

Health Insurance Exchange

Final 2023 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)

Finalized QRS and QHP Enrollee Survey Program Refinements

June 2023

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1.0 Purpose of the 2023 QRS and QHP Enrollee Survey Call Letter

The Centers for Medicare & Medicaid Services (CMS) appreciates all the individuals and organizations who submitted comments on the *Draft 2023 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey* (referred to hereafter as the Draft 2023 Call Letter) during the public comment period, held February 21, 2023 through March 22, 2023.

This document, the *Final 2023 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)* (referred to hereafter as the Final 2023 Call Letter), serves to communicate CMS’ finalized refinements to the QRS and QHP Enrollee Survey programs. This document summarizes comments received on the Draft 2023 Call Letter during the public comment period within each relevant section. No changes are being made at this time to CMS regulations; instead, the refinements apply to QRS and QHP Enrollee Survey program operations, to the QRS measure set, and removal of items from the QHP Enrollee Survey questionnaire.

This document does not include all potential refinements to the QHP Enrollee Survey program (e.g., other types of survey revisions will be addressed through the information collection request process per Paperwork Reduction Act [PRA] requirements, as appropriate). CMS intends to publish the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2024* (2024 QRS and QHP Enrollee Survey Technical Guidance) in the fall of 2023, reflecting the applicable finalized changes announced in this document.

For questions regarding QRS and QHP Enrollee Survey program refinements communicated in this document, please contact the CMS Marketplace Service Desk (MSD) at CMS_FEPS@cms.hhs.gov. Please include “MQI-QRS” in the subject line of your email.

1.1 Key Terms

Exhibit 1 provides descriptions of key terms used throughout this document.

Exhibit 1. Key Terms for the Call Letter

Term	Description
Measurement Year	<p>The measurement year refers to the year reflected in the data submission. All measure data are retrospective. The exact period of time represented by a measure is dependent on the technical specifications of the measure.</p> <ul style="list-style-type: none"> ▪ QRS clinical measure data submitted for the 2023 ratings year (the 2023 QRS) generally represent calendar year 2022 data as the measurement year. Some measures require more than one year of continuous enrollment for data collection so the measurement year for those measures will include years prior to 2022. ▪ For QRS survey measure data in the 2023 QRS, the QHP Enrollee Survey is fielded based on enrollees who are currently enrolled as of January 6, 2023, but the survey requests that enrollees report on their experience “In the last 6 months.”

Term	Description
Ratings Year	<p>The ratings year refers to the year the data are collected (including fielding of the QHP Enrollee Survey), validated, and submitted, and ratings are calculated. For example, “2023 QRS” refers to the 2023 ratings year.</p> <ul style="list-style-type: none"> As part of the 2023 plan year certification process, which occurred during the spring and summer of 2022, QHP issuers attested that they will adhere to 2023 quality reporting requirements, which include requirements to report data for the 2023 QRS and QHP Enrollee Survey. Requirements for the 2023 QRS, and details as to the data collection, validation, and submission processes, are documented in the 2023 QRS and QHP Enrollee Survey Technical Guidance, which was published in October 2022. Ratings calculated for the 2023 QRS are displayed for QHPs offered during the 2024 plan year, in time for open enrollment, to assist consumers in selecting QHPs.

1.2 Timeline for Call Letter Publication

The anticipated annual cycle for the QRS Call Letter follows a four-to-six-month (approximately February/March through May/June) timeline as shown in Exhibit 2, followed by the publication of the annual QRS and QHP Enrollee Survey Technical Guidance in September/October.

Exhibit 2. Annual Cycle for Soliciting Public Comment via the QRS Call Letter Process

Anticipated Timeframe	Description
February	Publication of Draft Call Letter: CMS proposes changes to the QRS and QHP Enrollee Survey programs and provides interested parties with the opportunity to submit feedback via a 30-day public comment period.
March	Publication of QRS Measure Technical Specifications: CMS provides measure specifications for all potential measures in the QRS measure set (i.e., any measures proposed for addition and removal in the Draft Call Letter).
March–April	Analysis of Public Comment: CMS reviews the interested party feedback received during the 30-day public comment period and finalizes changes to the QRS and QHP Enrollee Survey programs.
June	Publication of Final QRS and QHP Enrollee Survey Call Letter: CMS communicates final changes to the QRS and QHP Enrollee Survey program operations and addresses the themes of the public comments.
September/October	<p>Publication of QRS and QHP Enrollee Survey Technical Guidance: CMS provides technical guidance regarding the QRS and QHP Enrollee Survey and specifies requirements for QHP issuers offering coverage through the Health Insurance Exchanges (Exchanges).</p> <p>Publication of Updated QRS Measure Technical Specifications: CMS publishes an updated version of the QRS Measure Technical Specifications, as needed, that indicates final decisions regarding changes to the measures and/or measure rates (i.e., any measures finalized for addition or removal in the Final Call Letter).¹</p>

The 2024 *Quality Rating System (QRS) Measure Technical Specifications*, published in March 2023, includes the specifications for measures and/or measure rates proposed for addition and

¹ CMS anticipates releasing an updated version of the QRS Measure Technical Specifications to provide guidance on the measure specifications and guidelines for years when refinements to QRS measures and/or measure rates are addressed via the QRS and QHP Enrollee Survey Call Letter process and finalized via the Final Call Letter.

removal in the Draft 2023 Call Letter.² This Final 2023 Call Letter includes finalized changes proposed to the QRS measure set for 2024. In the fall of 2023, CMS intends to publish the 2024 QRS and QHP Enrollee Survey Technical Guidance, reflecting applicable finalized changes announced in the Final 2023 Call Letter.

