Booz Allen®

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

D4-3
SUBMITTED JUNE 4, 2025

Submitted to:

Centers for Medicare & Medicaid Services
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Submitted by:

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Table of Contents

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 21, 2025.[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 QRS (D8-24), and relevant Ad Hoc Requests (D2-5).

2.0 TEP Overview

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

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 19 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). Christina Marsh (Booz Allen) served as the QRS/QIS TEP Chair for the May 2025 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 21, 2025. Of the 19 QRS/QIS TEP members, 17 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

[1] All recommendations listed in this report were supported by at least one TEP member.

Institutes for Research (AIR) team members who attended the QRS/QIS TEP meeting are provided in Appendix B.[2,3]

All TEP members voted to approve the TEP charter. Discussion topics for both the QRS and QIS portions of the meeting included an overview of the Electronic Clinical Data Systems (ECDS) measure performance analysis, environmental scan, and presentation and breakout discussion sessions of the QIS Results-at-a-Glance. A copy of the meeting agenda is provided in Appendix C.

During the May 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, reaction, polling, and breakout room functions within Zoom for Government, providing comprehensive pre-read materials ahead of the TEP meeting with key questions for consideration, and Mural boards to facilitate small group discussion.

3.1 Meeting Objectives

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

- Solicit TEP feedback on timelines for including ECDS measures into scoring, and
- Discuss measures identified through the QRS environmental scan to address CMS priority areas, and
  Gather input on the approach for public reporting of aggregated QIS data in a discussion of the QIS Results-at-a-Glance template.

[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.

ACCOMPLISHMENTS AND KEY TAKEAWAYS

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

1. **Soliciting TEP feedback on timelines for including ECDS measures into scoring:**
   - Several members emphasized the importance of maintaining measures undergoing transition to ECDS reporting in scoring to avoid disruptions in performance tracking and quality improvement efforts.
   - TEP members raised concerns about the rapid pace of the ECDS transition and the additional challenges in data collection for measures historically specified for hybrid option collection given certain numerator elements are not captured in claims data (e.g., HbA1c testing results, blood pressure readings). TEP members urged CMS to collaborate with NCQA on a feasible and phased timeline.
   - TEP members advocated for transparency around ECDS performance, recommending the publication of optionally reported EDCS measure benchmarks and percentiles to support comparisons between reporting units.
   - TEP members expressed concern about potential disparities in ECDS data submission, especially for rural providers and clinics that may have less sophisticated system capabilities.
2. **Discussing measures identified through the QRS environmental scan to address CMS priority areas:**
   - TEP members highlighted opportunities to improve the patient experience summary indicator, including re-evaluating scoring thresholds, incorporating new measures (i.e., plan complaints and appeals), and improving consumer understanding of the star ratings meaning.
   - TEP members recommended prioritizing outcome measures over process measures and aligning the QRS measure set with the administration's goals of higher quality, affordability, and person-centered care.
   - TEP members cautioned against adding opioid-specific or Chronic Obstructive Pulmonary Disease (COPD)-related measures due to limited applicability across the Exchange population, emphasizing the need for measures with broad relevance and sufficient denominator size.
3. **Gathering input on the approach for public reporting of aggregated QIS data, discuss types of information of most value to interested parties:**
   - TEP members were supportive of presenting summaries of aggregate-level QIS data through the Results-at-a-Glance.
   - TEP members shared recommendations for making the document more actionable for issuers and easier to understand for stakeholders who are less familiar with the QIS landscape.
   - TEP members agreed that in addition to health plans and issuers, enrollees and consumers could also benefit from the information. Members recommended sharing the information through channels such as webinars and email distribution lists.

