Health Insurance Exchange

Final 2024 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 2024

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List of Exhibits

1.0 Purpose of the 2024 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 2024 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey* (referred to hereafter as the Draft 2024 Call Letter) during the public comment period, held February 29, 2024 through March 28, 2024.

This document, the *Final 2024 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey)* (referred to hereafter as the Final 2024 Call Letter), serves to communicate CMS' finalized refinements to the QRS and QHP Enrollee Survey programs. This document summarizes comments received on the Draft 2024 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 revisions to the QHP Enrollee Survey protocol.

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 2025* (2025 QRS and QHP Enrollee Survey Technical Guidance) in the fall of 2024, 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	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. ▪ QRS clinical measure data submitted for the 2024 ratings year (the 2024 QRS) generally represent calendar year 2023 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 2023. ▪ For QRS survey measure data in the 2024 QRS, the QHP Enrollee Survey is fielded based on enrollees who are currently enrolled as of January 4, 2024, but the survey requests that enrollees report on their experience "In the last 6 months."

Term	Description
Ratings Year	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, "2024 QRS" refers to the 2024 ratings year. ▪ As part of the 2024 Plan Year QHP certification process, which occurred during the spring and summer of 2023, QHP issuers attested that they will adhere to 2024 quality reporting requirements, which include requirements to report data for the 2024 QRS and QHP Enrollee Survey. ▪ Requirements for the 2024 QRS, and details as to the data collection, validation, and submission processes, are documented in the 2024 QRS and QHP Enrollee Survey Technical Guidance, which was published in September 2023. ▪ Ratings calculated for the 2024 QRS are displayed for QHPs offered during the 2025 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	**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). **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]

The *2025 Quality Rating System (QRS) Measure Technical Specifications,* published in April 2024, includes the specifications for measures and/or measure rates proposed for addition and removal in the Draft 2024 Call Letter.[2] This Final 2024 Call Letter includes finalized changes

[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.

[2] Please see the 2025 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.

proposed to the QRS measure set for 2025. In the fall of 2024, CMS intends to publish the 2025 QRS and QHP Enrollee Survey Technical Guidance, reflecting applicable finalized changes announced in the Final 2024 Call Letter.

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

CMS did not propose revisions to the QRS and QHP Enrollee Survey for the 2024 ratings year in the Draft 2024 Call Letter. In the Draft 2024 Call Letter, CMS announced its approach for confidentially sharing race and ethnicity stratified measure data with QHP issuers and State Exchange administrators beginning with the 2024 QRS preview period (anticipated August-September 2024).

2.1 Confidential Sharing of Stratified Race and Ethnicity Data

In the Draft 2024 Call Letter, CMS shared its approach for confidentially sharing race and ethnicity stratified measure data with QHP issuers and State Exchange administrators beginning with the 2024 QRS preview period.[3] CMS noted its plan to share the stratified race and ethnicity data reported by QHP issuers with QHP issuers and State Exchange administrators (i.e., HIOS-MQM registered users) as a part of the QRS preview materials in a document with the QRS Stratified Race and Ethnicity Proof Sheet (QRS RES Proof Sheet). CMS solicited feedback on what type of information would be valuable to include in the confidential report for QRS measures with required race and ethnicity stratified (RES) reporting for future years. CMS appreciates commenters' feedback on the confidential sharing of RES data reported by QHP issuers with QHP issuers and State Exchange administrators via the QRS RES Proof Sheet beginning with the 2024 ratings year. Most commenters supported this confidential sharing of race and ethnicity stratified data, and offered feedback on the information contained in the QRS RES Proof Sheet. After consideration of the feedback received, CMS will release the QRS RES Proof Sheet alongside QRS and QHP Enrollee Survey results via the Health Insurance Oversight System Marketplace Quality Model (HIOS-MQM) during the 2024 QRS preview period.

