

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

D4-3
SUBMITTED DECEMBER 9, 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 November 7, 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 interested party 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 November 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 November 7, 2024. Of the 20 QRS/QIS TEP members, 18 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}

Discussion topics for both the QRS and QIS portions of the meeting included an update on scoring results for the 2024 QRS, a discussion on potential refinements to the QRS measure set, a review of the results of QIS analyses for the 2025 plan year, and a discussion on pathways to increase alignment between the QRS and QIS programs. A copy of the meeting agenda is provided in Appendix C.

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. However, Booz Allen shares key observations from TEP meetings with NCQA, in accordance with the OCI mitigation plan.

³ AIR contractor representatives from the Center for Consumer Information and Insurance Oversight (CCIIO) were invited to listen in to the TEP discussion to better understand the connections between the QRS/QIS programs and CCIIO activities.

During the November 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 and providing comprehensive pre-read materials ahead of the TEP meeting with key questions for consideration.

3.1 MEETING OBJECTIVES

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

- Provide an update on scoring for the 2024 QRS and gather TEP feedback on the approach to confidential sharing of stratified race and ethnicity data to QHP issuers and Exchange administrators,
- Receive TEP feedback on potential refinements to the QRS measure set based on the QRS measure assessment, and
- Review results of QIS analyses and solicit TEP feedback on approaches to align the QRS and QIS programs through a strategic framework.

Accomplishments and Key Takeaways

The QRS/QIS Project Team accomplished the TEP meeting objectives by gathering feedback on:

- 1. Information shared with QHP issuers and Exchange administrators during the 2024 QRS preview period.**
 - Key Takeaway: TEP members recommended reevaluating the explicit weights applied to summary indicators to calculate the global score to increase the weight of the clinical quality management summary indicator.
 - Key Takeaway: TEP members requested further discussion of the approach for race and ethnicity stratification including the potential changes to the race and ethnicity categories based on updates to the Office of Management and Budget (OMB) standards and forthcoming measure specification updates.
- 2. Potential measures for removal from the QRS measure set.**
 - Key Takeaway: TEP members agreed that CMS should propose the removal of the *Annual Monitoring for Persons on Long-Term Opioid Therapy* (AMO) from the QRS measure set for the 2027 ratings year, at the earliest.
 - Key Takeaway: TEP members agreed that CMS should propose the removal of the *International Normalized Ratio Monitoring for Individuals on Warfarin* (INR) measure from the QRS measure set for the 2027 ratings year, at the earliest. However, TEP members suggested the Project Team continue to investigate potential patient safety-related measures to fill gaps in the QRS measure set, should the INR measure be removed.
 - Key Takeaway: TEP members agreed that CMS should propose the removal of the *Antidepressant Medication Management* measure from the QRS measure set for the 2026 ratings year.
 - Key Takeaway: TEP members agreed that CMS should propose the removal of the *Medical Assistance with Smoking and Tobacco Use Cessation* measure from the QRS measure set for the 2027 ratings year in alignment with NCQA's timeline for retirement of the measure.
 - Key Takeaway: Overall, TEP members suggested maintaining a smaller measure set. As measures are proposed for removal, the TEP suggested the Project Team consider the necessity of identifying a replacement measure, especially for measures that may not be relevant to the Exchange population (e.g., opioid-related measures, as the Exchange population has low rates of opioid use disorder).
- 3. Requiring the incorporation of QRS measures in QIS.**
 - Key Takeaway: TEP members were supportive of refining the QIS, to require QHP issuers include QRS measures in their QIS strategies.
 - Key Takeaway: TEP members agreed that ahead of a policy change, issuers would benefit from receiving aggregate information about the QIS strategies that are currently being employed by other QHP issuers (e.g., clinical area of focus, activities to achieve QIS goals, target population) to provide insight into opportunities for issuers to update or improve their strategies.

3.2 2024 QRS SCORING UPDATE

The QRS/QIS Project Team provided a summary of key updates from the 2024 QRS scoring phase, including:

- An increase in the number of reporting units receiving a global rating in 2024 compared to 2023,
- Consistent performance among QHP issuers between 2023 and 2024 in global ratings due to stability in benchmarks, and
- An overview of information from measures with required race and ethnicity stratified (RES) reporting that was confidentially shared with QHP issuers and State Exchange Administrators via the QRS RES Proof Sheets.