3.2 Electronic Clinical Data Systems (ECDS) Measure Performance Analysis

The Project Team provided an overview of the incorporation of optional ECDS reporting for selected QRS measures. The team discussed alignment with CMS's priority of advancing digital quality measurement, and standardizing the collection and reporting of quality measure data. Additionally, the team reviewed, and requested feedback on, the transition timeline for QRS measures transitioning to ECDS-only reporting: *Colorectal Cancer Screening* (COL-E), *Breast Cancer Screening* (BCS-E), and *Controlling High Blood Pressure* (i.e., *Blood Pressure Control for*

Patients with Hypertension [BPC-E]). The team reviewed results of a comparative analysis of traditional, ECDS-optional, and ECDS-only data reported by QHP issuers for the *Breast Cancer Screening* measure from 2022-2024, noting that the traditionally reported (i.e., BCS) and ECDS-only (i.e., BSC-E) versions of the measure performed similarly across years and reporting methods. In the future, the team indicated its intent to conduct a similar analysis of the *Colorectal Cancer* Screening measure using COL-E measure data collected in 2025.

The TEP provided feedback regarding the timeline for incorporating ECDS measures into scoring:

- Two TEP members raised concerns about the readiness of rural hospitals and clinics to adapt to the ECDS reporting requirements, as these facilities often lack advanced Electronic Health Record (EHR) systems capable of transmitting ECDS data to issuers.
    - One of these TEP members noted that rural populations could be unintentionally excluded from aggregated data used in comparative analyses of traditional and ECDS data.
        - The Project Team clarified that they conducted an explorative analysis of predictors associated with optional ECDS reporting; however, geographic characteristics of reporting units was limited to the state level. The team shared that they plan to perform additional analyses to monitor ECDS reporting and may expand to assess for additional factors that may contribute to the likelihood of reporting.
- Four TEP members commented on the pace of transitioning measures to ECDS-only reporting.
    - Two of these TEP members emphasized the need to work with the measure steward (i.e., the National Committee for Quality Assurance [NCQA]) on a feasible timeline to mitigate significant increases in provider burden and avoid misalignment in measures. One of these TEP members noted that transitioning additional measures to ECDS-only at the current pace is challenging for providers.
    - Three of these TEP members agreed with the team's approach for transitioning the *Controlling High Blood Pressure* measure to ECDS-only (i.e., BPC-E), noting that the timeline does not result in the exclusion of a hypertension control related measure from QRS scoring for any ratings year.
    - One of these members suggested that the team share data in parallel with NCQA to inform measure progress and provide insight on the appropriateness of removing measures from the QRS measure set.
- Two TEP members noted that measures that are not claims-based (e.g., BPC-E) may have larger discrepancies in performance when transitioned to ECDS-only reporting compared to administrative measures (e.g., BCS-E). These TEP members noted potential data interoperability challenges as a result of these differences.
    - The team shared that upcoming performance analyses will examine consistency in performance for measures with hybrid optional reporting (e.g., COL-E) transitioned to ECDS-only reporting to identify potential performance differences between reporting methods for these measures.
    - One of these members agreed with the team's approach to providing percentiles and benchmarks for optionally reported ECDS measures to QHP issuers and Exchange administrators via the annual QRS Proof Sheets.

The Project Team reviewed results of an exploratory analysis of performance between traditional (i.e., BCS) and ECDS (i.e., BCS-E) data for the *Breast Cancer Screening* measure:

- One TEP member noted that the team's findings of minimal performance differences between BCS and BCS-E are consistent with QHP issuer experience. This member further noted that substantial differences in measure performance have been observed between different issuer product types and for integrated delivery systems for measures that are not reliant on claims data.
    - This TEP member suggested the team continue to share results of future performance analyses prior to transitioning additional measures to ECDS-only reporting.

3.3 QRS Environmental Scan

The Project Team provided an overview of the background and purpose of the QRS Environmental Scan, including the five priority areas for targeted identification of measures: patient safety; patient experience; wellness, nutrition, wellbeing, and physical activity; respiratory diagnosis; and condition and topic-specific measures. The team explained that the Environmental Scan utilized evaluation criteria that closely mirror the QRS measure selection criteria, including priority area, measure type, endorsement by the Consensus-Based Entity (CBE), alignment with other federal reporting programs, whether the measure was specified at the health plan level, and whether the measure leverages digital data sources. The Project Team invited the TEP to provide feedback on the measures identified through the Environmental Scan. In particular, the team highlighted existing QRS measures related to each priority area[4], and discussed whether these priority areas were adequately captured by existing QRS measures and/or whether additional measures identified for potential inclusion would be impactful to consumers.

