Health Insurance Exchange

Final 2021 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

May 2021

Contents

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1.0 Purpose of the 2021 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 2021 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey* (referred to hereafter as the Draft 2021 Call Letter) during the public comment period, held February 9, 2021 through March 10, 2021.

This document, the *Final 2021 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)* (referred to hereafter as the Final 2021 Call Letter), serves to communicate CMS' finalized refinements to the QRS and QHP Enrollee Survey programs. This document summarizes comments received on the Draft 2021 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 2022* (2022 QRS and QHP Enrollee Survey Technical Guidance) in the fall of 2021, reflecting the applicable finalized changes announced in this document.

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	The term *measurement year* refers to the year reflected in the data submission. All measure data are retrospective. The exact period of time represented by each measure is dependent on the technical specifications of the measure. ▪ QRS clinical measure data submitted for the 2021 ratings year (the 2021 QRS) generally represent data for enrollees from the previous calendar year(s) (i.e., CY 2020). The calendar year representing data for enrollees is referred to as the measurement year. Some measures require more than one year of continuous enrollment for data collection so the data for those measures for the 2021 QRS may also include years prior to CY 2020. ▪ For QRS survey measure data in the 2021 QRS, the survey is fielded based on enrollees who are enrolled as of January 1, 2021, but the survey requests that enrollees report on their experience "from July through December 2020."
Ratings Year	The term *ratings year* refers to the year the data are collected (including fielding of the QHP Enrollee Survey), validated, and submitted, and QRS ratings are calculated. For example, the "2021 QRS" refers to the 2021 ratings year. ▪ Ratings calculated for the 2021 QRS are displayed for QHPs offered during the 2022 plan year, in time for the individual market open enrollment period, to assist consumers in selecting QHPs offered through Health Insurance Exchanges (Exchanges).

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/August) timeline as shown in Exhibit 2, followed by the publication of the QRS and QHP Enrollee Survey Technical Guidance in August/September.

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

Anticipated Timeframe	Description
February	**Publication of Draft QRS Call Letter:** CMS proposes changes to the QRS and QHP Enrollee Survey programs and provides stakeholders 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 this Call Letter).
March – April	**Analysis of Public Comment:** CMS reviews the stakeholder feedback received during the 30-day public comment period and finalizes changes to the QRS and QHP Enrollee Survey programs.
April/May	**Publication of Final QRS Call Letter:** CMS communicates final changes to the QRS and QHP Enrollee Survey programs and addresses the themes of the public comments.
August/September	**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 Exchanges.

The *2022 QRS Measure Technical Specifications*, published in March 2021, reflected the specifications for measures and/or measure rates proposed for addition and those proposed for removal in the Draft 2021 Call Letter.[1] This Final Call Letter includes finalized changes proposed to the QRS measure set for 2022. In the fall of 2021, CMS intends to publish the 2022 QRS and QHP Enrollee Survey Technical Guidance, reflecting applicable finalized changes announced in the Final 2021 Call Letter.

2.0 QRS Revisions for the 2021 Ratings Year

For the 2021 ratings year, CMS proposed the following modifications to the QRS:

- Explicit weighting for domains in the Clinical Quality Management summary indicator,
- Temporary removal of the *Child and Adolescent Well-Care Visit* measure from 2021 scoring, and
- Temporary QRS methodology changes to mitigate the impact of COVID-19 on the QRS ratings.

Commenters generally supported the refinements for the 2021 ratings year. CMS is finalizing these changes to the QRS as proposed for the 2021 ratings year.

[1] Please see the 2022 QRS Measure Technical Specifications available on the CMS Marketplace Quality Initiative website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/ACA-MQI/ACA-MQI-Landing-Page.

2.1 Explicit Weighting for Domains in the Clinical Quality Management Summary Indicator

Commenters supported the proposed explicit weighting structure for the Clinical Quality Management summary indicator as an interim measure for the 2021 ratings year and supported CMS using the proposed temporary weighting structure for the domains in this summary indicator to increase stability. CMS is finalizing the explicit weighting structure in the Clinical Quality Management summary indicator that assigns an 11.1% weight to the Patient Safety domain to better reflect the amount of underlying data within the domain for the 2021 ratings year.