2.0 CMS' Strategic Priorities and Initiatives in Upcoming Years

CMS sought feedback on a “Universal Foundation” of quality measures, which is a core set of measures that are aligned across our quality reporting and value-based purchasing programs where applicable, with respect to applicability for the QRS and the QHP Enrollee Survey. All commenters generally supported CMS' efforts to streamline and standardize measures across the agency's quality reporting programs, including the QRS and QHP Enrollee Survey. After consideration of the feedback on the “Universal Foundation” of quality measures as applied to the QRS and QHP Enrollee Survey, and the individual measures proposed for inclusion in the QRS measures set beginning with the 2024 ratings year, CMS will begin gradually aligning the QRS measure set with the “Universal Foundation” core set of measures, as appropriate.

As stated in the Draft 2023 Call Letter, several measures in the Preliminary Adult and Pediatric “Universal Foundation” measures are already included in the QRS measure set or were proposed for inclusion in the QRS measure set beginning in 2024, at the earliest. In support of aligning with the “Universal Foundation,” CMS is finalizing certain measures proposed for inclusion in the QRS measure set via the Draft 2023 Call Letter in the QRS measure set beginning with the 2024 ratings year, as detailed in this Final 2023 Call Letter.

Several commenters suggested refinements and recommendations for measure testing prior to inclusion of additional measures in the QRS. As with all QRS measures, any measure considered for addition to the QRS is evaluated against measure selection criteria, including performance, reliability and validity, feasibility, and alignment with other CMS quality reporting programs. Additionally, CMS will collect an initial year of data for measures before using those data in its calculation of QRS scores and ratings.

Other commenters suggested refinements related to concerns around data availability for Electronic Clinical Data System (ECDS)-only reporting for “Universal Foundation” measures, and provided recommendations for other measures for potential inclusion across the Adult and Pediatric “Universal Foundation” measures. CMS acknowledges commenters' concerns regarding ECDS-only reporting, specifically related to the barriers associated with implementation and reporting. CMS is continuing to explore the feasibility of mandatory ECDS reporting for select measures included in the QRS and in the Adult and Pediatric “Universal Foundation” measures. CMS plans to continue its review of measures included in the initial “Universal Foundation” measures in consideration of these factors and anticipates soliciting public comment on refinements and revisions to the “Universal Foundation” measures with respect to applicability for the QRS and QHP Enrollee Survey in a future Draft Call Letter.

² Please see the 2024 QRS Measure Technical Specifications available on the CMS Marketplace Quality Initiatives website: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/ACA-MQI-Landing-Page>.

3.0 QRS and QHP Enrollee Survey Revisions for the 2023 Ratings Year

CMS did not propose revisions to the QRS and QHP Enrollee Survey for the 2023 ratings year in the Draft 2023 Call Letter.³

4.0 QRS and QHP Enrollee Survey Revisions for the 2024 Ratings Year

CMS proposed a series of refinements to the QRS and QHP Enrollee Survey that would apply beginning with the 2024 ratings year. These refinements include:

- Removal of the *Annual Dental Visit*, *Flu Vaccinations for Adults Ages 18-64*, and *Appropriate Testing for Pharyngitis* measures from the QRS measure set;
- Addition of the *Oral Evaluation*, *Dental Services (OED)*, *Adult Immunization Status (AIS-E)*, *Social Need Screening and Intervention (SNS-E)*, and *Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)* measures;
- Transition of the *Hemoglobin A1c (HbA1c) Control for Patient with Diabetes: HbA1c control (<8.0%)* measure to the *Hemoglobin A1c (HbA1c) Control for Patient with Diabetes: HbA1c poor control (>9.0%)* measure;
- Expansion of the ECDS reporting method; and
- Expansion of stratification of race and ethnicity data to help advance health equity.

4.1 Proposed Removal of Select Measures

CMS proposed removal of the *Annual Dental Visit*, *Flu Vaccinations for Adults Ages 18-64*, and *Appropriate Testing for Pharyngitis* measures from the QRS measure set beginning with the 2024 ratings year.

Commenters generally supported the proposed removal of these measures beginning with the 2024 ratings year. CMS is finalizing these changes as proposed beginning with the 2024 ratings year.

4.1.1 Removing the Annual Dental Visit Measure

CMS proposed the removal of the *Annual Dental Visit* measure from the QRS measure set in alignment with the measure steward's (i.e., National Committee for Quality Assurance [NCQA]) retirement of the measure. NCQA is retiring this measure beginning with the 2023 Healthcare Effectiveness Data and Information Set (HEDIS^{®4}) measurement year because the measure focuses more on access to dental care, rather than quality of dental care.

CMS appreciates commenters' feedback on the proposed removal of the *Annual Dental Visit* measure. All commenters supported the removal of the measure, as proposed. After consideration of comments, CMS is finalizing the removal of the *Annual Dental Visit* measure and will align with the measure steward's timeline for the retirement of this measure in its

³ See the *QRS and QHP Enrollee Survey Technical Guidance for 2023* for further details on the final QRS and QHP Enrollee Survey requirements for the 2023 ratings year available at the CMS Marketplace Quality Initiatives (MQI) website: <https://www.cms.gov/files/document/2023-qrs-qhp-enrollee-survey-technical-guidance.pdf>.

