

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

D4-3
SUBMITTED JUNE 5, 2023

Submitted to:

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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 22, 2023.¹ 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 Statistical Analyses for QRS (D8-24) and associated reports, future Draft Call Letters (D8-7), 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 Blueprint, the Project Team developed a TEP member recruitment plan and solicited nominations 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 18 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 Marketplaces (SBMs). Jeff Sussman (Booz Allen) and Christina Marsh (Booz Allen) served as co-QRS/QIS TEP Chairs for the May 2023 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 teleconference on May 22, 2023. Fifteen of the 18 QRS/QIS TEP members attended the meeting.² 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.^{3,4}

Discussion topics for both the QRS and QIS portions of the meeting included overviews of the QRS program and QIS initiative, a review of the Project Team's measure benchmark analysis and refinements, and a review of

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

² Kristin Villas attended as a CMS-approved delegate representing TEP member Christine Gilbert.

³ 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.

⁴ 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.

consumer and QHP benefits for the QIS disparities initiative, along with potential refinements to further increase consumer impact of the QIS initiative. A copy of the meeting agenda is provided in Appendix C.

During the May 2023 QRS/QIS TEP Meeting, the Project Team continued using several features to increase TEP participation during the meeting. These features included use of poll questions and the chat function 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.

4.0 QRS/QIS

4.1 MEETING OBJECTIVES

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

- Introduce the 2023 QRS/QIS TEP.
- Provide background on the QRS and QIS.
- Solicit TEP feedback on QRS methodology (i.e., scores, ratings, the benchmark ratio approach, and refinements).
- Discuss refinements to QIS process (i.e., QIS forms and submission process and refinements).

4.2 QRS/QIS PROGRAM OVERVIEW

The QRS Project Team provided an overview of the purpose of the QRS/QIS program and activities conducted from the outset of the contract, including, but not limited to:

- Established the QRS framework, measure set, and rating methodology;
- Developed the annual Technical Guidance and established the Call Letter process to communicate QRS requirements and refinements for public comment;
- Produced QRS scores and ratings;
- Developed the QIS framework and QIS evaluation methodology; and
- Developed the annual QIS Issuer List and Technical Guidance and User Guide.

4.3 INTRODUCTIONS

4.3.1 TEP Interests and Previous Experience

The QRS/QIS Project Team and TEP members provided brief introductions that included their name, current role/organization, and a brief description of current or previous experience with quality ratings, quality improvement, and the Exchanges.

Following the introductions, the team sought the TEP's input on interest areas and future meeting topics through a poll question (i.e., methodology and/or feedback on statistical analyses, QRS measures, QIS initiative, health equity

Objective Accomplishments and Key Takeaways

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

- Providing an overview of the QRS and QIS.
 - **Key Takeaway:** TEP members shared their personal experiences with star ratings and purchasing health insurance on an Exchange. They expressed that stand-alone star ratings (e.g., without explanation of meaning) may not provide sufficient information and are too high level to influence consumer decision-making.
- Receiving feedback regarding QRS methodology.
 - **Key Takeaway:** All TEP members that contributed to the discussion supported keeping the existing benchmark ratio approach as is, as opposed to setting a minimum threshold alongside the current benchmark methodology.
 - **Key Takeaway:** TEP members suggested potential future analyses that might lead to refinements in the methodology to confirm the Benchmark Ratio Approach continues to work as intended (e.g., impact of large RU denominators on determining measure benchmarks).
 - **Key Takeaway:** Several TEP members highlighted the importance of considering the impact of race and ethnicity on performance to ensure that data related to equity of health care is captured.
- Receiving feedback regarding refinements to the QIS process.
 - **Key Takeaway:** TEP members view QIS and the QIS forms as high value, both in terms of improving quality and in tracking internal quality initiatives.
 - **Key Takeaway:** TEP members recommended CMS require minimum benchmark improvement targets to encourage QHP issuers to develop meaningful QIS goals.

topics, or general QRS/QIS feedback). The team also sought feedback from TEP members with prior experience participating on the QRS/QIS TEP or similar committees/groups, and asked them to share lessons learned from those experiences (e.g., what worked well or didn't work well).