CMS appreciates stakeholders' comments on the specific measures in the Patient Safety composite, including the potential impact of COVID-19 on QHP issuers' ability to report data for these measures. CMS will monitor and review data collected on the *Plan All-Cause Readmission* (PCR), *International Normalized Ratio Monitoring for Individual on Warfarin* (INR), and *Annual Monitoring for Persons on Long-term Opioid Therapy* (AMO) measures to assess data quality. CMS anticipates including the INR and AMO measures in scoring for the first time for the 2022 ratings year.

Some commenters recommended CMS permanently adopt an explicit weighting scheme to balance the influence of individual measures on the global score or adopt a similar approach to account for proposed changes to the measure set for the 2022 ratings year. CMS finalized the removal of the composite and domain levels of the QRS hierarchy beginning with the 2022 ratings year in the HHS Notice of Benefit and Payment Parameter for 2022 Final Rule.[2] CMS believes that this change to the QRS hierarchy balances the influence of individual measures on the global score and eliminates the need for a permanent explicit weighting scheme to account for measure set changes.

2.2 Temporary Removal of the Child and Adolescent Well-Care Visit Measure from 2021 Scoring

All commenters supported the temporary removal of the *Child and Adolescent Well-Care Visit* measure (formerly the *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* measure) from 2021 QRS scoring. After consideration of comments, CMS is finalizing the temporary removal of this measure from scoring for one year. CMS anticipates reintroducing the measure in QRS scoring in the 2022 ratings year. The temporary removal of this measure from scoring does not change or otherwise impact the 2021 data collection guidelines for this measure.

For measurement year 2020 (i.e., 2021 ratings year), the measure steward, the National Committee for Quality Assurance (NCQA), updated the specifications for the QRS measure *Well-Visits in the Third, Fourth, Fifth, and Sixth Years of Life* to add the rate for the *Adolescent Well-Care Visits* measure and to add members ages 7−11 years old, forming the *Child and*

[2] See the HHS Notice of Benefit and Payment Parameter for 2022 and Pharmacy Benefit Manager Standards Proposed Rule, 85 FR 78642–78643, for more information: https://www.federalregister.gov/documents/2021/05/05/2021-09102/patient-protection-and-affordable-care-act-hhs-notice-of-benefit-and-payment-parameters-for-2022-and

Adolescent Well-Care Visit measure.[3] CMS determined that these specification changes resulted in a significant change to the population covered by the measures and proposed to temporarily remove the *Child and Adolescent Well-Care Visit* measure from scoring for the 2021 ratings year.

Some commenters expressed concern with the measure steward's proposal to remove the hybrid reporting method from the measure and indicated that QHP issuers may experience performance declines due to COVID-19. CMS will continue to monitor the impact of COVID-19 and specification changes on the *Child and Adolescent Well-Care Visit* measure and may propose refinements related to this measure in the Draft 2022 Call Letter. Further, the temporary removal of this measure from scoring for one year ensures the measure specification changes will not impact the 2021 QRS ratings. Additionally, as detailed further below, CMS is finalizing other temporary refinements to mitigate the impact of COVID-19 on the 2021 QRS ratings year.

Commenters also suggested that CMS adjust the explicit weighting structure for the 2021 ratings year to account for the removal of the *Child and Adolescent Well-Care Visit* measure from the Staying Healthy Child composite. However, unlike the removal of measures in the Patient Safety composite, which only contains one measure for the 2021 ratings year, the temporary removal of the *Child and Adolescent Well-Care Visit* measure does not result in a considerable increase in the influence of the remaining measures within the Staying Healthy Child on the global score. Therefore, CMS is not adjusting the explicit weighting structure for the Staying Healthy Child composite. However, CMS does anticipate continuing to explore incorporating measure level weights in future years.

2.3 Temporary QRS Methodology Changes to Mitigate the Impact of COVID-19 on the 2021 QRS Ratings

Commenters generally agreed with CMS' proposed temporary refinements to mitigate the impact of COVID-19 for the 2021 QRS ratings year. CMS is finalizing the temporary incorporation of a policy-based distribution for the overall global rating and three underlying summary indicator categories that mirrors the historic data-driven distribution of QRS ratings (e.g., using averages across the past three ratings years), and a rule for the 2021 ratings year that precludes health plans from decreasing in their overall global rating and summary indicator ratings by more than one star (e.g., if a plan received a four-star overall global rating in ratings year 2019, the lowest overall global rating the plan would receive in ratings year 2021 would be three stars). Commenters expressed support for the use of a three-year average for the policy-based distribution. Therefore, CMS is finalizing the 2021 distribution based on the three-year average using the 2017–2019 ratings in Exhibit 3.