⁴ HEDIS[®] is a registered trademark of the National Committee for Quality Assurance (NCQA).

removal from the QRS measure set. CMS will continue to use the *Annual Dental Visit* measure for scoring in the 2023 ratings year. CMS will no longer collect data related to or score the *Annual Dental Visit* measure beginning with the 2024 ratings year, as proposed.

4.1.2 Removing the Flu Vaccinations for Adults Ages 18-64 Measure

CMS proposed the removal of the *Flu Vaccinations for Adults Ages 18-64* measure from the QRS measure set in alignment with the measure steward's (i.e., NCQA) retirement of the measure. NCQA is retiring the *Flu Vaccinations for Adults Ages 18-64* measure reported using the Consumer Assessment of Healthcare Providers and Systems (CAHPS[®]) health plan survey method to streamline reporting of immunization measures through electronic data.

CMS appreciates commenters' feedback on the proposed removal of the *Flu Vaccinations for Adults Ages 18-64* measure. Most commenters supported the proposed removal of the measure. Some commenters noted concerns related to the proposed replacement measure, *Adult Immunization Status*, due to vaccine hesitancy and the combined rates used for that measure. CMS addresses these concerns in its discussion of the addition of the *Adult Immunization Status* in Section 4.2.2. CMS believes that removal of the *Flu Vaccinations for Adults Ages 18-64* measure will support alignment with the measure steward, and CMS' effort to reduce the length of the QHP Enrollee Survey.

After consideration of comments, CMS is finalizing the removal of the *Flu Vaccinations for Adults Ages 18-64* measure and will align with the measure steward's timeline for the retirement of this measure in its removal from the QRS measure set. CMS will continue to use the *Flu Vaccinations for Adults Ages 18-64* measure for scoring in the 2023 ratings year. CMS will no longer collect or score the *Flu Vaccinations for Adults Ages 18-64* measure beginning with the 2024 ratings year, as proposed.

4.1.3 Removing the Appropriate Testing for Pharyngitis Measure

CMS proposed the removal of the *Appropriate Testing for Pharyngitis* measure from the QRS measure set. CMS proposed removal of the measure due to redundancy with other measures in the QRS measure set that capture antibiotic stewardship (i.e., *Appropriate Treatment for Upper Respiratory Infection* and *Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis*) and because the measure does not address a high priority condition for the Exchange population.

CMS appreciates commenters' feedback on the proposed removal of the *Appropriate Testing for Pharyngitis* measure. All commenters supported the proposed removal of the *Appropriate Testing for Pharyngitis* measure beginning with the 2024 ratings year. After consideration of comments, CMS is finalizing the removal of the *Appropriate Testing for Pharyngitis* measure from the QRS measure set, as proposed. CMS will continue to use the *Appropriate Testing for Pharyngitis* measure for scoring in the 2023 ratings year. CMS will no longer collect or score the *Appropriate Testing for Pharyngitis* measure beginning with the 2024 ratings year, as proposed.

4.2 Proposed Addition of Select Measures

CMS proposed the addition of four measures beginning with the 2024 QRS measure set: *Oral Evaluation, Dental Services (OED)*; *Adult Immunization Status (AIS-E)*; *Social Need Screening*

and Intervention (SNS-E); and *Depression Screening and Follow-Up for Adolescents and Adults* (DSF-E).

Commenters generally supported the proposed addition of these measures to the QRS measure set as proposed or with refinements. CMS is finalizing the OED and AIS-E measure additions to the QRS beginning with the 2024 ratings year. CMS is proposing the SNS-E and DSF-E measures for proposal in the 2024 Draft Call Letter to solicit additional feedback.

Several commenters noted concerns with data collection and reporting for the proposed ECDS measures. CMS acknowledges commenters' concerns with the barriers for health plan issuers related to infrastructure development and access to resources needed to successfully report structured clinical data in alignment with ECDS reporting standards (e.g., interoperability challenges, Electronic Health Record [EHR] data sharing limitations, lack of availability of EHRs). For ECDS measures finalized for inclusion in the QRS measure set, CMS intends to follow the typical approach of collecting data for measures for at least one year prior to including the measures in scoring. For example, measures added to the QRS measure set in the 2024 ratings year will not be included in scoring until the 2025 ratings year, at the earliest.

In recognition of commenter feedback, CMS intends to monitor reported rates in the first year of data collection for the ECDS measures finalized for inclusion in the QRS measure set beginning with the 2024 ratings year to assess changes in measure performance (e.g., differences in measure rates, benchmarks, and scores for existing QRS measures that transition to ECDS-only) and ability to report. Based on these findings, CMS may propose delaying scoring in next year's Draft Call Letter to provide additional time for issuers to adjust to the new reporting method before including the measures in ratings calculations and scoring.

4.2.1 Adding the Oral Evaluation, Dental Services (OED) Measure

CMS proposed the addition of the *Oral Evaluation, Dental Services* (OED) measure to the QRS measure set beginning with the 2024 ratings year. This measure was adapted by the measure steward (i.e., NCQA) for HEDIS[®] with the permission of the Dental Quality Alliance (DQA) and the American Dental Association (ADA). The OED measure was developed to replace the *Annual Dental Visit* measure, given its retirement by the measure steward beginning with the 2023 HEDIS[®] measurement year.