The TEP provided feedback on several patient safety measures identified through the Environmental Scan:

- Two TEP members cautioned against further pursuit of opioid-specific measures *(i.e., Concurrent Use of Opioids and Benzodiazepines (COB), Continuity of Pharmacotherapy for Opioid Use Disorder (OUD))* due to low relevance for the Exchange population and potential administrative burden of reporting.
    - One of these TEP members, a State-based Exchange (SBE) representative, noted that, in their state, only a few QHP issuers have sufficient data to report results for opioid-related measures. This TEP member recommended that, rather than adding more measures, the team should instead prioritize maintaining fewer measures that demonstrate opportunities for year-over-year improvement.
- Two TEP members discussed potential challenges in implementing the *Transitions of Care between the Inpatient and Outpatient Settings including Notifications of Admissions and Discharges, Patient Engagement and Medication Reconciliation Post-Discharge* (*Transitions of Care*) measure.

[4] Priority areas were determined by the Project Team in collaboration with CMS; for the 2025 Environmental Scan, priority areas included: patient safety; patient experience; wellness, nutrition, wellbeing and physical activity; respiratory diagnosis; and condition and topic-specific measures.

  - One of these TEP members highlighted that, as the measure requires entities to establish technical capabilities to manage care transitions, rural hospitals and clinics may experience barriers in reporting data to health plans.
  - Another TEP member noted that the measure is currently collected for the Medicare Advantage Part C & Part D Star Ratings Program, and there is no administrative reporting available. This member additionally noted that, based on the demographics of the Exchange population, the medication reconciliation rate may not be appropriate.

The TEP provided feedback on the measurement of patient experience in the QRS:

- Two TEP members recommended the Project Team explore revising the ratings methodology, noting that most reporting units receive a 4- or 5-star rating for patient experience. These TEP members agreed that revising the scoring or ratings methodology to create more differentiation (e.g., scores cluster around 3-stars, rather than around 4- or 5-stars) would make the ratings more meaningful.
  - One member proposed a long-term effort to reconsider the weighting for measures within the summary indicators and explicit weighting at the summary indicator level to promote the usefulness of star ratings for consumers.
- One TEP member, familiar with Exchange consumer experience, emphasized the importance of considering how consumers interpret the star ratings. This member noted that consumers often assume that star ratings encompass additional aspects of consumer experience with the plan (i.e., prior authorization policies, high-deductible policies).
  - This TEP member agreed that the inclusion of additional Enrollee Experience and Appeals measures, such as *Complaints About the Health Plan, Members Choosing to Leave the Plan, and Reviewing Appeals Decisions* could be helpful in making ratings more informative and actionable for consumers. This member also emphasized that consumer voices should meaningfully impact star ratings and that grassroots perspectives should be considered in the development of the star ratings.
- Three TEP members noted that, in their experience, consumers prioritize factors such as plan affordability, access to care, and benefits above star ratings when choosing health plans.
  - One of these TEP members noted that technologically savvy enrollees or enrollees accustomed to assessing star ratings when purchasing other goods or services may be more likely to reference star ratings when shopping for health insurance coverage.
  - Another of these TEP members agreed that SBEs should consider adopting additional oversight efforts to improve the health insurance landscape within their state for consumers. The member explained that their SBE is considering withholding future QHP certifications for low-performing plans in counties where many plans are already available.

The TEP provided feedback on various wellness, nutrition, physical activity, and wellbeing measures:

- Five TEP members expressed concerns about the adequacy, feasibility, and relevance of existing wellness, nutrition, physical activity, and wellbeing measures for the Exchange population.