[3] As a result of the measure specification changes, NCQA modified the measure name of the *Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life* to the *Child and Adolescent Well-Care Visit*. See the 2021 QRS Guidance for information related to the modifications to the *Child and Adolescent Well-Care Visit* measure, available at: https://www.cms.gov/files/document/2021-qrs-measure-technical-specifications.pdf.

Exhibit 3. Final 2021 Rating Distribution (2017-2019 average)

Star Rating	Global Rating (Percent of Reporting Units)	Clinical Quality Management Rating (Percent of Reporting Units)	Enrollee Experience Rating (Percent of Reporting Units)	Plan Affordability, Efficiency, & Management Rating (Percent of Reporting Units)
1-star	1%	4%	7%	1%
2-star	16%	14%	19%	10%
3-star	42%	45%	38%	49%
4-star	31%	33%	28%	28%
5-star	10%	4%	8%	12%

CMS will first apply the policy-based distribution and then adjust the ratings for individual reporting units that lost more than one star to limit star rating declines for the overall global rating and summary indicator ratings. Therefore, the actual distribution of 2021 ratings may change.

CMS thanks commenters for the additional suggestions to address the potential impact of COVID-19 on the QRS measure data such as exclusion of certain measures from scoring and implementing approaches that align with the Medicare Part C & D Star Rating program. CMS is working to align the QRS with other federal quality reporting programs as appropriate. While CMS intends to align across programs where possible, each program has unique characteristics, methodologies, and elements that do not allow for the adoption of identical approaches.

CMS will issue further guidance on the display of quality ratings prior to the beginning of the 2022 Open Enrollment period for the individual market.

3.0 QRS and QHP Enrollee Survey Revisions for the 2022 Ratings Year and Beyond

CMS proposed a series of refinements to the QRS and QHP Enrollee Survey that would apply beginning with the 2022 ratings year. These refinements include:

- Potential removal of one measure from the QRS,
- Potential addition of measures to the QRS,
- Potential transition to alternative measures for the QRS, and
- Proposed QRS measure scoring methodology refinements.

3.1 Removing the Comprehensive Diabetes Care: Medical Attention from Nephropathy Measure from the QRS Measure Set

Commenters supported the proposed removal of the *Comprehensive Diabetes Care: Medical Attention from Nephropathy* measure from the QRS measure set. CMS is finalizing removal of the *Comprehensive Diabetes Care: Medical Attention from Nephropathy* measure for the 2022 ratings year and beyond. CMS will continue to collect the *Comprehensive Diabetes Care: Medical Attention from Nephropathy measure* and use it for scoring in the 2021 ratings year.

CMS thanks commenters for suggesting alternative measures for the QRS measure set. CMS will continue to investigate measures to replace the *Comprehensive Diabetes Care: Medical Attention from Nephropathy* measure and may propose that other kidney care-related measures be incorporated into the QRS in a future Call Letter.

Commenters also suggested that CMS adjust the explicit weighting structure to account for the removal of the *Comprehensive Diabetes Care: Medical Attention from Nephropathy* measure from the Diabetes Care composite. However, as mentioned above, CMS finalized the removal of the composite and domain levels of the QRS hierarchy beginning with the 2022 ratings year.[4] CMS believes that the removal of the composite and domain levels from the QRS hierarchy will balance the influence of individual measures on the global score and eliminate the need for explicit weighting approaches to account for measure set changes.

3.2 Adding a COVID-19 Vaccine Measure to the QRS Measure Set

CMS appreciates commenters' feedback on the proposal to adopt a COVID-19 vaccine measure in the QRS measure set beginning with the 2022 ratings year, at the earliest, and their input on the appropriate data sources for a COVID-19 vaccine measure and suggestions regarding the specifications for such measures (e.g., exclusions, measure structure). Most commenters supported the adoption of a COVID-19 vaccination measure in the future, but suggested delaying the incorporation of such measure until the vaccine is widely available. While commenters agreed that issuers play an important role in educating and encouraging their members to get a COVID-19 vaccine, commenters expressed concern with the lack of access to data on member vaccinations, geographic and demographic disparities in access to vaccinations, and the uncertainties regarding frequency, dosages, and duration of the COVID-19 vaccine. After consideration of comments, CMS is not finalizing this proposal and will continue to investigate the appropriate COVID-19 vaccine measure for the QRS program and Exchange population for potential introduction in future years.