CMS appreciates commenters' feedback on the proposed addition of the OED measure to the QRS measure set. Though several commenters supported the proposed addition of the OED measure for the 2024 ratings year, some commenters provided feedback related to concerns with the expanded age range of the measure, limited provider types addressed in the measure specifications, and/or data collection concerns about health plans that do not offer dental plans. CMS acknowledges the concerns as they relate to the measure specifications' inclusion of certain age ranges and exclusion of dental services provided by certain dental providers (e.g., public health dental hygienists or primary care providers). CMS has also made note of specific feedback regarding reporting limitations for health plans that do not offer dental plans.

Given the general support offered by commenters and the importance of assessing dental health quality, CMS is finalizing the addition of the OED measure to the QRS measure set beginning with the 2024 ratings year, and will include the measure in scoring beginning with the 2025

ratings year, at the earliest. CMS intends to coordinate with the measure steward on the feedback from interested parties regarding the measure specifications and monitor reporting in the initial year of data collection (e.g., reported rates by age range). As appropriate, CMS may propose delaying scoring in next year's Draft Call Letter to provide additional time for issuers to gain experience with the measure before including it in scoring.

4.2.2 Adding the Adult Immunization Status (AIS-E) Measure

CMS proposed the addition of the *Adult Immunization Status* (AIS-E) measure to the QRS measure set beginning with the 2024 ratings year. NCQA (i.e., the measure steward) is retiring the *Flu Vaccinations for Adults Ages 18-64* measure beginning with the 2023 HEDIS[®] measurement year and capturing flu vaccination information for this population via the AIS-E measure.

CMS appreciates commenters' feedback on the proposed addition of the AIS-E measure. Most commenters supported the addition of the measure either as proposed or with some refinement to the implementation timeline (i.e., delayed inclusion in scoring for an additional year) or reporting method (i.e., allowing optional ECDS reporting). In an effort to advance CMS' goals of digitizing measures and modernizing data collection and reporting, CMS is continuing to explore the incorporation of measures with mandatory ECDS reporting in the QRS measure set. The proposals to add the AIS-E measure to the QRS measure set is part of the agency's effort to focus on digital quality measurement.

Several commenters noted concerns around the potential impact of vaccine hesitancy. CMS acknowledges that vaccine hesitancy, along with regional and cultural disparities in vaccination rates, is important to consider in the implementation of a vaccination-related measure. CMS is committed to improving health outcomes and reducing disparities in health, and the inclusion of the AIS-E measure supports CMS' health equity priorities.⁵

After consideration of comments and to address CMS' Meaningful Measures 2.0 priority area of wellness and prevention, align with the Adult "Universal Foundation" measure set, and limit gaps in the QRS measure set given the finalized removal of the *Flu Vaccination for Adults Ages 18-64* measure beginning with the 2024 ratings year, CMS is finalizing the proposed addition of the AIS-E measure beginning with the 2024 ratings year. CMS has confirmed with the measure steward that QHP issuers can use administrative data (i.e., claims data) to identify the eligible population and numerator for this measure, and access to EHR or other supplemental data is not essential for reporting.

CMS will collect data for the AIS-E measure beginning with the 2024 ratings year and will include the measure in scoring beginning with the 2025 ratings year, at the earliest. CMS will monitor reporting in the initial year of data collection and may propose delaying scoring in next year's Draft Call Letter to provide additional time for issuers to gain experience with the measure before including it in scoring.

⁵ See the CMS Framework for Health Equity 2022-2023, available at: <https://www.cms.gov/files/document/cms-framework-health-equity.pdf>

4.2.3 Adding the Social Need Screening and Intervention (SNS-E) Measure

CMS proposed the addition of the *Social Need Screening and Intervention* (SNS-E) measure to the QRS measure set beginning with the 2024 ratings year to address CMS' Meaningful Measure 2.0 priority area of advancing health equity, to support alignment with CMS' Framework for Health Equity, and to align with recent updates to the quality improvement strategy (QIS).

CMS appreciates commenters' feedback on the proposed addition of the SNS-E measure beginning with the 2024 ratings year. Most commenters supported the addition of the measure as proposed or with refinements. Several commenters expressed concerns regarding the method for assessing interventions, including the lack of a follow-up tool to assess whether enrollee needs are met post-intervention. CMS believes that the measure appropriately captures and measures assessment and engagement to address the needs of the Exchange population, given the measure captures members screened for unmet social needs and referral for intervention for positively screened members.

Commenters also recommended that CMS evaluate the suitability of other complimentary measures for the QRS, such as the *Screen Positive Rate for Social Drivers of Health* measure.⁶ CMS agrees with the importance of pairing social needs assessment with appropriate interventions and will continue to identify potential refinements to the measure and/or additional measures that could be added to the QRS measure set to better capture data on outcomes related to social need screening and intervention (e.g., whether needs are met post-intervention). However, until a measure is available to evaluate outcomes post-interventions, CMS believes the SNS-E measure is an important and appropriate measure for inclusion in the QRS to promote advancing health equity.⁷

Finally, CMS acknowledges the concerns about data availability related to ECDS-only reporting for this measure and the challenges related to obtaining structure clinical data required for this measure and is working to balance the importance of including measures to address advancement of health equity in the QRS alongside these concerns.

After consideration of comments, CMS is not finalizing the proposed addition of the SNS-E measure at this time. However, CMS continues to believe this measure addresses the advancing health equity priority area of the CMS Meaningful Measures 2.0 and supports QRS alignment with CMS' Framework for Health Equity. CMS therefore intends to propose the addition of the SNS-E measure in the Draft 2024 Call Letter beginning with the 2025 ratings year.

