez, QRS Methodology Analyst

Suzanne Singer, QRS Policy and Refinement Workstream Lead, QRS/QIS TEP Coordinator

Natalie Wong, QIS Workstream Task Lead

Jim Williamson, QRS Methodology Analyst

## Appendix C: QRS/QIS Technical Expert Panel Agenda



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

Meeting Agenda: November 12, 2025; 1:00 pm – 4:00 pm Eastern Time

Dial-in number: 833-435-1820

Conference code: 160 525 5212

Web conference URL: [JOIN ZOOM MEETING](#)

Instructions:

- 1) If requested, enter your name and email address, and meeting password.
- 2) Click the [Join](#) button.
- 3) Follow the instructions that appear on your screen.

TIME	TOPIC
10 minutes	<b>Welcome</b> <ul style="list-style-type: none"><li>• Welcome and overview of Meeting Agenda</li></ul>
40 minutes	<b>2025 QIS Analysis Results</b> <ul style="list-style-type: none"><li>• Review of the Plan Year 2026 QIS Form descriptive analysis</li><li>• Review of PY2022-PY2026 QIS trend analysis</li></ul>
25 minutes	<b>2025 QRS Scoring Results</b> <ul style="list-style-type: none"><li>• Overview of 2025 scoring results, including trends in measure performance</li></ul>
10 minutes	<b>BREAK</b>
40 minutes	<b>Survey Measure Analysis Overview</b> <ul style="list-style-type: none"><li>• Overview of measure performance analyses for QHP Enrollee Survey measures included in the QRS Measure Set.</li></ul>

TIME	TOPIC
60 minutes	<b>Refining the QRS Measure Set</b> <ul style="list-style-type: none"><li>• Overview of the approach for assessing the QRS Measure Set in 2025</li><li>• Review of the findings of the 2025 QRS Measure Assessment</li><li>• Discussion of potential refinements to the QRS Measure Set for 2027 and beyond</li></ul>
5 minutes	<b>Meeting Wrap-Up</b>