3.3 Proposed Transitions of Select Measures

3.3.1 Transitioning from the Childhood Immunization Status (CIS) Measure Combination 3 to the Combination 10 Rate

Commenters supported the transition from the *Childhood Immunization Status (Combination 3)* measure to the *Childhood Immunization Status (Combination 10)* measure for the 2022 ratings year and beyond. CMS is finalizing the transition to the *Childhood Immunization Status (Combination 10)* measure to align with other CMS reporting programs. CMS will begin collecting the *Childhood Immunization Status (Combination 10)* measure for the 2022 ratings year and will include the measure in scoring beginning with the 2023 ratings year, at the earliest.

CMS thanks commenters for their suggestions regarding the timing for transitioning this measure and incorporating it into scoring. CMS will review the measure data after a year of data collection to help ensure the measure is achieving the goals of its intended use.

[4] See supra note 2.

3.3.2 Transitioning from the Follow-up After Hospitalization for Mental Illness (7-Day Follow-up) to the Follow-up After Hospitalization for Mental Illness (7-Day and 30-Day Follow-up)

Generally, most commenters supported the transition from the *Follow-up After Hospitalization for Mental Illness (7-Day Follow-up)* measure to the *Follow-up After Hospitalization for Mental Illness (7-Day and 30-Day Follow-up)* measure to align with other CMS reporting programs. CMS is finalizing the transition to the *Follow-up After Hospitalization for Mental Illness (7-Day and 30-Day Follow-up)* measure for the 2022 ratings year and beyond.

CMS will begin collecting the *Follow-up After Hospitalization for Mental Illness (7-Day and 30-Day Follow-up)* measure for the 2022 ratings year and will include the measure in scoring beginning with the 2023 ratings year, at the earliest.

3.3.3 Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) Measure and Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) Measure

CMS appreciates that there is interest in adopting the *Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)* measure as a replacement for the *Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)* measure to align with other CMS quality reporting programs.

As described in Section 3.1, CMS is finalizing the removal of the *Comprehensive Diabetes Care: Medical Attention from Nephropathy* measure, another diabetes-related care measure, for the 2022 ratings year. To maintain consistent and sufficient reporting of diabetes-related measures, CMS is retaining the *Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)* measure and is not finalizing the transition to the *Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)* measure for the 2022 ratings year. The transition of these measures would have resulted in only two scored, diabetes-related measures for the 2022 ratings year (i.e., *Comprehensive Diabetes Care: Eye Exam (Retinal) Performed* and *Proportion of Days Covered (Diabetes All Class)*).[5] Because chronic disease management is an important aspect of care for the Exchange population and addresses a high-priority policy topic, CMS believes it is important to retain the *Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)* measure and not replace it with the *Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)* measure at this time.

3.4 QRS Measure Scoring Methodology Refinements

Commenters supported CMS' proposed replacement of the current QRS measure scoring methodology (i.e., z-score standardization approach) with the Benchmark Ratio Approach. After consideration of comments and the continued feedback from the QRS Technical Expert Panel (TEP), CMS is finalizing the inclusion of the Benchmark Ratio Approach in the QRS

[5] If these changes were finalized as proposed, there would only be two scored, diabetes-related measures because the *Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)* measure would have been removed and its replacement, the *Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)* measure, would not have been eligible for scoring until the 2023 ratings year, at the earliest.

methodology for the 2022 ratings year and beyond. CMS thanks commenters for their feedback and recognizes that stakeholders have an interest in reviewing the Benchmark Ratio Approach analysis findings to assess the potential impact of this refinement on QRS results. In Appendix B, CMS has provided the measure benchmarks calculated using the Benchmark Ratio Approach, which stakeholders can use to compare against the 2017, 2018, and 2019 QRS measure rates.

For questions related to the Benchmark Ratio Approach, 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.