    - Three of these TEP members agreed that, while the measures identified align with national priorities, many were designed for Medicare Advantage or inpatient populations and may not be clinically appropriate or feasible for the Exchange population. These TEP members additionally agreed with the need for fewer measures, as well as a focus on outcome measures – noting the lack of existing measure suited for the Exchange population.
        - One of these TEP members referenced a National Academy of Medicine report that urged for this shift over a decade ago, emphasizing that demand still exists.
    - One of these TEP members noted that the Project Team did not reference Universal Foundation measures in seeking input on wellness, nutrition, physical activity, and well-being measures. This TEP member agreed that the *Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents* measure sufficiently addresses wellness in the QRS measure set. This TEP member also noted potential challenges in accuracy of self-reported wellness measures under consideration.
    - Another of these TEP members raised concerns with the *Improving or Maintaining Physical Health* measure, noting that data for the measure is derived from the Health Outcome Survey (HOS) for the Medicare population. A similar survey may not be ideal for the Exchange population given regular churn of the population. The member also expressed concerns about adding the *Global Malnutrition Composite Score*, as it more so measures the need for supplemental nutrition in inpatient settings rather than assessing food security and quality of diet.
    - One other TEP member additionally noted that preventive screening measures currently included in the QRS (i.e., *Breast Cancer Screening*, *Cervical Cancer Screening, Colorectal Cancer Screening*, *Prenatal and Postpartum Care)* similarly address the wellness priority area.
- Three members discussed whether promoting wellness should be a primary responsibility of issuers.
    - One of these members noted that, while issuers can provide incentives for members to engage in wellness activities, it is unlikely that they can promote and monitor wellness for all members. The TEP member noted that many factors contributing to wellness are not within an issuers control or influence, and it may not be appropriate to hold issuers accountable for broader wellness outcomes.
    - One of these TEP members added that the QRS includes several screening measures (e.g., *Depression Screening and Follow-Up*); however, there is limited data to determine how these screenings actually result in enrollee wellness.
    - One of these TEP members stated that wellness should be a part of an issuer's responsibility. The member noted that many plans offer financial incentives to members who participate in wellness activities (e.g., going to the gym, regularly visiting a primary care provider) to help members earn money back from their premiums, benefiting issuers through managed medical loss ratios.
- One TEP member requested clarification on the rationale for CMS' identification of wellness as a priority area, noting that plans generally operate as managed care rather than managed health.
    - The Project Team clarified that wellness was identified as a priority area in alignment with emerging priorities at the Agency level. The team additionally noted

that priority areas for the Environmental Scan are reviewed and updated annually to reflect CMS' broader goals for the QRS.

The TEP provided feedback on two respiratory diagnosis measures: the *Pharmacotherapy Management of Chronic Obstructive Pulmonary Disease (COPD) Exacerbation* and the *Use of Spirometry Testing in the Assessment and Diagnosis of COPD* measure.

- One TEP member requested clarification as to the inclusion of Chronic Obstructive Pulmonary Disease (COPD) measures in the Environmental Scan, noting that although 30-40% of the Exchange population has claims data showing at least one chronic condition (e.g., hypertension, diabetes, asthma), COPD diagnoses are less common.
    - The Project Team clarified that, in their review of Enrollee-Level External Data and Gathering Environment (EDGE) data, respiratory diagnoses were prevalent among the exchange population; however, prevalence related more to acute respiratory conditions. The team affirmed that current QRS measures already address many of these conditions (e.g., *Appropriate Treatment of Upper Respiratory Infection*).
- One member cautioned against the *Use of Spirometry Testing in the Assessment and Diagnosis of COPD* measure, highlighting challenges with data collection and reporting via EHRs for spirometry testing in primary care settings.
    - This member noted that prioritizing a respiratory-specific measure may not yield the most impact. The member emphasized the importance of focusing on primary care, rather than urgent care or the emergency department for addressing minor respiratory illnesses such as coughs, colds, and pneumonia. As an alternative, the member proposed the use of the claims-based *Continuity of Care* measure to most effectively capture how to redirect enrollees away from acute care settings.

