QUALITY RATING SYSTEM (QRS) AND QUALITY IMPROVEMENT STRATEGY (QIS) TECHNICAL EXPERT PANEL (TEP) REPORT

D4-3
SUBMITTED MAY 28, 2024

Submitted to:

Centers for Medicare & Medicaid Services
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Submitted by:

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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 May 14, 2024.[1] 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 the Project Team's recommendations for potential analyses and future refinements to the QRS and QIS, which will be included in deliverables such as future Draft Call Letters (D8-7), Select Statistical Analyses for QIS (D8-28), 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.

As part of this engagement, the Project Team established a QRS/QIS TEP. The TEP advises on the continued implementation of the QRS and QIS by providing input on topics like 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 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 is composed of 20 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). Jeff Sussman (Booz Allen) and Christina Marsh (Booz Allen) served as co-QRS/QIS TEP Chairs for the May 2024 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 Zoom for Government on May 14, 2024. Of the 20 QRS/QIS TEP members, 15 attended the meeting. QRS/QIS TEP members' attendance at the meeting is provided in Appendix A. A list of CMS staff, Project Team members, and American Institutes for Research (AIR) team members who attended the QRS/QIS TEP meeting are provided in Appendix B.[2,3]

The May 2024 QRS/QIS TEP Meeting began with as discussion of newly implemented term limits. The Project Team has assigned all TEP members with two-, three-, or four-year terms counted from their first year serving on the current QRS/QIS TEP (i.e., 2023 at the earliest). All TEP members voted to approve the TEP charter with the inclusion of term lengths. Discussion topics for both the QRS and QIS portions of the meeting included an overview of the measure refinement process for the QRS measure set, a review of the findings of the 2024 Environmental

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[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, 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.

[3] The AIR Project Team was invited to listen in to the TEP discussion as it serves as the QHP Enrollee Experience Survey (QHP Enrollee Survey) contractor, which feeds into the QRS.

Scan (3.A.1), and a discussion on how to increase transparency of the QIS program. A copy of the meeting agenda is provided in Appendix C.

During the May 2024 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 reaction functions within Zoom® for Government, providing comprehensive pre-read materials ahead of the TEP meeting with key questions for consideration, and asking targeted questions to TEP members.

3.1   MEETING OBJECTIVES

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

- Provide an overview of the QRS measure refinement process and solicit feedback on how CMS may better facilitate future measure refinements,
- Receive TEP feedback on potential measures for considered inclusion in the QRS measure set, and
- Solicit TEP feedback on approaches to increase the transparency of the QIS program.

Accomplishments and Key Takeaways

The QRS/QIS Project Team accomplished the TEP meeting objectives by:
 	
1. **Gathering TEP input on how to facilitate future QRS measure refinements.**
   – Key Takeaway: TEP members suggested the Project Team consider implementing longer transition periods for significant measure refinements and transitions to allow time for provider workflows to adapt, notably in the case of rural and low-resource facilities with fewer resources and electronic health record (EHR) capabilities..
   – Key Takeaway: TEP members recommended the Project Team consider inclusion or exclusion of measures undergoing transition or refinement in scoring based on the significance of the change.
   – Key Takeaway: TEP members agreed that alignment with measure stewards on measure refinements and transitions is important, and emphasized the need to balance accuracy, stability, and feasibility of measure set refinements.
 	
2. **Soliciting feedback on potential measures for inclusion in the QRS measure set.**
   – Key Takeaway: TEP members agreed with the removal of the *Annual Monitoring for Persons on Long-Term Opioid Therapy* measure in favor of a more person-centered measure.
   – Key Takeaway: TEP members suggested that in considering measures for replacement of existing QRS measures, the Project Team prioritize measures featured in CMS' "Universal Foundation" of quality measures.
   – Key Takeaway: TEP members agreed that when requiring reporting of race and ethnicity data, the collection of direct, self-reported data is a priority for the health plans they represent.
      o TEP members noted that an information campaign targeted at consumers to raise awareness of the importance of self-reported race and ethnicity data may lead to improved collection of directly reported data.
 	