The TEP commented on the distribution of ratings for the 2024 QRS:

- One TEP member remarked that there is minimal variation in ratings for the Plan Administration and Patient Experience summary indicators (i.e., most reporting units are receiving four or five stars).
 - This TEP member and two additional TEP members recommended the Project Team consider increasing the weight of the Medical Care summary indicator on the QRS global score in consideration of these results.
 - Additionally, TEP members noted that there are data indicating that consumers' experience challenges with QHPs, and this may not be reflected in the current ratings.

The TEP provided feedback on information shared with QHP issuers and Exchange administrators during the 2024 scoring period (e.g., QRS RES Proof Sheets):

- One TEP member suggested the Project Team include definitions for all data fields, included in the QRS RES Proof Sheets.
- Three TEP members requested the Project Team continue to require QHP issuers to report the data source (e.g., direct or indirect) when reporting RES data.
 - One of these TEP members requested the Project Team continue to include the race and ethnicity reported data stratified by data source in the QRS RES Proof Sheets.
 - The Project Team clarified that as the measure steward (i.e., NCQA) finalized updates to the measure specifications for measures with required RES reporting to remove the requirement to report the data source, the Project Team will no longer be able collect the RES measure data stratified by data source. However, the Project Team noted that the Race/Ethnicity Diversity of Membership (RDM) measure includes reporting of data source at the member level.
 - Two TEP members noted that although it is helpful to know the data source of race and ethnicity reported at the reporting unit level, race and ethnicity data stratified at the measure level is more useful to QHP issuers and other interested parties to identify disparities in outcomes between different populations.
- Two TEP members requested future discussion about the impact of the Office of Management and Budget (OMB) standards for maintaining, collecting, and presenting race/ethnicity data on the QRS.
 - The Project Team noted that currently, RES data is confidentially shared with QHP issuers and Exchange administrators. The Project Team will continue to prioritize transparency for QHP issuers when collecting and sharing RES data but may consider additional analyses as changes are implemented.

3.3 REFINING THE QRS MEASURE SET

The Project Team provided an overview of the QRS Measure Assessment, including outcomes of previous years' measure assessments, recent changes to the measure assessment approach, and evaluation criteria for measures. The team flagged four measures that were recommended for removal from the QRS measure set by the 2024 QRS Measure Assessment (i.e., *Annual Monitoring for Persons on Long-Term Opioid Therapy*, *International Normalized Ratio Monitoring for Individuals on Warfarin*, *Antidepressant Medication Management*, and *Medical Assistance with Smoking and Tobacco Use Cessation*) for further discussion with the TEP. The Project Team provided an

overview of the rationale for removal for each measure as well as a summary of proposed replacement measures, where relevant. The Project Team additionally requested feedback on the number of refinements that are to be proposed to the QRS measure set.

The TEP provided feedback on the measure assessment evaluation criteria:

- One TEP member suggested the Project Team consider including risk adjustment data and the application of it, when evaluating measures for the QRS measure assessment.
- Two TEP members highlighted state all-payer claims databases (APCDs) as a potential additional source of information for assessing the importance of measures to Exchange enrollees.
- One TEP member suggested the Project Team incorporate weights for measure assessment criteria (e.g., alignment with the Universal Foundation measure set, priority topic area, measure performance) in assessing measures for removal or inclusion in the QRS measure set.

The TEP discussed measures to be further evaluated for potential removal from the QRS measure set:

Annual Monitoring for Persons on Long-Term Opioid Therapy

- Three TEP members verbally agreed with the recommendation to propose the removal of the *Annual Monitoring for Persons on Long-Term Opioid Therapy* measure from the QRS measure set.⁴
- As the *Annual Monitoring for Persons on Long-Term Opioid Therapy* measure was introduced to the QRS measure set to address CMS' priorities related to combating the opioid crisis and measuring patient safety, the TEP discussed potential replacement measures related to these priority areas.
 - In regard to potential replacement measures, one TEP member noted that given the measure assessment criteria focusing on alignment, the Project Team should consider promoting the *Initiation and Engagement of Substance Use Disorder Treatment* measure indicators to the measure level (e.g., scoring the Initiation and Engagement of Opioid Use Disorder and Treatment indicator), as the measure is currently a part of the QRS measure set and in alignment with the CMS Universal Foundation, rather than adding an additional measure to the QRS measure set.
 - This TEP member additionally suggested the Project Team consider weighting measure assessment criteria in future QRS measure assessments to prioritize measures based on their alignment with CMS and interested party priorities.
 - Two additional TEP members agreed that the Project Team should prioritize maintaining a smaller measure set, emphasizing that the Project Team should consider the importance of a clinical area to the Exchange population when determining the need for replacement measures.

International Normalized Ratio Monitoring for Individuals on Warfarin

- Five TEP members agreed with the recommendation to propose the removal of the *International Normalized Ratio Monitoring for Individuals on Warfarin* measure from the QRS measure set.
- The TEP discussed potential replacement measures for the *International Normalized Ratio Monitoring for Individuals on Warfarin* to avoid a gap in patient safety-related measures in the QRS measure set.
 - Two of these TEP members noted that despite a large portion of Exchange enrollees having chronic conditions, the prevalence of acute care (e.g., emergency department visits) for this population is low. Therefore, the alternative patient-safety measures proposed to replace the

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* (AMO) 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 AMO measure is not used in other federal quality reporting programs, which creates challenges for QHP issuers. No formal voting occurred during the Fall 2024 QRS/QIS TEP meeting; although 3 TEP members verbally agreed with the removal of the AMO measure, no TEP members disagreed with proposing its removal for the 2027 ratings year, at the earliest.

International Normalized Ratio Monitoring for Individuals on Warfarin measure (i.e., *Transitions of Care between the Inpatient and Outpatient Settings, Follow-up After Emergency Department Visit for People with Multiple Chronic Conditions*) may not be important for this population.

- Three of these TEP members specifically cited operational difficulties with the *Transitions of Care* measure, as the collection of data for this measure is heavily dependent on manual record retrieval and review.
 - One of these TEP members suggested the Project Team consider related Electronic Clinical Data Systems (ECDS) measures to maintain alignment with NCQA's expansion of electronic clinical measurement.
- One of these TEP members representing a State-based Exchange (SBE) shared that low rates of utilization for acute care may be due to plan design in that state, where primary care benefits are not subject to deductibles, resulting in higher utilization of primary and preventative care services.
- Two TEP members agreed that should the *International Normalized Ratio Monitoring for Individuals on Warfarin* measure be removed from the QRS measure set, the current QRS *Plan All-Cause Readmissions* measure adequately captures QHP issuer performance related to patient safety.

Antidepressant Medication Management

- Two TEP members agreed with the recommendation to propose the removal of the *Antidepressant Medication Management* measure from the QRS measure set as the *Depression Screening and Follow-Up for Adolescents and Adults* (DSF-E) measure was added to the QRS measure set beginning in 2025 and is in alignment with CMS' Universal Foundation.
 - Three TEP members recommended the Project Team consider treating the screening and follow-up measure indicators as two distinct QRS measures to facilitate understanding of performance and quality improvement in screening and follow-ups.

Medical Assistance with Smoking and Tobacco Use Cessation

- Two TEP members agreed with the recommendation to propose the removal of the *Medical Assistance with Smoking and Tobacco Use Cessation* measure in alignment with its retirement by the measure steward.
 - One of these TEP members noted that NCQA announced two potential replacement measures for the *Medical Assistance with Smoking and Tobacco Use Cessation* measure during the 2024 NCQA Health Innovation Summit (i.e., *Tobacco Use Screening and Cessation Intervention and Lung Cancer Screening*).
 - The other TEP member suggested the Project Team test the potential replacement measures in the Exchange population using Enrollee-Level External Data Gathering Environment (EDGE) or APCD data prior to proposing them for inclusion in the QRS measure set to evaluate feasibility of implementation.