4.0 QRS and QHP Enrollee Survey Revisions for Future Years

CMS solicited comments on potential modifications to the QHP Enrollee Survey and QRS for future years (e.g., the 2023 ratings year and beyond). Topics for future consideration and evaluation included, but were not limited to:

- Modifying and removing questions from the QHP Enrollee Survey,
- Potential refinements to the QRS cut point methodology,
- Considering a strategy to refine the QRS measure set, and
- Potentially assigning measure level weights.

Commenters generally supported the potential modifications to the QRS and QHP Enrollee Survey for future years (i.e., beginning with the 2023 QRS at the earliest). CMS thanks commenters for their important feedback on these potential refinements and will use the comments submitted to inform the development of proposals for the 2023 ratings year and beyond. CMS anticipates including these types of proposed refinements in future Draft Call Letters, through the rulemaking process or through the information collection request process per the PRA requirements (as appropriate).

CMS thanks commenters who provided additional feedback on the QRS program. CMS appreciates the feedback and recommendation to consider race and ethnicity stratification of select Healthcare Effectiveness Data and Information Set (HEDIS®) measures. CMS is committed to advancing health equity and addressing health and health care disparities. As part of this objective, CMS is exploring the stratification of measures by sociodemographic factors including race and ethnicity. CMS will continue to investigate ways to advance health equity in the QRS and seek feedback from the QRS TEP and through public comment.

4.1 Modifying and Removing Questions from the QHP Enrollee Survey Questionnaire

Commenters overwhelmingly supported CMS' proposal to remove questions from the QHP Enrollee Survey that do not provide actionable information for QHP issuers and reduce the length of the survey. However, commenters also emphasized the importance of measuring the topics included in the survey. CMS will consider the feedback regarding the specific QHP Enrollee Survey questions commenters recommended removing and retaining for potential refinements for future survey administration years. CMS may also consider other factors when identifying potential changes to the QHP Enrollee Survey questionnaire, including whether the

question captures data not otherwise collected and whether questions are used in the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan surveys. CMS will comply with the PRA, as applicable, in implementing any survey item changes. When proposing refinements to the questions included in the QRS survey measures, CMS will provide additional information, including the anticipated impact to the QRS.

4.2 Potential Refinements to the QRS Cut Point Methodology

Commenters supported CMS' proposal to investigate alternative cut point methodologies to further improve the stability of the QRS and mitigate the impact of underlying data changes. Commenters also expressed interest in reviewing the proposed methodologies and findings from CMS analyses that demonstrate the impact of proposed methodologies on the QRS program. CMS will consider a number of factors when determining which approach to use when refining the QRS clustering and cut point methodologies, including input from the QRS TEP, public comments, testing results, and alignment with other CMS quality reporting programs. When CMS proposes alternative approaches in a future Draft Call Letter for stakeholder comment, CMS will consider publishing findings from the testing of proposed cut point methodologies.

4.3 Strategy for Refining the QRS Measure Set

CMS thanks commenters who provided feedback on CMS' strategy for refining the QRS measure set. CMS appreciates stakeholder feedback on the proposed adoption of digital quality measures, addition of outcome measures, and introduction of patient reported outcome measures. CMS will continue efforts to align the Exchange quality programs with the Meaningful Measures 2.0 Initiative and other CMS quality reporting programs, and will continue to consider potential refinements for the QRS measure set in future years to streamline quality measures, reduce reporting burden, and foster operational efficiencies.

Commenters also suggested specific measures for potential inclusion in the QRS measure set. Specifically, commenters recommended CMS adopt measures related to opioid use and management, depression screenings, contraceptive care, and weight management. CMS thanks commenters for these suggestions and will consider these suggestions in developing the overall strategy for refining the QRS measure set. CMS may propose to add measures to the QRS measure set in a future Draft Call Letter.

4.4 Measure Level Weights

Commenters overwhelmingly supported CMS' proposal to incorporate measure level weights to eliminate the implicit weighting nature of the QRS hierarchy. Based on this feedback, CMS will begin conducting the analyses needed to propose a specific weighting structure in the future. CMS may propose a specific weighting structure in future Draft Call Letters or through the rulemaking process for public comment, as appropriate.