Several commenters encouraged CMS to include the results of significance testing of RES performance information within the QRS RES Proof Sheet and to calculate percentiles for rates with sufficient denominator sizes. For the QRS RES Proof Sheets released for the 2024 ratings year, CMS intends to only calculate percentile values for measure rates with a denominator size of 11 or higher. Based on CMS' review of the 2023 QRS data, CMS believes a limited number of measure rates will have a denominator size smaller than 11 when aggregating across all data submission eligible reporting units to calculate the national percentile value. CMS intends to continue to consider additional information that can be made available to QHP issuers and State Exchange administrators via the QRS RES Proof Sheet in future years, including the potential inclusion of significance testing results. As stated in the Draft 2024 Call Letter, CMS encourages QHP issuers and State Exchange administrators to exercise caution when interpreting data released via the QRS RES Proof Sheet, and recommends that they not use the data or any analysis results pertaining to the data to pursue changes based on raw data that have not been evaluated for statistical significance.

[3] Confidential sharing, previously referred to as confidential reporting, refers to the release of the data reported by QHP issuers to QHP issuers and State Exchange administrators as part of their respective QRS results.

In addition to the feedback on the confidential sharing of RES data, commenters also provided suggestions for RES data collection. Commenters encouraged the incorporation of additional race categories and continued collection of RES measure rates by data source (e.g., direct, indirect). Other commenters noted that collecting RES measure rates by data source increases granularity and noted concerns with the burden of data storage, data validity, patient privacy, and barriers to data collection across the industry. CMS will continue to align with measure stewards on the race and ethnicity categories required for specified measures. CMS acknowledges the importance of assessing the stratified race and ethnicity performance information by data source to distinguish measure information by reporting method, as well as the potential data storage and reporting burden concerns from QHP issuers. In consideration of recent proposed changes to the RES data collection approach proposed by the National Committee for Quality Assurance (NCQA)[4], CMS anticipates aligning with the Healthcare Effectiveness Data and Information Set (HEDIS) specifications but is considering alternative mechanisms for collecting RES measure rates by data source. CMS would propose any changes to the RES data collection in future Call Letters.

Additionally, CMS received support for future public reporting of RES data to promote equity and improve transparency. CMS acknowledges commenters concerns with public reporting in light of the barriers experienced by QHP issuers in collecting race and ethnicity data and considerations about patient privacy. Given that the requirement to report race and ethnicity stratified data for select QRS measures was recently implemented (i.e., beginning with the 2023 ratings year), CMS does not intend to release these data publicly at this time. Any future proposal to publicly report race and ethnicity stratified data would be proposed via the Call Letter process.

3.0 QRS and QHP Enrollee Survey Revisions for the 2025 Ratings Year

CMS proposed a series of refinements to the QRS and QHP Enrollee Survey that would apply beginning with the 2025 ratings year. These refinements included:

- Addition of the *Social Need Screening and Intervention* (SNS-E), and *Depression Screening and Follow-Up for Adolescents and Adults* (DSF-E) measures;
- Expansion of the electronic clinical data system (ECDS) reporting method;
- Additional reporting of stratified race and ethnicity data to advance health equity; and
- Revisions to the QHP Enrollee Survey protocol.

3.1 Proposed Addition of Select Measures

CMS proposed the addition of two additional measures beginning with the 2025 QRS measure set: *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. After consideration of comments, CMS is finalizing as proposed the addition of the SNS-E and DSF-E measures to the QRS measure set beginning with the 2025

[4] https://www.ncqa.org/wp-content/uploads/12.-Race-Ethnicity.pdf

ratings year. While CMS will begin collecting the data for these two measures beginning in 2025, the measures will not be included in scoring until the 2026 ratings year, at the earliest.

Several commenters noted concerns with data collection and reporting for the proposed ECDS measures. CMS acknowledges commenters' concerns regarding the barriers for QHP 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 2025 ratings year will not be included in scoring until the 2026 ratings year, at the earliest.

As stated in the Draft 2024 Call Letter, in response to feedback on the Draft 2023 Call Letter, CMS monitored reported rates of optional ECDS reporting for existing QRS measures for the 2023 ratings year to inform the approach for expanding of ECDS reporting (e.g., inclusive of ECDS-only reporting) for measures proposed for addition to the QRS measure set and existing QRS measures. For measures with optional ECDS reporting, a majority (~77%) of data submission-eligible reporting units opted to report using the ECDS reporting method. Additionally, data availability was consistent across ECDS and traditionally reported measure data. In recognition of commenter feedback on the Draft 2024 Call Letter, CMS intends to continue monitoring reported rates for all ECDS measures in the QRS measure set, including monitoring the first year of data collection for the additional ECDS measures finalized for inclusion in the QRS measure set beginning with the 2025 ratings year to assess measure performance and ability to report using the ECDS reporting method. Based on these findings, CMS may propose delaying the inclusion of the additional ECDS measures in scoring to provide additional time for issuers to adjust to the new reporting method for those measures.