Fourteen TEP members participated in the multiple-choice poll regarding areas of interest for future QRS/QIS TEP meetings. Poll results included the following:

- Seven members (50 percent) indicated interest in discussing the QRS methodology and/or providing feedback on statistical analyses.
- Seven members (50 percent) indicated interest in discussing the QRS measure set (e.g., measure additions/removals, measure refinements).
- Five members (36 percent) indicated interest in discussing the QIS initiative (e.g., QIS submission process).
- Ten members (71 percent) indicated interest in discussing topics pertaining to health equity.
- Seven members (50 percent) indicated interest in providing general QRS/QIS feedback.

TEP members provided the following insights regarding their previous TEP and/or similar committee/group experiences:

- It can be beneficial when the majority of a meeting is spent listening to the TEP as opposed to the organizing group explaining the content being presented.
 - One TEP member cited polls as a useful engagement tool to solicit feedback/contributions.
- Highlighting the impact of TEP feedback on the QRS and QIS is valuable so that TEP members understand their contribution.
- Pre-read materials that provide added context for specific questions and goals of the meeting are helpful to review prior to the TEP meeting to facilitate engagement.
 - For new TEP members, it is beneficial to have access to resources (e.g., the pre-read deck) that outline key ideas and acronyms related to the QRS and QIS.

4.3.2 QRS/QIS Overview

The Project Team provided an overview of the QRS and QIS. The team outlined the accomplishments of the QRS since its establishment (e.g., established the QRS framework, measure set, and rating methodology; developed the annual Technical Guidance and Call Letter process to communicate QRS requirements and refinements for public comment; produced QRS scores and ratings). The team discussed the background and purpose of the QRS. The Project Team also provided a high-level overview of the QRS measure set, and provided a graphic of the quality ratings displayed on a State-based Exchange (SBE) for reference to facilitate TEP feedback on their previous experience with an Exchange/QHPs on an Exchange. The Project Team sought TEP feedback on the impact that quality ratings had on consumer decision-making when purchasing a health plan on an Exchange.

TEP members discussed the following regarding their experience engaging with an Exchange/QHPs on an Exchange:

- Interpretation of star ratings is subjective, and consumers would benefit from additional insight regarding the meaning of the star ratings. For example, comparative information on the differences in performance or quality of plans. For example, does a 5-star rating indicate that a plan is in the top 10 percent of all health plans?
 - The TEP expressed concern about whether star ratings are reflective of QHP quality based on the geographic location of the consumer (i.e., a consumer in a rural area may have limited access to health care resources compared to a consumer in a major city).
 - In one SBE, only the overall or global star rating is provided, which underscores the lack of specific information given to consumers on the quality relative to the health care needs of individual consumers (e.g., maternal health, chronic conditions).

- On the Federally-facilitated Exchange (FFE) (i.e., HealthCare.gov), only the overall star rating is initially displayed, requiring users to seek out additional plan details to better understand the underlying ratings. This presentation of data is not user friendly.
- The TEP discussed the value of incorporating qualitative information to support consumer understanding of star ratings.
 - Two TEP members expressed concern regarding providing qualitative information alongside star ratings (e.g., consumer reviews). They indicated these qualitative assessments may not provide a representative perspective of experiences, given the potential for response bias to yield only extreme responses.
 - It is difficult to maintain a credible, well-monitored display of consumer feedback.
 - Despite concerns around representative qualitative information, the TEP recommended the Project Team consider inclusion of consumer reviews to provide additional insight on QHP quality and performance to prospective consumers, provided enough consumers were willing to share their experiences.
 - The Project Team noted limitations regarding the feasibility of implementing a process for publishing and maintaining qualitative data.