3. **Soliciting TEP feedback on how to increase the transparency of the QIS program.**
   – Key Takeaway: TEP members recommended the Project Team provide QHP issuers opportunities to share QIS implementations experiences and examples of successful QIS activities with other issuers to increase transparency of the program (e.g., awards for the best QIS program, webinar presentations for innovative QHP issuers, learning forums).
   – Key Takeaway: TEP members agreed that convergence of the QIS and QRS programs (i.e., using QRS measures to track progress on QIS strategies) may be beneficial to QHP issuers in tracking their quality improvement efforts.
   – Key Takeaway: TEP members noted that most of the current QIS evaluation data may not be of interest to consumer audiences, particularly if aggregated or de-identified, as it may be difficult to aggregate the data in a way that is meaningfully actionable for consumers.

3.2 QRS MEASURE REFINEMENT PROCESS

The Project Team began by providing an overview of the QRS measure set refinement process, including the Call Letter process, alignment with measure stewards (i.e., NCQA and the Pharmacy Quality Alliance [PQA]), and the most recent refinements to the measure set. The Project Team clarified that although CMS does not have the ability to retain measures that have been retired by the measure steward, the Project Team determines the timeline for (1) collecting the updated measure, (2) including the updated measure in scoring, and (3) releasing performance information for the updated measure. The team reviewed the anticipated timeline for the transition of the *Colorectal Cancer Screening* measure to ECDS-only reporting, as proposed in the Draft 2024 Call Letter.

The TEP provided input on which of the three approaches listed above is most impactful:

- Three TEP members felt that continued collection of measures with updated specifications is the most impactful approach to incorporating refinements into the QRS.
    - One TEP member expressed that when measure specifications change, providers must understand what is being captured. This is additional important for providers with limited resources to implement workflow changes (e.g., rural providers).
    - One TEP member noted that, for accreditation organizations, collecting information in a standardized way is important to appropriately compare submitted data when measure refinements are incorporated over time.
- One TEP member remarked that gaps in reporting when incorporating measure specification changes are challenging for State-Based Exchanges (SBEs), particularly for the purposes of promoting quality improvement. They noted a principal consideration should be stability of benchmarks. This TEP member expressed that while alignment with measure stewards (i.e., NCQA and PQA) is important, providers and QHP issuers need longer transition periods to ensure workflows can accommodate changes and SBEs need additional time to provide full visibility for interested parties and prevent breaks in reporting that can impact benchmarking and quality improvement efforts.
    - This TEP member noted that in their state, gaps in reporting have significant impacts on accountability programs tied to financial incentives for QHP issuers based on QRS measure performance.
    - This TEP member additionally recommended shifting from optional to mandatory reporting earlier, specifically for measures transitioning to ECDS-only, to avoid gaps in reporting.
    - This TEP member also recommended releasing the national percentiles, so oversight entities may monitor issuer performance relative to plans nationwide, including how delivery systems are being adapted for new measures.
- Two TEP members stated that, for issuers, the inclusion or exclusion of a measure in scoring has the most impact.
    - Both TEP members noted, for more substantive changes (e.g., transition to ECDS-only collection), there is value in removing a measure from scoring, as errors sometimes occur during the first year of data collection. However, inclusion or exclusion of measures in scoring should be dependent on the significance of the change.
- One TEP member, a consumer representative, requested consideration of how each of these approaches impacts the consumer. This TEP member expressed particular interest in how releasing performance information for the measure may drive change.

The TEP provided feedback on how the Project Team may facilitate measure refinements:

- One TEP member observed that decreased measure rate for ECDS versions of measures compared to the traditional version for some measures. They noted that this is likely due to changes in data collection workflows, and emphasized that communicating this change (e.g., comparison of before and after ECDS) to consumers may be a challenge.