⁶ For more information, see the fiscal year (FY) 2023 Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System (LTCH PPS) Final Rule: <https://www.federalregister.gov/documents/2022/08/10/2022-16472/medicare-program-hospital-inpatient-prospective-payment-systems-for-acute-care-hospitals-and-the>; and the measure specifications for the *Screen Positive to Social Drivers of Health* Measure, available via the Hospital Inpatient Quality Reporting Program: https://qualitynet.cms.gov/files/639a2e32fb845c00175c7ca1?filename=FY_2023_ScrnSocDrvrS_Scrn_PosSpecs.pdf

⁷ See supra note 5.

4.2.4 Adding the Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) Measure

CMS proposed the *Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)* measure for inclusion in the QRS measure set beginning with the 2024 ratings year to support alignment with other CMS quality reporting programs, address the Meaningful Measures 2.0 priority area of behavioral health, and promote alignment with the Adult “Universal Foundation” measure set.

CMS appreciates commenters’ feedback on the proposed addition of the DSF-E measure. Though several commenters supported the proposed addition of the measure, most commenters noted concerns with data availability around ECDS-only reporting and the feasibility of including the measure in scoring, given the proposed timeline for inclusion in QRS. CMS acknowledges concerns about data availability related to ECDS-only reporting and the feasibility of data collection for this measure based on available data sources, and is working to balance the importance of including behavioral health measures in the QRS alongside concerns around including the measure in scoring.

After consideration of comments, CMS is not finalizing the proposed addition of the DSF-E measure at this time. However, CMS continues to believe this measure addresses QRS interested party feedback regarding the use of measures that focus on early identification and treatment of mental health conditions and supports alignment with other CMS quality reporting programs and CMS’ Meaningful Measures 2.0. CMS therefore intends to propose the addition of the DSF-E measure in the Draft 2024 Call Letter beginning with the 2025 ratings year.

4.3 Proposed Transition of the Hemoglobin A1c (HbA1c) Control for Patient with Diabetes: HbA1c control (<8.0%) Measure to the Hemoglobin A1c (HbA1c) Control for Patient with Diabetes: HbA1c poor control (>9.0%) Measure

CMS proposed transitioning from the *HbA1c Control for Patient with Diabetes: HbA1c control (<8.0%)* measure to the *HbA1c Control for Patient with Diabetes: HbA1c poor control (>9.0%)* measure beginning with the 2024 ratings year to align with other CMS quality reporting programs, the proposed Adult “Universal Foundation” measure set, and interested party feedback.

CMS appreciates commenters’ feedback on the proposed transition of the *HbA1c Control for Patient with Diabetes: HbA1c control (<8.0%)* measure to the *HbA1c Control for Patient with Diabetes: HbA1c poor control (>9.0%)* measure. All commenters supported the transition of the measure either as proposed or with refinements, with most supporting the transition as proposed. Several commenters supported the transition of the measure with the recommendation to coordinate with states to further align across programs, including state-specific quality improvement and transformation programs, and to delay stratified reporting.

While CMS acknowledges the importance of coordinating with states, the *HbA1c Control for Patients with Diabetes: HbA1c poor control (>9.0%)* measure is widely used across CMS quality reporting programs (e.g., Medicare Part C & D Star Ratings, Medicaid Adult Core Set) and is included in the “Universal Foundation” measure set. CMS will continue to seek feedback

from state Exchange administrators via the Call Letter process and the Technical Expert Panel (TEP). Additionally, while CMS acknowledges the concern related to collecting stratified race and ethnicity data and its proposed timeline for implementing these specification changes, CMS continues to prioritize its goals of advancing health equity and expanding the collection of race and ethnicity stratified data.

After consideration of comments, CMS is finalizing the transition to the *HbA1c Control for Patient with Diabetes: HbA1c poor control (>9.0%)* beginning with the 2024 ratings year. For the 2024 ratings year, CMS will collect data for the *HbA1c Control for Patients with Diabetes: HbA1c poor control (>9.0%)*, with scoring beginning in the 2025 ratings year at the earliest. Additionally, for the 2024 ratings year, CMS will not collect or score the *HbA1c Control for Patient with Diabetes: HbA1c Control (<8.0%)*. CMS will monitor reporting in the initial year of data collection and may propose delaying scoring in next year's Draft Call Letter to provide additional time for issuers to gain experience with the measure before including it in scoring.

As discussed further, below, CMS is also finalizing the requirement that QHP issuers submit validated race and ethnicity data for this new measure as proposed. Therefore, beginning with the 2024 ratings year, QHP issuers will be required to submit validated race and ethnicity data for the *HbA1c Control for Patient with Diabetes: HbA1c poor control (>9.0%)* measure. QHP issuers may report the stratification using their own directly collected enrollee data for race and ethnicity as outlined in the HEDIS[®] measure specifications. Additionally, QHP issuers may supplement directly collected data with indirect race and ethnicity data (i.e., assigned or imputed from secondary data sources, such as assignment by surname analysis and geocoding). QHP issuers are not required to use a specific method for imputation when reporting stratified race and ethnicity data using indirect data sources and will not be required to use direct data sources until the 2025 ratings year, at the earliest. CMS would propose shifting to required use of direct data sources for reporting of this information in a future Draft Call Letter to provide issuers notice and time to prepare for the change in alignment with the measure steward's timeline.