Commenters also expressed support for the potential removal of one or more levels of the QRS hierarchy (e.g., the composite and/or domain levels). CMS sought comments on the removal of one or more levels of the QRS hierarchy (e.g., the composite level and/or domain level) in the HHS Notice of Benefit and Payment Parameters for 2022 Proposed Rule and finalized the

removal of the composite and domain levels in the Final Rule.[6] Therefore, beginning with the 2022 ratings year, CMS will calculate scores and ratings at the summary indicator and global level only. Appendix A includes the 2022 QRS hierarchy with these changes implemented.

CMS believes that with the removal of the composite and domain levels of the QRS hierarchy beginning with the 2022 ratings year, there will be opportunity to incorporate measure level weights because there will be fewer levels of aggregation to dilute the impact of measure level weights.

[6] See supra note 2.

Appendix A. Revised 2022 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 hierarchical components to form a single global rating. In the HHS Notice of Benefit and Payment Parameters for 2022 Final Rule, CMS finalized the removal of the composite and domain levels of the QRS hierarchy.[7]

Exhibit 4 illustrates the 2022 QRS hierarchy. Measures denoted with a caret (^) will no longer be collected beginning with the 2022 ratings year. Measures denoted with an asterisk (*) will be collected for the 2022 QRS, but not included in scoring. Components denoted with a strikethrough (–) will no longer be included in the QRS hierarchy.

Exhibit 4. Revised 2022 QRS Hierarchy

QRS Summary Indicator	~~QRS Domain~~	~~QRS Composite~~	Measure Title	National Quality Forum (NQF) ID
Clinical Quality Management (Weight 2/3)	~~Clinical Effectiveness~~	~~Asthma Care~~	Asthma Medication Ratio	1800
		~~Behavioral Health~~	Antidepressant Medication Management	0105
			Follow-Up After Hospitalization for Mental Illness (7-Day Follow-Up)^	0576
			Follow-Up After Hospitalization for Mental Illness (7-Day Follow-Up and 30- Day Follow-Up)*	0576
			Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	0004
		~~Cardiovascular Care~~	Controlling High Blood Pressure	0018
			Proportion of Days Covered (RAS Antagonists)	0541
			Proportion of Days Covered (Statins)	0541
		~~Diabetes Care~~	Comprehensive Diabetes Care: Eye Exam (Retinal) Performed	0055
			Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%)	0575
			Comprehensive Diabetes Care: Medical Attention for Nephropathy^	0062
			Proportion of Days Covered (Diabetes All Class)	0541
	~~Patient Safety~~	~~Patient Safety~~	Annual Monitoring for Persons on Long-term Opioid Therapy	3541
			Plan All-Cause Readmissions	1768
			INR Monitoring for Individuals on Warfarin (INR)	0555
	~~Prevention~~	~~Checking for Cancer~~	Breast Cancer Screening	2372
			Cervical Cancer Screening	0032
			Colorectal Cancer Screening	0034
		~~Maternal Health~~	Prenatal and Postpartum Care (Postpartum Care)	1517
			Prenatal and Postpartum Care (Timeliness of Prenatal Care)	1517
		~~Staying Healthy Adult~~	Chlamydia Screening in Women	0033
			Flu Vaccinations for Adults Ages 18-84	0039
			Medical Assistance With Smoking and Tobacco Use Cessation	0027

[7] See supra note 2.

QRS Summary Indicator	~~QRS Domain~~	~~QRS Composite~~	Measure Title	National Quality Forum (NQF) ID
		~~Staying Healthy Child~~	Annual Dental Visit	1388
			Childhood Immunization Status (Combination 3)^	0038
			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 (6 or More Visits)	1392
			Child and Adolescent Well-Care Visit	N/A
Enrollee Experience (Weight 1/6)	~~Access & Care Coordination~~	~~Access to Care & Care Coordination~~	Access to Care	0006
			Care Coordination	0006
	~~Doctor and Care~~	~~Doctor and Care~~	Rating of All Health Care	0006
			Rating of Personal Doctor	0006
			Rating of Specialist	0006
Plan Efficiency, Affordability, & Management (Weight 1/6)	~~Efficiency & Affordability~~	~~Efficient Care~~	Appropriate Testing for Pharyngitis	0002
			Appropriate Treatment for Upper Respiratory Infection	0069
			Avoidance of Antibiotic Treatment with Acute Bronchitis	0058
			Use of Imaging Studies for Low Back Pain	0052
	~~Plan Service~~	~~Enrollee Experience with Health Plan~~	Access to Information	0007
			Plan Administration	0006
			Rating of Health Plan	0006

Appendix B. Measure Benchmarks Calculated Using the Benchmark Ratio Approach (2017-2019)

Exhibit 5 includes the measure benchmark results from testing the application of the Benchmark Ratio Approach methodology on the QRS measure data from 2017, 2018, and 2019. The Exhibit provides the benchmarks for measures in the 2019 QRS measure set.