TEP members provided the following insights on how QHP quality ratings impacted their personal and/or consumers’ decisions to purchase a health plan on an Exchange:

- One consumer representative provided feedback that the star ratings were not a factor in their, or their acquaintances’, decision to purchase a health plan, expressing confusion between the different summary indicator ratings (e.g., a five-star rating for “Medical Care,” but a two-star rating for “Member Experience” for the same plan).
 - Feedback from acquaintances regarding their individual experiences with plans is more valuable compared to relying on the star ratings to inform health plan purchasing decisions.
 - Star ratings for health plan customer service may be useful; however, consumers may find these ratings less helpful than ratings related to provider quality of care.
 - In terms of quality of care, a consumer TEP member noted interest in knowing a doctor’s success rate for a certain procedure. This information is not currently collected by the QRS measures or data.
- The summary nature of the star ratings may imply a lack of substance behind the ratings in terms of consumer value and navigating to specific star ratings is not intuitive.
 - When reviewing star ratings, consumers may not be aware of the factors within a QHP issuer’s control versus other confounding factors.
 - The TEP suggested referring to the “Quality Dividend Calculator” developed by NCQA as an example of tools used to assign value and return on investment for health plans.
- In Oregon, there has not yet been a year during which all QHP issuers in the state received QRS ratings. Furthermore, this year, among state QHPs with star ratings, all have four stars. This lack of comparability across all plans may limit how helpful star ratings are to consumers.
 - The TEP suggested that it could be beneficial to assess the impact of star ratings on consumers’ selection of a health plan.

4.3.3 QRS Methodology

The Project Team outlined the current methodology for calculating QRS scores and ratings with a focus on the benchmark ratio approach and its benefits, including fairness, interpretability of scores, stability across years, and flexibility. The team sought TEP feedback on potential refinements to the measure benchmark approach. The team requested feedback on whether one reporting unit (RU) is sufficient to determine a measure benchmark if it satisfies the benchmark calculation criteria and, if not, what method is appropriate for identifying a sufficient number of RUs. The team also requested TEP members suggest the highest priority areas (e.g., Beneficiary Representativeness, Year-Over-Year Stability, RU Representativeness) when considering refinements for the measure benchmark calculation. Lastly, the team sought feedback on the TEP’s recommendation of whether to

retain the current approach (i.e., changes to the minimum requirements of the benchmark) to define a high-performing and attainable measure benchmark.

The Project Team provided additional background on the QRS methodology in response to TEP member questions:

- The TEP sought clarification regarding what the QRS methodology defines as the “top 10 percent” of performers, and requested further discussion of what constitutes an eligible population for a given QHP.
 - The Project Team clarified that the “top 10 percent” describes two dimensions used to define the benchmarks: 1) performance and 2) the portion of eligible population represented in the benchmark. When referencing the “top 10 percent,” this alludes to the best performing RUs in a given measure, representing at least 10 percent of the total eligible population. (The total eligible population is the sum of all eligible populations across RUs within a measure, as long as the rate is valid and non-missing.)
 - In some instances a single top-performing RU can independently represent the “top 10 percent” of the eligible enrollee population nationwide and singularly define the benchmark for the measure.
 - An eligible population is defined by the measure itself and refers to the RU members that satisfy all criteria for a given measure, as outlined in the *Quality Rating System Measure Technical Specifications*.⁵
 - The Project Team clarified that the benchmark ratio methodology is applied to each measure, independently, to calculate each measure’s benchmark. The eligible population is defined by the specifications for each measure independently.
 - The Project Team noted that data-driven measure benchmarks are used in lieu of predefined, clinically-derived measure benchmarks.

TEP members provided insights on the highest priority areas when considering refinements to the measure benchmark calculation:

- The TEP suggested consideration of SES/SDS and geographic variation in eligible populations are important factors in calculation of measure benchmarks, given that members’ socio-economic and demographic status (SES/SDS) (e.g., race and ethnicity) is an important factor to consider in terms of its impact on measure performance benchmarks.
- The Project Team noted that it is currently collecting race and ethnicity data for select QRS measures for the first time in 2023, and anticipates continued expansion of this data collection pending public comment provided via the Call Letter process.
 - The team plans to continue exploring further dimensions of the eligible populations (i.e., understanding the characteristics of the RUs currently encompassing the benchmarks) included in measure benchmarks, but clarified that it does not have access to beneficiary-level data, limiting the extent of these analyses.
- The TEP sought additional clarification of the scope of the Project Team’s analysis regarding the implementation of minimum thresholds for calculating high-performance measure benchmarks.
 - TEP members discussed whether thresholds beyond 2.5 percent and 5 percent were studied, given that increasing a proposed minimum threshold would promote diversity in the eligible population defining a measure benchmark.
 - The Project Team clarified that analysis of the impact of minimum thresholds for calculating measure benchmarks was based on preliminary analysis of what might constitute very many or very few RUs defining a measure benchmark. The team will consider additional benchmark thresholds for a future analysis of the benchmark ratio approach.

⁵ The 2024 *Quality Rating System Measure Technical Specifications* are available at: <https://www.cms.gov/files/document/2024-qrs-measure-technical-specifications.pdf>.

- The Project Team noted having larger minimum requirements (e.g., a minimum of 10 percent of scoring-eligible RUs satisfying denominator criteria) potentially dilutes the benchmarks on some measures, resulting in lower performance thresholds.

TEP members provided feedback on the current approach to define a high-performing measure benchmark:

- The TEP requested additional information regarding the impact of RU size and geographic location on its likelihood of entirely encompassing a measure benchmark.
 - The Project Team clarified that all RUs have the potential to define a high-performing measure benchmark, and that the scoring methodology does not account for any distinction between rural versus urban RUs.
- Of the four TEP members that commented on retention of the current benchmark approach, all four members supported retaining the existing benchmark approach, but similarly underscored the importance of conducting additional analyses to evaluate the current approach against alternatives to confirm the methodology is working as intended moving forward.
 - One TEP member highlighted the value of additional study regarding representation of reporting units with extremely large denominator sizes in the benchmarks (e.g., reporting units with the ability to oversample for hybrid measures due to advanced interoperability) to assess whether there are certain types of reporting units with an advantage on certain measures.
 - Two TEP members suggested an analysis to compare the existing benchmark approach to an alternative, percentile-based approach that issuers can use to drive internal quality improvement efforts and set performance targets.
 - Two TEP members suggested that the Project Team evaluate the impact of including regional considerations in its calculations of measure benchmarks

4.3.4 QIS: Opportunities for Refinement

The Project Team provided a high-level overview of the goals (i.e., improve the quality and value of care delivered to Exchange enrollees), principles, and market-based incentives (i.e., increased reimbursement, provision of provider resources, and enrollee financial incentives) provided by the QIS initiative. The team specifically sought feedback on the TEP's opinion on the purpose and benefits of the QIS initiative (e.g., to consumers, health plans), the TEP's personal experience with the QIS processes, additional sources that the team could use to inform refinements to the QIS initiative, suggested improvements to the QIS forms, and methods to improve the stakeholder and consumer impact of the QIS initiative.

TEP members provided insight on the purpose and benefit of the QIS to consumers, health plans, and other stakeholders:

- QHP issuers can use the QIS as a mechanism to develop concrete plans for how they can improve the quality of care they deliver within their health plans when these plans are underperforming compared to the national benchmarks.
 - The QIS forms have become a useful tool for QHP issuers to report on quality metrics that are critical to providing quality health care coverage to consumers.
- The continuation of QIS requirements indicates that QHP issuers are prioritizing improving the quality of care delivered by their health plans.
 - QIS activities also support QHP issuers with tracking the internal process improvements that are being conducted at their organization to drive health care quality.
- The TEP recommended further consideration of public reporting opportunities related to QIS.
 - If QIS submissions were made public, stakeholders would have an opportunity to use the data provided within the QIS forms for research purposes and to inform policy-making decisions, especially related to successful strategies for addressing health equity.

- The Project Team clarified that the Patient Protection and Affordable Care Act (PPACA) does not allow for the public reporting of QIS data; however, internal discussions about opportunities to provide high-level information to the public are ongoing.
 - The TEP recommended that the team solicit feedback from interested parties participating in the QIS before publishing any QIS form data, including high-level information (e.g., trends). The TEP suggested the team could gather additional feedback regarding interested parties' understanding of the QIS and their recommendations for how the initiative could be improved.