- This TEP member recommended the Project Team mandate reporting and release benchmarks for both ECDS and traditional versions of measures and to score the ECDS measure in a subsequent year once all reporting challenges have been resolved.
- One TEP member agreed that, for rural providers, data collection workflows may not be able to accommodate transitions to ECDS-only as quickly, therefore a longer transition period would support plans and providers, alike, in adapting to this change.
- Another TEP member noted that, as workflow issues are local, provider advisory panels are useful in helping issuers to understand the range of issues faced among their provider networks.

- One TEP member requested more information about the characteristics of reporting units that opted to report optional ECDS data versus those who did not for the 2023 ratings year. They noted concerns over potential unintended consequences particularly with providers who primarily serve underserved or rural communities due to limited capacity or technical capabilities.
  - The Project Team confirmed that upon the first year of collecting ECDS data, a logistic regression model was leveraged to predict the likelihood of optional ECDS data submission based on the characteristics of QHPs – there were no statistically significant relationships of note, e.g., the likelihood of reporting ECDS data in relation to the size or geography of the QHP.
    - The Project Team further explained that in this preliminary analysis, plans who have been operating as part of the QRS for multiple years were less likely to optionally report ECDS data.
- Two TEP members underscored the importance of coordinating with measure stewards regarding measure refinements, retirements, and transitions.
- One TEP member reiterated the need to consider updated measures for inclusion or exclusion in scoring based on the significance of the change. For example, transitioning an existing traditional and optional ECDS reporting measure to ECDS-only may be less burdensome than mandating ECDS-only reporting for a newly introduced measure, such as the proposed *Social Needs Screening* (SNS-E) measure. This TEP member additionally noted that for measures that plans have more historically collected, a long transition period may not be necessary to adapt to measure specification changes.
  - Two TEP members agreed with this perspective, and emphasized the need to balance accuracy, stability, and feasibility when aligning with measure stewards.
    - One of these TEP members recommended that, for new measures, the Project Team mandate reporting of ECDS in parallel with traditional methods, release of benchmark information prior to inclusion of the measure in scoring and include measures in scoring once CMS has confirmed that the measure is being accurately reported.

The TEP discussed potential impacts of measure transitions on providers, consumers, and issuers:

- Three TEP members, including one consumer representative, noted methodological changes to measures may be less relevant to consumers.
  - One TEP member, a consumer representative, emphasized the role of patients and caregivers in the measure development and refinement process.
  - Two TEP members agreed that many consumers are limited by cost and may not have the ability to consider quality information when shopping for a plan.
  - Another TEP member added that, although measures assessing immunizations and screenings are important, these measures require action by the patient to obtain these services. Consumers may be more interested in measures regarding access to healthcare and overall satisfaction with their plans.
- Two TEP members noted that, although clinical quality measures may not interest consumers, Exchanges have a responsibility to hold issuers and providers accountable for the overall health of their members and ensure that consumers receive necessary preventative care.
  - One TEP member shared that there is evidence that the collection of clinical quality measures leads to population health and results in reduced mortality and morbidity.

- This TEP member also recommended CMS prioritize tracking performance improvement and providing visibility into performance for both consumers and health plans as part of the QRS methodology.
- One TEP member encouraged consideration of the impact of measure refinements on consumers and patient advocates; however, noted that consumers and patient advocates have minimal insight into how these refinements contribute to the quality ratings displayed for health plans.
    - The Project Team noted that measure information isn't available to consumers and patient advocates on Healthcare.gov or other Exchanges, as the only information displayed are star rating and summary indicator level information. However, the Project Team is seeking feedback regarding topic areas included in calculating star ratings (e.g., screenings and immunization status) that may be excluded during the transition period to ECDS-only. The Project Team further remarked that star ratings may be affected by measure exclusions, potentially impacting consumers' plan selection.
        - The TEP member noted the Project Team should continue seeking clarification on what consumers want to know about their health plans.
- One TEP member remarked that issuers may prioritize quality improvement efforts on measures that are being benchmarked and scored. Therefore, the removal of a measure from scoring, such as *Colorectal Cancer Screening*¸ may result in decreased access to screenings for consumers.
- One TEP member noted that issuers not linked to a provider organization via an integrated healthcare model may face challenges in collecting data, especially with screening measures.
- One TEP member shared that although a measure change, such as increasing the age band for *Colorectal Cancer Screening*, may appear minor, provider workflows are impacted by a significant increase in the measure denominator.
    - This TEP member further noted that such changes have significant impacts on provider workflows, electronic health record (EHR) systems, and other resources.