4.4 Expanding Electronic Clinical Data System Reporting

CMS proposed the introduction of optional ECDS reporting to the *Cervical Cancer Screening* measure beginning with the 2024 ratings year.⁸ CMS also proposed transitioning the *Breast Cancer Screening* measure to ECDS-only reporting beginning with the 2024 ratings year.⁹

4.4.1 Transitioning the Breast Cancer Screening Measure to ECDS-only Reporting

CMS proposed transition of the *Breast Cancer Screening* measure to the *Breast Cancer Screening (BCS-E)* measure beginning with the 2024 ratings year in alignment with NCQA's retirement of the measure reported via the Administrative Method and transition to the BCS-E measure that is reported via the ECDS method only. CMS also collected interested party

⁸ Resources to support ECDS reporting can be found on NCQA's ECDS webpage, in particular under the Resources and Publications section: <https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/>.

⁹ CMS is also finalizing the inclusion of one measure subject to ECDS-only reporting (the *Adult Immunization Status (AIS-E)* measure) in this Final 2023 Call Letter for the 2024 ratings year. See Section 4.2.2 for additional information on this measure.

feedback on whether to include this measure in scoring for the 2024 ratings year or to remove the measure from scoring for one year, so the BCS-E measure would not be included in scoring until the 2025 ratings year, at the earliest.

CMS appreciates commenters' feedback on the transition of the *Breast Cancer Screening* measure to ECDS-only reporting and feedback related to the scoring timeline for the measure (e.g., removal of the BCS-E) measure from scoring for the 2024 ratings year, if finalized). Most commenters supported the transition as proposed or with refinements. Some commenters expressed concerns regarding the timeline for implementation of ECDS-only reporting, and the impact of this timeline on data collection. CMS acknowledges commenter feedback that transitioning the measure to ECDS-only would require changes that could lead to increased data missingness. CMS has confirmed with the measure steward (i.e., NCQA) that ECDS reporting for the *Breast Cancer Screening* measure allows QHP issuers to use data source categories beyond EHR data, including administrative data. Therefore, issuers can continue to report this measure using administrative data (i.e., claims), even with the transition to ECDS-only reporting for the *Breast Cancer Screening* measure.

After consideration of comments, CMS is finalizing the transition of the *Breast Cancer Screening* measure to ECDS-only reporting as proposed beginning with the 2024 ratings year, but will not include the measure in scoring until the 2025 ratings year at the earliest. CMS recognizes the need for the evaluation of other measure results to confirm that transitioning to an ECDS-only reporting method will not create any inequities for issuers in reporting methods or scoring, and will monitor reporting in the initial year of data collection. CMS may propose delaying scoring in next year's Draft Call Letter to provide additional time for issuers to gain experience with the ECDS-only reporting for the measure before including it in scoring.

4.4.2 Adding Optional ECDS Reporting for Additional Measures

CMS proposed to expand optional ECDS reporting for the *Cervical Cancer Screening* measure alongside the Hybrid and Administrative Methods to align with the measure steward's (i.e., NCQA) timeline for incorporating ECDS.¹⁰

CMS appreciates commenters' feedback on the expansion of optional ECDS reporting for the *Cervical Cancer Screening* measure. Most commenters supported incorporating optional ECDS reporting for this measure as proposed or with refinements. Some commenters noted concerns with the data collecting and reporting using the ECDS measures. CMS acknowledges commenters' concerns regarding the implementation of optional ECDS reporting, including interoperability barriers and data availability. CMS also acknowledges concerns regarding data reporting standardization, and intends to continue to monitor for adoption of the ECDS reporting method, missingness, and other data collection difficulties for this and other measures with optional or mandatory ECDS reporting included in the QRS.

After consideration of comments, CMS is finalizing the incorporation of optional ECDS reporting for the *Cervical Cancer Screening* measure beginning with the 2024 ratings year, and will continue to review recommendations to address the barriers to adopting ECDS reporting in

¹⁰ See *supra* note 33.

the QRS. CMS will continue to include the *Cervical Cancer Screening* measure in scoring for the 2023 ratings year, and will score optionally reported ECDS measure data beginning with the 2024 ratings year, along with non-ECDS reported measure data.

4.5 Additional Collection of Stratified Race and Ethnicity Data to Advance Health Equity

Beginning with the 2023 measurement year (i.e., 2024 ratings year), CMS proposed to expand required collection and reporting of stratified race and ethnicity data for the following five measures: *Breast Cancer Screening*, *Immunizations for Adolescents*, *Well-Child Visits in the First 30 Months of Life*, *Initiation and Engagement of Substance Use Disorder Treatment*, and *Asthma Medication Ratio* to continue CMS' commitment to advancing health equity and exploration of ways to analyze health equity and disparities among the Exchange population through the reporting of stratified measure data.

CMS appreciates commenters' feedback on the proposed expansion of the collection and reporting of stratified race and ethnicity data. Most commenters supported the implementation of required collection and reporting of stratified race and ethnicity data as proposed or with refinements. Some commenters noted potential limitations, such as small sample sizes for stratified rates and long-term usability of the data. CMS appreciates commenters' feedback regarding increasing transparency of the data collected and potential limitations, such as the statistical significance of small sample sizes. CMS understands the importance of increasing transparency of data. CMS is exploring ways to analyze health disparities and promote health equity through collection of stratified race and ethnicity data in the initial year(s) of data collection and may expand confidential reporting, public reporting, and/or display in future years. CMS will continue to consider feedback from interested parties related to direct data collection in future years, and engage in coordination with other CMS quality reporting programs to confirm alignment across the QRS and other CMS programs' standards for direct data collection. CMS will continue to follow a phased-in approach for implementing stratifications to race and ethnicity measure data that QHP issuers are required to submit as part of the QRS.