TEP members reflected on their personal experience(s) with the QIS forms and the QIS submission process:

- All three TEP members who commented on their personal experience with the QIS processes stated that the QIS forms are generally straightforward. These TEP members offered the following feedback on completing and submitting the QIS forms during the annual QHP Application Period:
 - One TEP member shared that the publication timing of the QIS forms and of the Quality Improvement Strategy: Technical Guidance and User Guide (QIS Guidance) may pose challenges for QHP issuers in states that mandate earlier submission deadlines than the FFE does.
 - One TEP member reported the need for more clarity on the difference between the goals, measures, and performance targets a QHP issuer must describe within its QIS form.
 - The Project Team clarified that QHP issuers can include up to two QIS goals within their strategy, and that each goal must include at least one, but no more than two, measures.
 - Two TEP members indicated concerns with certain steps required to complete the QIS forms and recommended further refinements to the usability of the QIS forms, including highlighting the radio buttons within the forms to facilitate the increased completeness rates of the appropriate fields within the forms upon initial submission.

TEP members discussed additional sources of refinements to consider for the QIS:

- The TEP recommended providing examples of the types of market-based incentives QHP issuers can incorporate within their quality improvement strategies to address the requirement to reduce health and health care disparities.
- The TEP also recommended increased coordination with NCQA regarding how QHP issuers can address health disparities, including collaboration with the NCQA team supporting the CMS Office of Minority Health (OMH).
 - The Project Team clarified that it works closely with NCQA on implementation of QIS and the QRS program but acknowledged opportunities for exploring NCQA's work with OMH (e.g., the Toolkit to Improve Care for Minority Populations) could be advantageous.

TEP members suggested refinements/improvements to the QIS to increase the stakeholder and enrollee impact of the initiative:

- Require QHP issuers to set a performance target (e.g., 4 or 5 percentage points higher than current rate) for measure performance to ensure that QHP issuers are intentional with improvement efforts.
- Establish a minimum benchmark performance target to encourage QHP issuers to develop meaningful QIS goals.
 - Some QHP issuers have attempted to select a low performance target within their QIS that does not correspond with high performance based on national NCQA performance standards.
 - For example, a TEP member noted observing situations where QHP issuers wish to select 60 percent as their performance target rate for the *Cervical Cancer Screening* measure, which corresponds to below the 25th percentile for national NCQA performance for that measure.

4.4 NEXT STEPS

The QRS/QIS Project Team provided a high-level overview of the next steps for the QRS/QIS in the coming months:

- Publish the Final 2023 Call Letter for the QRS and QHP Enrollee Experience Survey.
- Receive validated QRS data for 2023 scoring and calculate QRS scores and ratings.
- Prepare for QIS data collection and analysis for the 2024 Plan Year (PY2024) QHP Application Period.
- Communicate upcoming QIS requirements and timelines to QHP issuers and other stakeholders.
- Manage QIS submissions for the first and second review rounds of the PY2024 QHP Application Period.
- Prepare the Office of Management and Budget Paperwork Reduction Act package for the QIS forms.

APPENDIX A. QRS/QIS TEP MEMBERS

QRS/QIS TEP Attendance – May 2023 Meeting
(an asterisk [*] denotes a consumer/patient-caregiver representative)

John Allen, MAT

Quality Improvement Director
CareSource

Katie Button, MA

Plan Management and Policy Analyst
Oregon Health Insurance Marketplace

Kaylee Capparelli, MHA

Manager, Quality Improvement
Centene Corporation

Amy Cleary, M.B.A., MHP

Director of Quality Management
Geisinger Health Plan

Shirley Dominguez, AA*

Navigator Program Coordination
Epilepsy Alliance Florida

Eric Glasnapp, BS

Health Care Quality Analyst
Florida Blue

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

Chinwe Nwosu, MS

Director of Quality Operations and Oversight, Individual and Family
UnitedHealthcare