Exhibit 5. Measure Benchmarks Calculated Using the Benchmark Ratio Approach (2017-2019)

NQF ID	Measure	2017	2018	2019
1799	Medication Management for People with Asthma (75%) Rate	0.626	0.669	0.673
0105	Antidepressant Medication Management Rate	0.702	0.712	0.720
0576	Follow-Up After Hospitalization for Mental Illness (7 days) Rate	0.712	0.656	0.635
0108	Follow-Up Care for Children Prescribed ADHD Medication Rate	0.580	0.610	0.544
0004	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment Rate	0.321	0.324	0.338
0018	Controlling High Blood Pressure Rate	0.791	0.780	0.781
0541	Proportion of Days Covered (RAS Antagonists) Rate	0.826	0.830	0.853
0541	Proportion of Days Covered (Statins) Rate	0.773	0.783	0.822
0575	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Control (<8.0%) Rate	0.695	0.686	0.708
0062	Comprehensive Diabetes Care: Medical Attention for Nephropathy Rate	0.949	0.953	0.953
0541	Proportion of Days Covered (Diabetes All Class) Rate	0.797	0.802	0.812
0055	Comprehensive Diabetes Care: Eye Exam (Retinal) Performed Rate	0.719	0.719	0.753
2371	Annual Monitoring for Patients on Persistent Medications (Total) Rate	0.915	0.912	0.914
1768	Plan All-Cause Readmissions Rate	0.969	0.633	0.555
2372	Breast Cancer Screening Rate	0.846	0.844	0.834
0032	Cervical Cancer Screening (Total) Rate	0.769	0.775	0.773
0034	Colorectal Cancer Screening Rate	0.767	0.756	0.748
1517	Prenatal and Postpartum Care: Postpartum Care Rate	0.885	0.891	0.892
1517	Prenatal and Postpartum Care: Timeliness of Prenatal Care Rate	0.969	0.959	0.961
N/A	Adult BMI Assessment Rate	0.961	0.968	0.975
0033	Chlamydia Screening in Women Rate	0.700	0.705	0.739
0039	Flu Shots for Adults Rate	0.534	0.576	0.608
0027	Medical Assistance With Smoking and Tobacco Use Cessation Rate	0.628	0.638	0.677
1388	Annual Dental Visit (ADV) Total Rate	0.570	0.559	0.540

NQF ID	Measure	2017	2018	2019
0038	Childhood Immunization Status (Combination 3) Rate	0.860	0.870	0.859
0024	Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents (Total) Rate	0.907	0.916	0.939
1392	Well-Child Visits in the First 15 Months of Life (6 or More Visits) Rate	0.888	0.882	0.885
1516	Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life Rate	0.879	0.876	0.878
1407	Immunizations for Adolescents (Combination 2) Rate	-	0.459	0.509
0006	Rating of All Health Care Rate	86.551	86.627	83.598
0006	Rating of Personal Doctor Rate	92.080	91.910	90.865
0006	Rating of Specialist Rate	90.752	90.930	88.310
0006	Access to Care Rate	83.175	84.729	81.557
0006	Care Coordination Rate	89.814	89.188	87.905
0002	Appropriate Testing for Children With Pharyngitis Rate	0.936	0.952	0.955
0069	Appropriate Treatment for Children With Upper Respiratory Infection Rate	0.971	0.976	0.980
0058	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis Rate	0.411	0.461	0.472
0052	Use of Imaging Studies for Low Back Pain Rate	0.839	0.851	0.860
0007	Access to Information Rate	65.885	65.393	57.452
0006	Plan Administration Rate	81.030	81.208	77.285
0006	Rating of Health Plan Rate	80.806	82.470	78.540