The TEP provided feedback on the ideal number of refinements to the QRS measure set to be proposed each year:

- One TEP member shared that changes to the QRS measure set each year limit QHP issuers' ability to monitor trends in performance. This TEP member additionally recommended the Project Team further delay additional transitions of measures to ECDS-only, to provide time for QHP issuers to adapt to the data collection method change.
 - The Project Team clarified that it is unable to maintain versions of measure specifications (e.g., traditional data collection) that have been retired by the measure steward. The Project Team can, however; determine the timeline for measures with updated measure specifications to be included in scoring.

- Three TEP members agreed that measures that have undergone select, limited refinements (e.g., expanded eligible population) should not be removed from QRS scoring to avoid gaps.
 - One of these TEP members noted that for measures transitioned to ECDS-only reporting, the Project Team continue to remove these measures from scoring for at least a year, as the transition is fundamentally more challenging.
- The Project Team clarified that when QRS measures have been expanded to include an additional rate due to a new age band, only the newly added rate was withheld from scoring during its first year of data collection.
- One TEP member agreed with this approach, and additionally requested the Project Team report separate scores and benchmarks for different cohorts (e.g., age cohorts) to allow QHP issuers to monitor performance.

3.4 RESULTS OF QIS ANALYSES FOR THE 2025 PLAN YEAR

The Project Team provided an overview of descriptive analyses conducted following the receipt of Plan Year (PY) QIS submissions from eligible Federally Facilitated Exchanges (FEEs), including 2025 Implementation Plan forms, Progress Report Forms, and Modification Summary Supplement forms.

The TEP provided feedback on how CMS can encourage issuers to develop unique strategies for their member populations:

- One TEP member shared that issuers may struggle to develop and tailor strategies that are unique to their member populations, given high turnover in enrollment.

3.5 QIS/QRS STRATEGIC FRAMEWORK

The Project Team provided an overview of a proposed combined QRS/QIS strategic framework, wherein issuers would be required to employ one or more QRS measures in their QIS'.

The TEP provided insight into potential barriers to implementing the requirement for QIS participants to incorporate QRS measures in their strategies, as well as ways to potentially guide issuers to use QRS measures as performance benchmarks:

- One TEP member supported the requirement for QHP issuers to incorporate QRS measures in their QIS', however; they noted challenges in QHP issuer collection of race and ethnicity data from their members, which hinders their ability to assess social determinants and disparities among their enrollee population. This TEP member remarked this is especially an issue for issuers with fewer enrollees.
- One TEP member suggested the Project Team assess the data types of the QRS measures issuers are incorporating into their QIS' (e.g., clinical measures) to see if they are intentionally choosing measures that can be analyzed more frequently via interim analyses. The Project Team noted this as an interesting opportunity for future QIS analyses.
- One TEP member recommended the Project Team add a table to the QIS Technical Guidance showing alignment of QRS measures with (i.) CMS strategic goals, (ii.) Healthy People 2030 targets, (iii.) and/or Universal Foundation measures to support QHP issuer identification of QRS measures applicable to their strategies. This TEP member also suggested the team flag QRS measures with required (iv.) race and ethnicity stratified reporting. The Project Team noted this as a good tool to provide to issuers ahead of policy implementation.
- One TEP member agreed with providing issuers with a choice of which QRS measures they may choose to use. This TEP member additionally noted it would be helpful for SBEs to be able to tie the two programs (i.e., QIS and QRS) together, and remarked that SBEs may be interested in sharing their QIS data with CMS.

The TEP discussed best practices for sharing information with issuers ahead of the policy change:

- One TEP member recommended the Project Team provide guidance to QHP issuers regarding which QRS measures are relevant to their existing strategies through a crosswalk or individualized guidance.
- Four TEP members agreed that it would be helpful to share aggregate QIS data with issuers to provide them with more insight into the types of strategies their counterparts are using.
- One TEP member shared that Washington state currently requires the incorporation of two QRS measures in their issuers' QIS, which are in part selected by QRS performance. Issuers are additionally able to pick measures to include in their QIS.
- Two TEP members inquired about the status of the publication of aggregate QIS data. The Project Team noted that CMS is still undergoing internal conversations around this policy change and that the proposal was out for public comment.

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 – December 2024: Finalize analyses of 2024 QRS and QIS data.
- November 2024 – February 2025: Facilitate public comment on the MQI PRA Package published on the Federal Register.
- February 2025: Publish the Draft 2025 QRS Call Letter.
- February – March 2025: Begin planning for Spring 2025 TEP meeting.