3.3 ENVIRONMENTAL SCAN

The Project Team provided an overview of the background and purpose of the Environmental Scan, including evaluation criteria for measures examined and an overview of the environmental scan and measure assessment process. The team flagged four of twelve measures examined by the Environmental Scan (i.e., *Blood Pressure Control for Patients with Hypertension (BPC-E)*, *Use of Opioids from Multiple Providers in Persons Without Cancer*, *Concurrent Use of Opioids and Benzodiazepines,* and *Race/Ethnicity Diversity of Membership (RDM)*) for further discussion with the TEP. The Project Team invited the TEP to provide feedback on eight other measures examined by the Environmental Scan via email.

The TEP discussed measures to be further evaluated for potential inclusion in the QRS measure set:

Blood Pressure Control for Patients with Hypertension (BPC-E)

- Three TEP members commented on potential confusion that may arise from the BPC-E measure capturing two different sub-rates (i.e., <140/90 mm Hg, <130/80 mm Hg).
    - In response to concerns of potential confusion, one TEP member recommended delaying inclusion in scoring for additional years should this measure be included in the QRS measure set.
    - The Project Team clarified that, if CMS proposes and ultimately finalizes the inclusion of the BPC-E measure in the QRS, the Call Letter will include information regarding the proposed scoring methodology for the measure.
- Two TEP members agreed that measures addressing blood pressure and diabetes control are the most important vascular health related measures for the enrollee population.

Use of Opioids from Multiple Providers Without Cancer and *Concurrent Use of Opioids and Benzodiazepines*

- Five TEP members agreed with the removal of the *Annual Monitoring for Persons on Long-Term Opioid Therapy* measure in favor of a more person-centered measure.[4]
    - Two TEP members suggested prioritizing potential replacement measures based on available data and measurement priorities in alignment with CMS goals (i.e., Universal Foundation). TEP members noted the *Initiation and Engagement of Substance Use Disorder Treatment* measure in the "Universal Foundation" as a measure that addresses the topic area of opioid use.
        - The Project Team noted that the *Initiation and Engagement of Substance Use Disorder Treatment* measure is collected and scored as part of the QRS.
            - One TEP member noted with the *Initiation and Treatment of Substance Use Disorder* measure, the removal of the *Annual Monitoring for Persons on Long-Term Opioid Therapy* measure does not leave a large gap in regard to substance use disorder.
    - One TEP member requested the Project Team share quantitative data on the measure eligible population with the TEP prior to proposing a measure via a Draft Call Letter.

Race/Ethnicity Diversity of Membership

- Seven TEP members agreed that self-reported race and ethnicity data, rather than indirect or imputed data, is preferred.
    - One TEP member expressed concern with the proposed removal of data source from reporting requirements as proposed by NCQA, as different issuers have varied approaches to imputing data.
    - Five TEP members suggested CMS include a justification for consumers on the importance of reporting of their race and ethnicity (e.g., on the Healthcare.gov application) as some enrollees may be reluctant to voluntarily report personal information. An information campaign to raise awareness could improve collection of directly reported data.
        - One TEP member noted that, as a result of including such a justification in their application, 80% of enrollees optionally self-report race and ethnicity data.
        - Another TEP member noted brokers in their state provide an explanation of why self-reported race and ethnicity data is important to consumers.
    - The Project Team indicated that, based on race and ethnicity stratified data reported for the 2023 QRS, most data were collected using direct methods.
    - Two TEP members further recommended updates to the specifications to include how direct data was collected (e.g., member self-reported, EHR data) and reiterated the value of self-reported direct data over indirect data to issuers.
        - Both TEP members noted that self-identification is important, as methods used for indirect data collection (e.g., provider assumptions, imputation) rely on factors that are not representative of individuals' identities (i.e., surname analysis, zip codes).
- The Project Team noted that, although direct, self-reported race and ethnicity is preferred, some states prohibit payers from asking enrollees to report their racial and/or ethnic identification through applications.