The TEP provided feedback on condition and topic-specific measures (e.g., cardiovascular health, chronic conditions):

- One TEP member noted that measures evaluating use of beta blockers (e.g., *Persistence of Beta-Blocker Treatment After a Heart Attack*) may have a smaller denominator and therefore less importance for the Exchange population; while statin use measures (i.e., *Statin Therapy for Patients with Cardiovascular* Disease) may offer more opportunity for impact.
    - This TEP member noted that appropriate use measures (e.g., *Acute Hospital Utilization, Emergency Department Utilization*) may present an opportunity to evaluate avoidable emergency room visits.
        - An additional TEP member agreed; however, this member also recommended that appropriate use measures be appropriately risk adjusted or focused on ambulatory sensitive conditions.
- Four TEP members commented on the importance of considering urgent care, acute hospital utilization, and emergency department use in the Exchange population.
    - One TEP member noted that issuers are actively encouraging members to use urgent care.
        - Another TEP member agreed, emphasizing the importance of health literacy in patient behavior regarding health care setting use, noting the influence of cost information on patient behavior.
    - Two members noted that urgent care providers in rural areas are not always open after-hours or during certain seasonal periods. These accessibility challenges may

increase rural residents' reliance on emergency departments, contributing to higher utilization rates due to lack of access rather than misuse.

The TEP also provided feedback on additional potential measures or measure areas that the Project Team should consider exploring.

- One TEP member emphasized that, when adapting to the priorities of the new administration (e.g., prioritizing wellness), it is important for the QRS to work across agencies to ensure policy and program changes are considered within the broader ecosystem of quality measurement programs.
    - This TEP member reiterated the need for a targeted measure set of outcome-based measures. The member highlighted the importance of maintaining Universal Foundation measures, rather than fragmented measure sets which may increase administrative burden for issuers and clinicians.
- Another TEP member noted that managed care primarily focuses on care efficiency and cost-effectiveness, whereas Medicare Advantage places more emphasis on wellness. The member questioned whether current managed care priorities align with the new administration's priorities surrounding wellness, and, if not, whether this raises an opportunity to rethink measurement approaches.
    - This member also noted that dental and vision coverage are often overlooked and should be prioritized to advance wellness. Furthermore, chronic kidney disease should be given more attention, especially given the proliferation of GLP-1 medications among diabetics, especially in rural areas.

3.4 QIS Results-at-a-Glance

The Project Team provided the TEP with an overview of the annual QIS data collection and evaluation process. In consideration of previous TEP feedback, the team introduced the QIS Results-at-a-Glance report template, which summarizes aggregate level data from QIS issuers such as topic areas, market-based incentive types, activities, and clinical areas. The team solicited TEP feedback on the content, structure, and scope of the draft document to inform the development of the QIS Results-at-a-Glance document that will summarize aggregated QIS data from the Plan Year 2026 QHP Application Period, anticipated for publication in January 2026. Attendees were split into four breakout rooms to facilitate discussion and feedback gathering on the QIS Results-at-a-Glance. Key findings from the breakout room discussions are summarized below.

The TEP provided feedback on the overall utility and clarity of the document, including the layout and design:

- TEP members generally found the QIS Results-at-a-Glance document to be clear and visually engaging. Several TEP members agreed the report is useful for awareness and/or high-level understanding of QIS results.
    - Some TEP members provided suggestions to increase the accessibility and readability of the document (e.g., increasing the font size).
- Several TEP members noted that although the content of the document is informative, it is not necessarily actionable for QHP issuers in planning, implementation, or dissemination of quality improvement strategies.

- TEP members suggested simplifying the layout of the document to adapt to a broader audience, including consumers.
- TEP members provided suggestions to improve the overall clarity of the document:
    - Adding trend analyses to show the evolution of QIS strategies over time,
    - Including definitions or footnotes for QIS-specific terms that may not be intuitive for an outside audience (e.g., "beneficiary needs assessment"),
    - Ensuring consistency in data presentation (e.g., standardizing counts vs. percentages) across charts and texts, and
    - Adding references in each section to the relevant QIS form sections to help issuers in tracing data back to the source.

Issuers are required to submit clinical areas of priority as part of the annual QIS Implementation Forms, Progress Reports, and Modification Summary Supplement forms. For the PY2025, "Preventive/Wellness" was the most commonly addressed QIS clinical area. TEP members were asked to comment on the QIS team's choice to spotlight the Preventive/Wellness subcategories in the QIS Results-at-a-Glance document:

- Several TEP members commented that the breakdown of sub-categories was appreciated, but could be confusing.
    - TEP members suggested adding a footnote or glossary defining "preventive/wellness" for clarity, noting the need for a consistent categorization of "preventive/wellness."
    - One TEP member requested clarification on the types of enrollees who are included in the "preventive/wellness" breakdown (i.e., clinically engaged, healthy, or all enrollees).
    - Another TEP member noted that the subcategories seem very similar and hard to differentiate from the main clinical area. For example, "preventive care screenings" appears to be very similar to the overarching Preventive/Wellness clinical area. This member recommended adding additional description of how the clinical area was broken down.
- One TEP member noted that it is not clear whether the subcategory breakdown of "preventive/wellness" encompasses both the child and adult populations.