APPENDIX A. QRS/QIS TEP MEMBERS

QRS/QIS TEP Attendance – November 2024 Meeting (An asterisk [*] denotes a consumer/patient-caregiver representative)

John Allen, MAT

Quality Improvement Director
CareSource

Linda Brenner, MA

Senior Quality Consultant
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

Amy Cleary, M.B.A., MHP

Director of Quality Management
Geisinger Health Plan

Shirley Dominguez, AA*

Navigator, Consumer Representative
State of Florida

Eric Glasnapp, BS

Health Care Quality Analyst
Florida Blue

Itisha Jefferson, BS*

Medical Student
Loyola University: Stritch School of Medicine

Jennifer Jones, MPH

Executive Director, Legislative and Regulatory Policy
Blue Cross Blue Shield Association

Megan Lahr, MPH

Senior Research Fellow
University of Minnesota Rural Health Research Center

Christine Monahan, JD

Assistant Research Professor
Georgetown University Center on Health Insurance Reforms

QRS/QIS TEP Attendance – November 2024 Meeting
(An asterisk [*] denotes a consumer/patient-caregiver representative)

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

Danny van Leeuwen, RN, MPH*

Patient/Caregiver and Registered Nurse
Health Hats

Kristin Villas, MPA

Senior Health Policy Analyst
Washington Health Benefit Exchange

Could Not Attend the November 2024 QRS/QIS TEP Meeting

Sarah Johnson, MD, MPH, CPHQ

Independent Consultant

Karla Weng, MPH, CPHQ

Director, Program Management
Stratis Health

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)

Melodee Koehler, Contracting Officer Representative

Center for Clinical Standards & Quality (CCSQ)
Centers for Medicare & Medicaid Services (CMS)

Michael Mosely, IT Specialist (Security), Division of Program and Measurement Support

Center for Clinical Standards and Quality (CCSQ)
Centers for Medicare & Medicaid Services (CMS)

Claire Pavlecich, Health Insurance Specialist, State Technical Assistance Division

Consumer Information and Insurance Oversight (CCIIO)
Centers for Medicare & Medicaid Services (CMS)

Kimberly Rawlings, Contracting Officer Representative

Center for Clinical Standards & Quality (CCSQ)
Centers for Medicare & Medicaid Services (CMS)

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

Melanie Konstant, Project Manager

Nyaradzo Longinaker, QRS Methodology Workstream Lead

Christina Marsh, QIS TEP Chair, Program Director

Gina Matthews, Data and Quality Assurance Workstream Lead

Taylor Mitchell, QRS Policy and Outreach Workstream Lead

Natalia Ramirez, Data and Quality Assurance Analyst

Suzanne Singer, QRS/QIS TEP Coordinator

Jeff Sussman, QRS TEP Chair

Jim Williamson, QRS Methodology Analyst

Natalie Wong, QIS Analyst

Contractor Attendees

Amy Bezek

American Institutes for Research (AIR)

Heleana Lally

American Institutes for Research (AIR)

Jessica Ortiz

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: November 7, 2024; 12:00 pm – 3:00 pm Eastern Time

Dial-in number: 833-435-1820
 Conference code: 161 485 4670
 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 | WELCOME <ul style="list-style-type: none"> Welcome and overview of meeting agenda |
| 20 MINUTES | 2024 QRS SCORING UPDATE <ul style="list-style-type: none"> Overview of 2024 scoring results |
| 75 MINUTES | REFINING THE QRS MEASURE SET <ul style="list-style-type: none"> Overview of the QRS measure refinement process Review of the findings of the 2024 QRS Measure Assessment Discussion of potential refinements to the QRS measure set for 2026 and beyond |
| 10 MINUTES | BREAK |
| 30 MINUTES | QIS ANALYSIS <ul style="list-style-type: none"> Review of the Plan Year 2025 QIS Form descriptive analysis |
| 30 MINUTES | QRS/QIS STRATEGIC ALIGNMENT <ul style="list-style-type: none"> Review of proposed requirement for issuers to include QRS measures in QIS submissions Discussion of feasibility and programmatic impacts |
| 5 MINUTES | MEETING WRAP-UP |