3.1.1 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 2025 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 updates to the quality improvement strategy (QIS) standards.

CMS appreciates commenters' feedback on the proposed addition of the SNS-E measure beginning with the 2025 ratings year. Most commenters supported the addition of the measure as proposed or with refinements.

Several commenters shared concerns about implementation challenges for this and other ECDS measures, including barriers affecting interoperability and difficulty collecting unstructured data. CMS recognizes the challenges associated with implementing ECDS reporting and plans to continue monitoring reported rates of ECDS reported data for QRS measures to inform the potential future expansion of ECDS reporting for measures proposed for addition to the QRS measure set and existing QRS measures. As noted above, CMS also intends to monitor the first year of data collection for the additional ECDS measures finalized for inclusion in the QRS measure set beginning with the 2025 ratings year, and may propose delaying the inclusion of those measures in scoring to provide additional time for issuers to adjust to the new reporting method for those measures. A majority of data submission-eligible reporting units chose to

optionally report using the ECDS reporting method in the 2023 ratings year. Data availability was consistent across ECDS and traditionally reported measure data. Future analyses conducted by CMS will continue to evaluate these trends to determine patterns in data availability for ECDS-only measures finalized for inclusion beginning with the 2024 ratings year (e.g., the *Breast Cancer Screening* measure).

Commenters also provided feedback on the SNS-E measure specifications and recommended that CMS consider revisions to expand potential data sources, prevent duplicative screening efforts, and increase flexibility of data sources. CMS appreciates this feedback on potential refinements to the measure specifications, and intends to share this feedback with the measure steward (i.e., NCQA). Consistent with the established process, CMS aligns with the measure steward's specifications for the measures included in the QRS measure set and will communicate any future changes made by NCQA to the measure specifications for the SNS-E.

CMS also appreciates feedback received about potential challenges for QHP issuers that do not have existing capabilities or interventions for addressing social needs of its members and regional differences in the availability and demand of social services provided by government agencies and community organizations. CMS believes the SNS-E measure is an important and appropriate measure for inclusion in the QRS to advance health equity. CMS will monitor reported rates in the first year of data collection for the SNS-E measure to assess differences in regional performance.

Some commenters recommended CMS delay the implementation of the SNS-E measure in the QRS or delay its inclusion in scoring if the measure is added to the QRS measure set beginning with the 2025 ratings year as proposed. In response to commenter feedback on the Draft 2023 Call Letter, CMS did not finalize the SNS-E measure for 2024 data collection but noted CMS was continuing to consider the addition of the measure for implementation as part of the QRS measure set beginning with the 2025 ratings year. Additionally, CMS will monitor reported rates in the first year of data collection in response to concerns over data availability for this measure and of the ECDS reporting method. Further, CMS will not include the SNS-E measure in scoring until the 2026 ratings year, at the earliest.

After consideration of comments, and in alignment with other federal quality reporting programs as well as Agency priorities (e.g., Universal Foundation Measures),[5] CMS is finalizing as proposed the addition of the SNS-E measure to the QRS measure set beginning with the 2025 ratings year. CMS will begin collecting SNS-E measure data beginning in 2025; and will not include the measure in scoring until the 2026 ratings year, at the earliest. CMS will monitor reported rates and may propose delaying scoring in next year's Draft Call Letter to provide additional time for issuers (e.g., those without existing capabilities or interventions for addressing the social needs of its members) to gain experience with the SNS-E measure before including it in scoring. CMS also intends to provide the QRS measure national benchmark for the measure in its first year of data collection (i.e., 2025 ratings year) via the QRS Proof Sheets and the Public Use Files (PUFs).

[5] For additional information regarding the Universal Foundation Measures: https://www.cms.gov/medicare/quality/cms-national-quality-strategy/aligning-quality-measures-across-cms-universal-foundation.