The team plans to include a *Clinical Area Spotlight* section in the QIS Results-at-a-Glance document based on interesting analytic findings and/or CMS priority areas. The TEP provided feedback on the utility and value of this section:

- TEP members found the layout of the *Clinical Area Spotlight* to be clear and effectively detailed.
- TEP members supported rotating the focus of the clinical spotlight annually, suggesting that CMS spotlight areas with high submission volume or alignment with Agency priorities. Some TEP members specifically suggested diabetes and cancer screening as future topics.
    - One TEP member noted that issuers may focus on the same clinical priority areas for several years to monitor longitudinal change, which may yield interesting trend analyses to highlight in future years.
    - TEP members appreciated how the spotlight showcases issuers' focus on clinical areas in the implementation of plan activities and collection of measure data.

- One TEP member requested clarification on how issuers choose clinical priority areas for their QIS, noting that issues including mental health and alcoholism are significant issues, however few issuers chose to focus on these issues in their strategies.
    - The Project Team noted that future analyses will explore clinical priority areas further to understand issuers' selections.
- TEP members generally supported highlighting medication adherence in the PY2025 QIS Results-at-a-Glance, emphasizing the impact of medication adherence on overall health.
- TEP members suggested the Team highlight barriers and mitigation strategies reported by issuers to identify and address systemic challenges.
- Some TEP members questioned whether cost was considered as a potential barrier for medication adherence.
- TEP members appreciated the alignment of the clinical area spotlight with QRS measures, and suggested future iterations of the QIS Results-at-a-Glance document call out this alignment more specifically.

The TEP provided input on future cross-sectional analyses to include in QIS Results-at-a-Glance documents in future years:

- TEP members suggested the Project Team consider future cross-sectional analyses stratifying data by state, product type, issuer type, and geography.

The TEP commented on communication channels that may be used to publicize the QIS Results-at-a-Glance document:

- Several TEP members inquired on the intended audience for the document.
    - Several TEP members predicted that the people who would be most inclined to read the document would be health plans and other related organizations.
    - One TEP member highlighted that enrollees and consumers may also be interested in this information to gain a better understanding of what health plans are doing "behind the scenes" to improve member outcomes.
    - Another TEP member noted that it could be beneficial to distribute this to stakeholders who engage with beneficiaries regularly (i.e., enrollee groups, health insurance brokers), noting that this would be useful information to present at a webinar.
- TEP members additionally suggested creating visual summaries or infographics to make the report more digestible for non-technical audiences.
- One TEP member suggested including a disclaimer specifying that no patient-level data will be collected or published.

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 2025 – July 2025:** Publish the Final 2025 Call Letter
- **June 2025 – July 2025:** CMS calculates QRS scores and ratings
- **June 2025 – September 2025:** CMS reviews QIS submissions
- **August 2025 – September 2025:** QRS and QHP Enrollee Survey preview periods
- **September 2025 – October 2025:** Begin planning for Fall 2025 TEP
- **October 2025:** QIS Evaluation results released
- **November 2025:** QRS scores and ratings become public

Appendix A. QRS/QIS TEP MEMBERS

QRS/QIS TEP Attendance – May 2025 Meeting (An asterisk [*] denotes a consumer/patient-caregiver representative; a yen symbol [¥] denotes a new TEP member for 2025)
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*
Shirley Dominguez, AA* ACA Certified Application Counselor *State of Florida*
Tammy Geltmaker, RN, BSN, MHA, CPHQ¥ Health Care Quality Analyst *Florida Blue*
Cassandra (Sandy) Gibson*¥ President and CEO *Karing is Mutual, LLC*
Itisha Jefferson, BS* Patient/Caregiver and Medical Student *Loyola University: Stritch School of Medicine*
Jennifer Jones, MPH Managing Director, Legislative and Regulatory Policy *Blue Cross Blue Shield Association*
Eric Martin, MA¥ Advance Analytics Consultant *Elevance Health*
Erin O'Rourke, BS Executive Director, Clinical Performance and Transformation *AHIP*