Beginning with the 2023 measurement year, QHP issuers will be allowed to report the stratification using their own directly collected member data for race and ethnicity as outlined in the HEDIS[®] measure specifications.¹¹ Additionally, QHP issuers will be able to supplement directly collected data with indirect race and ethnicity data (i.e., assigned or imputed from secondary data sources, such as assignment by surname analysis and geocoding). QHP issuers will not be required to use a specific method for imputation when reporting stratified race and ethnicity data using indirect data sources and will not be required to use direct data sources until the 2024 measurement year, at the earliest. CMS would propose shifting to required use of direct data sources for reporting of this information in a future Draft Call Letter to provide issuers notice and time to prepare for the change in alignment with the measure steward's timeline.

At this time, CMS will not display stratified race and ethnicity data during the 2024 ratings year. Instead, CMS will use the data for internal analyses to examine and better understand the quality

¹¹ See the *2024 Quality Rating System (QRS) Measure Technical Specifications* available at: <https://www.cms.gov/files/document/2024-qrs-measure-technical-specifications.pdf>.

of care of the Exchange population across different demographics. At this time, CMS will not use the additional data or any analysis results to pursue changes to program policies until CMS confirms the response rate is adequate to support any analytical conclusions. CMS may also consider confidentially providing this information to QHP issuers (e.g., via QRS Proof Sheets) and would encourage issuers to adopt similar safeguards when analyzing these new data.

5.0 QRS and QHP Enrollee Survey Revisions for Future Years

CMS solicited comments on potential modifications to the QRS and QHP Enrollee Survey for future years (e.g., the 2024 ratings year and beyond). CMS noted topics under consideration and evaluation for potential revisions in future years included but were not limited to:

- Potential refinements to the Benchmark Ratio approach scoring methodology,¹²
- Changes to the QRS measure set, and
- Revisions to the QHP Enrollee Survey Questionnaire.

5.1 Determining a Minimum Number of Reporting Units Required to Establish a Measure Benchmark

CMS appreciates commenters' feedback on further exploration of determining a minimum threshold of reporting units to define a measure benchmark and on what analyses, approaches, and factors should be considered to refine the measure benchmark composition. CMS will continue to review potential approaches and factors for consideration regarding the implementation of a minimum benchmark requirement and will consider interested party feedback as a part of this ongoing review.

CMS will collect supplemental feedback from the Technical Expert Panel (TEP),¹³ a group of individuals with specific expertise and experience relevant to the continued implementation of the QRS and QIS, regarding the minimum benchmark requirement. CMS acknowledges the importance of considering more than one or two reporting units to ensure the accuracy of the benchmarks. CMS anticipates soliciting further public comment based on the outcome of ongoing analyses, and will propose any refinements to the Benchmark Ratio Approach in the QRS in a future Draft Call Letter.

5.2 Adding the Enrollment by Product Line Measure

CMS proposed inclusion of the *Enrollment by Product Line* measure in the QRS measure set beginning with the 2025 ratings year to align with the measure steward (i.e., NCQA) requiring all Medicaid, Commercial, and Medicare product line submissions to include data for this measure in their HEDIS[®] submission file through the Interactive Data Submission System (IDSS).

¹² For more information regarding the Benchmark Ratio approach, see the *Quality Rating System and Qualified Health Plan Enrollee Survey Technical Guidance for 2023*, available at: <https://www.cms.gov/files/document/2023-qrs-qhp-enrollee-survey-technical-guidance.pdf>.

¹³ For updates regarding the TEP, see the Measures Management System (MMS) Hub: <https://mmshub.cms.gov/get-involved/technical-expert-panel/overview>

CMS appreciates commenters' feedback on CMS' proposal to add the *Enrollment by Product Line* measure to the QRS measure set beginning with the 2025 ratings year.

Most commenters supported the addition of the *Enrollment by Product Line* measure to the QRS measure set beginning with the 2025 ratings year, as proposed. Some commenters expressed interest in learning more about the rationale behind including the *Enrollment by Product Line* measure as a separate measure and whether it may provide unique information or cause administrative burden.

After consideration of comments, CMS is finalizing the inclusion of the *Enrollment by Product Line* measure beginning in the 2025 ratings year. CMS is collecting these data separately from other measures to support measure validation and other processes; however these data will not be used in scoring. Enrollment data collected through this measure can be used to help verify the validity of measure data by providing additional information to auditors. Further details to guide reporting of this new measure in the 2025 ratings year will be included in the *2025 Quality Rating System (QRS) Measure Technical Specifications*.

5.3 Revising the QHP Enrollee Survey Questionnaire

CMS invited public comment on potential revisions to the QHP Enrollee Survey Questionnaire, as well as feedback on exploring the proposed addition of questions to the survey regarding sexual orientation and gender identity (SOGI).

CMS appreciates commenters' feedback on potential revisions to the QHP Enrollee Survey Questionnaire. Commenters provided recommendations for removing questions that they assert do not provide actionable information for QHP issuers to reduce the length of the survey and burden to respondents. In alignment with the removal of the *Flu Vaccinations for Adults Ages 18-64* measure as noted above, CMS is finalizing the removal of the Flu Vaccination question (i.e., *Flu Vaccinations for Adults Ages 18-64* measure) beginning with the 2024 ratings year. CMS also anticipates proposing to remove items from the QHP Enrollee Survey in future years.