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[4] During the Fall 2023 QRS/QIS TEP meeting, TEP members recommended the removal of the *Annual Monitoring for Persons on Long-Term Opioid Therapy* measure, citing that it may not be the best measure to provide issuers with actionable information to address opioid use for this population. TEP members additionally noted the *Annual Monitoring for Persons on Long-Term Opioid Therapy* measure is not used in other federal quality reporting programs, which creates challenges for QHP issuers.

3.4   QIS TRANSPARENCY

In response to feedback received during the Fall 2023 TEP Meeting, the Project Team requested TEP feedback on how to increase the transparency of the QIS program. The Project Team clarified that although CMS wishes to be responsive to interested party feedback for to increased access to QIS data, CMS does not currently have regulatory authority to share QIS information to the extent QRS information is shared.

3.4.1   QIS Overview

The Project Team provided an overview of the goals and principles of the QIS program as well as market-based incentives included as part of the program.

The TEP provided feedback as to how the QIS program may increase its benefit and relevance to different interested parties (e.g., issuers, consumers):

- Two TEP members recommended that public-facing QIS information be utilize plain language at the appropriate reading level for the target audience, as the average consumer may not have the technical knowledge necessary to understand all components of a QIS.
    - One TEP members noted consumer facing QIS materials should be developed in consideration of the audience's interest related to the quality of their health plan options and consider the interests of underserved and/or underinsured populations.
    - One of these TEP members suggested QIS summary information be available via a one-pager explaining the components and priorities of each QIS, as well as how consumer feedback has been incorporated.
- One TEP member, representing the Washington SBE, shared that their organization has been internally brainstorming ways to make the QIS program more visible. This TEP member noted that California, for example, ties plans' quality performance to reimbursement.
    - This TEP member shared that their organization has considered including a quality report as a part of QHP certification, as well as organizing plans on their platform based on QRS performance scores.

3.4.2   QIS Transparency

The Project Team provided an overview of the benefits of transparency within the QIS program, as well as existing and potential new vehicles for communication of information pertaining to QIS to QHP issuers and the public.

The TEP discussed the types of information that would be most beneficial if made available to QHP issuers and/or the general public:

- Two TEP members noted that QHP issuers would likely want to know what QIS activities are most successful.
    - Conversely, another TEP member added that QHP issuers would additionally benefit from understanding what activities have not been successful for certain issuers, as well as the reasons as to why the activities were not successful (e.g., the population was too small to measure differences in performance).
        - This TEP member further noted that, although QHP issuers are unable to review QIS submissions from other issuers, they often undertake the same QIS activities. QHP issuers may benefit from understanding why a QIS was successful for one QHP issuer and not another.
- Two TEP members noted that information pertaining to specific QIS programs may not be as relevant to consumers, particularly if de-identified.
    - Both of these TEP members agreed that information that would impact patient care and inform plan selection, such as plans implementing initiatives to address certain conditions (e.g., diabetes care), would be useful to share with consumers.