QRS/QIS TEP Attendance – May 2025 Meeting (An asterisk [*] denotes a consumer/patient-caregiver representative; a yen symbol [¥] denotes a new TEP member for 2025)
Peter Robertson, MPA¥ Senior Director, Practice Transformation *California Quality Collaborative, Purchaser Business Group on Health*
S. Monica Soni, MD Chief Medical Officer, Chief Deputy Executive Director *Covered California*
Kristin Villas, MPA Senior Health Policy Analyst *Washington Health Benefit Exchange*
Karla Weng, MPH, CPHQ Director, Program Management *Stratis Health*
Catherine (Kate) Wormington, MS, PMP¥ Director, Solutions Management *Veradigm*
Could Not Attend the May 2025 QRS/QIS TEP Meeting
Amy Cleary, MBA, MPH Director of Quality Management *Geisinger Health Plan*
Megan Lahr, MPH Senior Research Fellow *University of Minnesota Rural Health Research Center*

Appendix B. Meeting Attendees

Centers for Medicare & Medicaid Services (CMS) Attendees
Preeti Hans, QIS Government Task Lead, Division of Program and Measurement Support Center for Clinical Standards & Quality (CCSQ) Centers for Medicare & Medicaid Services (CMS)
Elizabeth Malik, Coordinator, Stakeholder Outreach Consumer Information and Insurance Oversight (CCIIO) Centers for Medicare & Medicaid Services (CMS)
Melodee Koehler, QRS Government Task Lead 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)
Mei Zhang, IT Program Manager Center for Clinical Standards & Quality (CCSQ) Centers for Medicare & Medicaid Services (CMS)
Could Not Attend the May 2025 QRS/QIS TEP Meeting
Helen Dollar-Maples, Director, Division of Program and Measurement Support Center for Clinical Standards & Quality (CCSQ) Centers for Medicare & Medicaid Services (CMS)
Kimberly Rawlings, Contracting Officer Representative Centers for Medicare & Medicaid Services (CMS) Center for Clinical Standards & Quality (CCSQ)

QRS/QIS Project Team Attendees
Yasmine Brown-Williams, QIS Workstream Lead
Emma Dreher, Project Manager
Melanie Konstant, Project Director
Nyaradzo Longinaker, QRS Methodology Lead
Christina Marsh, QIS TEP Chair
Gina Finley, Data and Quality Assurance Workstream Lead
Taylor Mitchell, QRS Policy and Outreach Task Lead
Natalia Ramirez, QRS Methodology Analyst
Suzanne Singer, QRS Policy and Outreach Workstream Lead, QRS/QIS TEP Coordinator
Natalie Wong, QIS Workstream Task Lead
Jim Williamson, QRS Methodology Analyst
Could Not Attend the May 2025 QRS/QIS TEP Meeting
Catherine Major, QRS TEP Chair
Katie Mackoul, QRS Policy and Outreach Analyst

Contractor Attendees
Chris Pugliese 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) & Quality Improvement Strategy (QIS) Technical Expert Panel (TEP)

Meeting Agenda: May 21, 2024; 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
15 minutes	**Welcome** • Welcome and overview of Meeting Agenda • Introductions
45 minutes	**Electronic Clinical Data Systems (ECDS) Measure Performance Analysis** • Review results of 2024 analysis of ECDS measure performance • Discussion of potential future analyses
1 hour	**Environmental Scan** • Introduce the 2025 Environmental Scan timeline and process • Review of Environmental Scan results
10 minutes	**BREAK**
45 minutes	**QIS Results-at-a-Glance** • Discussion and development of data-informed strategies for communicating QIS-specific information to the public
5 minutes	**Meeting Wrap-Up**