Commenters generally supported CMS' proposal to explore adding questions to the QHP Enrollee Survey related to SOGI. Commenters supported CMS' efforts to advance health equity by collecting SOGI data; however, commenters also emphasized the importance of aligning with SOGI data collection standards, accounting for enrollees' ability to refuse answering the questions, determining the validity of any associated results to SOGI, and considering other means for collecting SOGI data outside the survey.

CMS will consider the feedback regarding the specific QHP Enrollee Survey questions commenters recommended removing for future survey administration years, as well as the comments on potential addition of questions related to SOGI. CMS will continue to seek feedback through multiple venues, including consulting with the QHP Enrollee Survey TEP, future Draft Call Letters, and conducting focus groups with QHP issuers and enrollees. CMS will comply with the PRA, as applicable, in implementing any such changes to the QHP Enrollee Survey, currently authorized under Office of Management and Budget (OMB) number 0938-1221.

6.0 Acknowledgement of Additional Feedback

CMS appreciates commenters for providing their additional feedback on the QRS and QHP Enrollee Survey, and acknowledges the concerns regarding measure steward licensing, continuous enrollment criteria, and engagement related to risk adjustment. CMS will continue to monitor changes and fluctuation in the relevant enrollee populations, and will communicate and solicit feedback regarding any proposed changes via future Draft Call Letters. CMS also appreciates commenters' suggestions of additional measures for potential inclusion in the QRS measure set. Additional measures for the QRS will be considered for proposal via future Draft Call Letters, and will generally be prioritized based on their applicability to the Exchange population.

CMS will continue efforts to engage interested parties via public comment on future Draft Call Letters to solicit feedback related to the QRS and changes to the quality measures included in its measure set.

Appendix A. Revised 2024 QRS Hierarchy

The QRS measures are organized into a hierarchical structure that serves as a foundation of the QRS rating methodology (the QRS hierarchy). The measures are grouped into summary indicator hierarchical components to form a single global rating.

Exhibit 3 illustrates the anticipated 2024 QRS hierarchy. Measures denoted with a strikethrough (–) will not be collected for the 2024 ratings year. Measures denoted with an asterisk (*) and in bold font will be collected for the 2024 QRS, but not included in scoring. Measures that require ECDS reporting are indicated by a “-E” in parentheses following the measure name.

Exhibit 3. Revised 2024 QRS Hierarchy

QRS Summary Indicator	Measure Title	CBE ID (* indicates endorsement removed) ¹⁴
Clinical Quality Management	Asthma Medication Ratio	1800
	Antidepressant Medication Management	0105
	Follow-Up After Hospitalization for Mental Illness (7-Day Follow-Up and 30-Day Follow-Up)	0576
	Initiation and Engagement of Substance Use Disorder Treatment	0004
	Controlling High Blood Pressure	0018
	Proportion of Days Covered (RAS Antagonists)	0541
	Proportion of Days Covered (Statins)	0541
	Eye Exam for Patient with Diabetes	0055
	Hemoglobin A1c (HbA1c) Control for Patient with Diabetes: HbA1c control (<8.0%)	0575
	Hemoglobin A1c (HbA1c) Control for Patient With Diabetes: HbA1c poor control (>9.0%)*	0059
	Proportion of Days Covered (Diabetes All Class)	0541
	Kidney Health Evaluation for Patients With Diabetes	N/A ¹⁵
	International Normalized Ratio Monitoring for Individuals on Warfarin	0555
	Annual Monitoring for Persons on Long-term Opioid Therapy	3541
	Plan All-Cause Readmissions	1768 [¥]
	Breast Cancer Screening (BCS-E)*	2372
	Cervical Cancer Screening	0032
	Colorectal Cancer Screening	0034
	Prenatal and Postpartum Care (Postpartum Care)	1517 [¥]
	Prenatal and Postpartum Care (Timeliness of Prenatal Care)	1517 [¥]
	Chlamydia Screening in Women	0033
	Flu Vaccinations for Adults Ages 18-64	0039 [¥]
	Medical Assistance with Smoking and Tobacco Use Cessation	0027 [¥]
Annual Dental Visit	1388 [¥]	

¹⁴ For additional information on the Consensus Based Entity (CBE), refer to the Partnership for Quality Measurement (PQM) website: <https://p4qm.org/measures>.

¹⁵ The measure steward, NCQA, anticipates seeking CBE endorsement for the *Kidney Health Evaluation for Patients with Diabetes* measure at a later date.

QRS Summary Indicator	Measure Title	CBE ID (* indicates endorsement removed) ¹⁴
	Adult Immunization Status (AIS-E)*	3620
	Oral Evaluation, Dental Services*	2517
	Childhood Immunization Status (Combination 10)	0038
	Immunizations for Adolescents (Combination 2)	1407
	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents	0024
	Well-Child Visits in the First 30 Months of Life	1392
	Child and Adolescent Well-Care Visits	N/A
Enrollee Experience	Access to Care	0006
	Care Coordination	0006
	Rating of All Health Care	0006
	Rating of Personal Doctor	0006
	Rating of Specialist	0006
Plan Efficiency, Affordability, & Management	Appropriate Testing for Pharyngitis	0002*
	Appropriate Treatment for Upper Respiratory Infection	0069
	Avoidance of Antibiotic Treatment for Acute Bronchitis/ Bronchiolitis	0058
	Use of Imaging Studies for Low Back Pain	0052 *
	Access to Information	0007 *
	Plan Administration	0006
	Rating of Health Plan	0006