The TEP provided feedback on potential communication vehicles to communicate QIS data and information and solicit interested party feedback:

- One TEP member noted that website postings are effective to broadly disseminate QIS information to consumer advocates and other groups.
- One TEP member agreed that a public use file (PUF) containing de-identified issuer-level QIS data could benefit interested parties.
    – Another TEP member requested clarification on how QIS information would be aggregated into a PUF, given the number of free text fields in the QIS forms.
        ▪ The Project Team clarified that a row would be created in the datafile for each issuers' responses to the QIS fields. The QIS Project Team further noted that the onus would be on the issuer downloading the PUF to aggregate and analyze the data that is available in a way that is beneficial for their purposes. Further, some QIS free-text data categories (variables) would have to be recoded into pre-defined summary categories prior to releasing a QIS PUF to protect any propriety issuer information (e.g., QIS activities).
- Two TEP members encouraged email notifications containing fact sheets summarizing aggregate QIS information from QIS submissions.
    – One of these TEP members added that fact sheets are generally more useful to provide to consumers as opposed to granular data.
- One TEP member noted that, due to the diversity of QIS activities undertaken by QHP issuers, it may be difficult to provide aggregate QIS data to interested parties in a way that is easily understood by both consumers and QHP issuers.
    – One TEP member agreed that the proposed infographics would be beneficial to share aggregated QIS information with issuers, but not consumers.
- Three TEP members recommended the Project Team provide opportunities for QHP issuers to volunteer information about their own best practices and successes within their respective QIS activities. One of these TEP members suggested that in reviewing submitted QIS forms, QHP issuers using innovative strategies or methods could be invited to share their experience through a webinar or similar venue.
    – One of these TEP members suggested the implementation of awards for the best QIS programs.
    – Another TEP member added that in California, a Clinical Leader's Forum is held four times a year in collaboration with Covered California and the California Public Employees' Retirement System (CalPERS) for QHP issuers to share and learn from one another.
- One TEP member suggested including SBE information in QIS reporting.
    – Two TEP members representing SBEs indicated they would be willing to share QIS information from their states with the Project Team.

The TEP provided feedback on potential convergence between the QIS and QRS programs to increase transparency:

- Three TEP members agreed that convergence of the QIS and QRS programs (i.e., using QRS measures to track progress on QIS strategies) would be beneficial to issuers.
    – Two of these TEP members cautioned that convergence could result in a focus on QRS measures at the expense of focusing on higher priority targets for specific populations (and novel homegrown measures), and therefore policy change for the QIS program should require specific stipulations enforcing balance between the purposes QRS and QIS.
    – One of these TEP members remarked that one of the benefits of the QRS program is that QHP issuers can empirically track yearly progress towards desired healthcare outcomes, including their implications for equity. This TEP member noted that it may be particularly impactful to tie the QIS to QRS measures that have highest rates of underperformance and highest potential for life saving impact.

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 2024: Publish the Final 2024 Call Letter
- June 2024 – July 2024: CMS calculates QRS scores and ratings
- June 2024 – September 2024: CMS reviews QIS submissions
- August 2024 – September 2024: QRS and QHP Enrollee Survey preview periods
- September 2024 – October 2024: Begin planning for Fall 2024 TEP
- October 2024: QIS Evaluation results are released
- November 2024: QRS scores and ratings become public

APPENDIX A. QRS/QIS TEP MEMBERS

QRS/QIS TEP Attendance – May 2024 Meeting
(An asterisk [*] denotes a consumer/patient-caregiver representative;
a yen symbol [¥] denotes a new TEP member for 2024)

Linda Brenner, MA
Director, Quality Measurement & Performance
Point32Health

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

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

Kaylee Capparelli, MHA
Senior Director, Quality Improvement
Centene Corporation

Shirley Dominguez, AA*
Navigator Program Coordination
Epilepsy Alliance Florida

Eric Glasnapp, BS
Health Care Quality Analyst
Florida Blue

Sarah Johnson, MD, MPH, CPHQ
Independent Consultant

Megan Lahr, MPH¥
Senior Research Fellow
University of Minnesota Rural Health Research Center

Chinwe Nwosu, MS
Director of Quality Strategy, Data, and Operations, Individual and Family Plans
UnitedHealthcare

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

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

Eleni Theodoropoulos, M.B.A., CPHIMS
VP, Quality, Research, and Measurement
URAC

QRS/QIS TEP Attendance – May 2024 Meeting
(An asterisk [*] denotes a consumer/patient-caregiver representative;
a yen symbol [¥] denotes a new TEP member for 2024)