Erin O'Rourke, BS

Executive Director, Clinical Performance and Transformation
AHIP

Eleni Theodoropoulos, M.B.A., CPHIMS

VP, Quality, Research, and Measurement
URAC

Danny van Leeuwen, RN, MPH

Patient/Caregiver and Registered
Nurse *Health Hats*

QRS/QIS TEP Attendance – May 2023 Meeting
(an asterisk [*] denotes a consumer/patient-caregiver representative)

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

Ted von Glahn, MSPH*
Consultant, Measurement and Reporting
Independent Consultant

Kristin Villas, MPA⁶
Senior Policy Analyst
Washington Health Benefit Exchange

Could Not Attend the QRS/QIS TEP May 2023 Meeting

Christine Gilbert, JD, MPH⁶
Policy Director
Washington Health Benefit Exchange

Linda Brenner, M.A.
Director, Quality Measurement and Performance
Point32Health

⁶ Kristin Villas attended on behalf of 2023 QRS/QIS TEP member, Christine Gilbert, who was unable to attend the spring 2023 TEP Meeting. CMS approved Ms. Villas attending in the place of Ms. Gilbert during the Weekly CMS/BAH QRS and QIS Meeting on April 6, 2023.

APPENDIX B. MEETING ATTENDEES

Centers for Medicare & Medicaid Services (CMS) Attendees⁷

Helen Dollar-Maples, Director, Division of Program and Measurement Support

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

Mei Zhang, Data Scientist, Division of Program and Measurement Support

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

Kimberly Rawlings, Contracting Officer's Representative, Division of Program and Measurement Support

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

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

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

Nidhi Singh Shah, Deputy Director, Division of Program and Measurement Support

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

⁷ Jacqueline Kim and Logan Sheets, CCIIO contractors from IMPAQ, attended the TEP Meeting at the request of Rebecca Zimmerman of CMS.

QRS/QIS Project Team Attendees

Christina Marsh, QIS TEP Chair, Program Director

Jeff Sussman, QRS TEP Chair

Melanie Konstant, Project Manager

Emma Dreher, QRS/QIS TEP Coordinator, Stakeholder Coordination and QRS Policy Workstream Lead

Taylor Mitchell, Stakeholder Coordination and QRS Policy Workstream Lead

Natasha Fletcher, QIS Workstream Lead

Gina Matthews, Data and Quality Assurance Workstream Lead

Karina Alvarez, QRS Methodology Workstream Lead

Riad Elmor, QRS Methodology Lead Analyst

Yasmine Brown-Williams, QIS Workstream Lead

Georgia Brown, QRS Policy Analyst

Taylor McIlquham, QRS Data and Quality Assurance Analyst

Jim Williamson, QRS Methodology Analyst

Contractor Attendees

Heleana Lally

American Institutes for Research (AIR)

Zoe Sousane

American Institutes for Research (AIR)

Cindy Van

American Institutes for Research (AIR)

Melissa Altschiller

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 22, 2023; 12:00 pm – 3:00 pm Eastern Time

TIME	TOPIC
30 MINUTES	WELCOME AND INTRODUCTIONS <ul style="list-style-type: none"> • Welcome and overview of Meeting Agenda • TEP Member Introductions
20 MINUTES	QRS/QIS PROGRAM OVERVIEW AND TEP OBJECTIVES <ul style="list-style-type: none"> • History of QRS/QIS and impact of prior TEP feedback • Discussion of TEP best practices • Overview of TEP responsibilities and vote to approve QRS/QIS TEP Charter
5 MINUTES	BREAK
55 MINUTES	QRS METHODOLOGY AND REFINEMENTS <ul style="list-style-type: none"> • Overview and discussion of QRS methodology related to scores and ratings • Discussion of potential opportunities for refinement
10 MINUTES	BREAK
55 MINUTES	QIS INITIATIVE AND REFINEMENTS <ul style="list-style-type: none"> • Overview of the current QIS forms and submission process • Discussion of potential refinements for QIS
5 MINUTES	MEETING WRAP-UP