Danny van Leeuwen, RN, MPH
Patient/Caregiver and Registered Nurse
Health Hats

Kristin Villas, MPA ¥5
Senior Health Policy Analyst
Washington Health Benefit Exchange

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

Could Not Attend the May 2024 QRS/QIS TEP Meeting

John Allen, MAT
Quality Improvement Director
CareSource

Amy Cleary, M.B.A., MHP
Director of Quality Management
Geisinger Health Plan

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

Christine Monahan, JD
Assistant Research Professor
Georgetown University Center on Health Insurance Reforms

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5 The Washington Health Benefit Exchange (WAHBE) was represented on the 2023 QRS/QIS TEP by Christine Gibert, JD, MPH.

APPENDIX B. MEETING ATTENDEES

Centers for Medicare & Medicaid Services (CMS) Attendees

Helen Dollar-Maples, 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)

Elizabeth Hechtman, Coordinator, Stakeholder Outreach
Consumer Information and Insurance Oversight (CCIIO)
Centers for Medicare & Medicaid Services (CMS)

Nina Heggs, Contracting Officer Representative
Centers for Medicare & Medicaid Services (CMS)
Center for Clinical Standards & Quality (CCSQ)

Nidhi Singh-Shah, Deputy Division Director, Division of Program and Measurement Support
Center for Clinical Standards & Quality (CCSQ)
Centers for Medicare & Medicaid Services (CMS)

Rebecca Zimmerman, Health Insurance Specialist, Exchange Policy & Operations Group
Consumer Information and Insurance Oversight (CCIIO)
Centers for Medicare & Medicaid Services (CMS)

QRS/QIS Project Team Attendees

Karina Alvarez, QRS Methodology Workstream Lead

Yasmine Brown-Williams, QIS Workstream Lead

Emma Dreher, QRS Policy and Outreach Workstream Lead

Melanie Konstant, Project Manager

Sandy Lesikar, Officer in Charge (OIC)

Nyaradzo Longinaker, QRS Methodology Lead

Christina Marsh, QIS TEP Chair, Program Director

Gina Matthews, Data and Quality Assurance Workstream Lead

Taylor McIlquham, QRS Data and Quality Assurance Analyst

Taylor Mitchell, QRS Policy and Outreach Workstream Lead

Natalia Ramirez, QRS Methodology Analyst

Suzanne Singer, QRS/QIS TEP Coordinator

Jeff Sussman, QRS TEP Chair

Jim Williamson, QRS Methodology Analyst

Contractor Attendees

Melissa Altschiller
American Institutes for Research (AIR)

Jessica Ortiz
American Institutes for Research (AIR)

Zoe Sousane
American Institutes for Research (AIR)

Cindy Van
American Institutes for Research (AIR)

APPENDIX C. QRS/QIS TECHNICAL EXPERT PANEL AGENDA

**Quality Rating System (QRS) and Quality Improvement Strategy (QIS) Technical Expert Panel
Meeting Agenda: May 14, 2024; 12:00 am – 2:00 pm Eastern Time**

Dial-in number: 833-435-1820
Conference code: 161 371 7410
Web conference URL: <u>JOIN ZOOM MEETING</u>

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
15 MINUTES	WELCOME • Welcome and overview of Meeting Agenda • Introductions
45 MINUTES	QRS MEASURE REFINEMENT PROCESS • Discussion of the QRS measure refinement process
55 MINUTES	ENVIRONMENTAL SCAN • Introduce measure assessment timeline and process • Review of Environmental Scan results • Discussion of measures proposed for inclusion in the measure set
15 MINUTES	BREAK
10 MINUTES	SESSION OVERVIEW: QIS • Introduce QRS/QIS Strategic Framework
30 MINUTES	QIS TRANSPARENCY • Discussion of proposed strategies for communicating QIS-specific information to the public
10 MINUTES	MEETING WRAP-UP