3.1.2 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 2025 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.[6]

CMS appreciates commenters' feedback on the proposed addition of the DSF-E measure beginning with the 2025 ratings year. Similar to the SNS-E measure, commenters expressed concerns regarding barriers to implementing ECDS-only reporting for QRS measures (e.g., interoperability and unstructured data), and provided feedback on the measure specifications. Commenters also expressed concerns about privacy legislation that could affect reporting on behavioral health, and noted the challenges associated with obtaining access to EHR data needed to report this measure (i.e., LOINC codes) as an additional barrier for reporting the DSF-E measure. Similar to the proposed SNS-E measure, many commenters recommended CMS delay the implementation of the DSF-E measure in the QRS or delay its inclusion in scoring if the measure is added to the QRS measure set beginning with the 2025 ratings year as proposed, due to the expected barriers to ECDS reporting. Some commenters indicated that delaying the implementation of the DSF-E measure in scoring would allow for additional benchmark data to be made available for review before the measure is scored.

After consideration of comments regarding the feasibility of collecting the DSF-E measure (e.g., ECDS data collection concerns, EHR data availability, potential legislative barriers), and to advance Agency priorities related to behavioral health, CMS is finalizing the addition of the DSF-E measure to the QRS measure set beginning with the 2025 ratings year, as proposed. CMS will begin collecting DSF-E measure data beginning in 2025; and will not include the measure in scoring until the 2026 ratings year, at the earliest. CMS will monitor reported rates and may propose delaying scoring in next year's Draft Call Letter to provide additional time for issuers to gain experience with the DSF-E measure before including it in scoring. CMS also intends to provide the QRS measure national benchmark for the measure in its first year of data collection (i.e., 2025 ratings year) via the QRS Proof Sheets and PUFs. Many commenters noted the potential provider hesitancy to share patient behavioral health information with other providers and via the ECDS reporting method due to cybersecurity and privacy concerns. A commenter additionally noted the barriers to sharing this information if it pertains to minors (as the DSF-E measure includes data for individuals ages 12 and older). In response to received comments, CMS intends to share the public comment themes with the measure steward (i.e., NCQA) and may communicate with the Substance Abuse and Mental Health Services Administration (SAMHSA) about the impact of states' privacy legislation and regulatory barriers to data collection for the DSF-E measure. CMS will additionally consider the potential hesitancy to share this data along with other barriers for data collection. Consistent with the established process, CMS aligns with the measure steward's specifications for the measures included in the QRS measure set and will communicate any future changes made by NCQA to the measure specifications for the DSF-E in future Call Letters.

[6] Ibid.

3.2 Expanding Electronic Clinical Data System Reporting

CMS proposed to transition the *Colorectal Cancer Screening* measure to ECDS-only reporting beginning with the 2025 ratings year.[7]

Exhibit 3 contains the measures for which CMS previously finalized either optional or required ECDS reporting in the Final 2022 Call Letter and Final 2023 Call Letter, as well as the measures finalized for optional or required ECDS reporting via this Final 2024 Call Letter. Measures denoted with an asterisk (*) were previously finalized for optional ECDS reporting but have since been finalized for required ECDS reporting or are transitioning to ECDS-only reporting.

Exhibit 3. Measures Finalized for ECDS Reporting

Implementation Status	Status	ECDS Reporting Method
Finalized beginning with the 2023 ratings year[8]	*Breast Cancer Screening**	Optional
	*Colorectal Cancer Screening**	Optional
	Immunizations for Adolescents (Combination 2)	Optional
	Childhood Immunization Status (Combination 10)	Optional
Finalized beginning with the 2024 ratings year[9]	*Adult Immunization Status (AIS-E)*	Required
	Cervical Cancer Screening	Optional
	Breast Cancer Screening (BCS-E)	Required
Finalized beginning with the 2025 ratings year	*Colorectal Cancer Screening* (COL-E)	Required
	Social Need Screening and Intervention (SNS-E)	Required
	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	Required

3.2.1 Transitioning the Colorectal Cancer Screening Measure to ECDS-only Reporting

CMS proposed the transition of reporting for the *Colorectal Cancer Screening* measure to the *Colorectal Cancer Screening (COL-E)* measure beginning with the 2025 ratings year in alignment with the measure steward's (i.e., NCQA) retirement of the measure reported via the traditional method beginning with the 2025 ratings year. Most commenters supported the transition of the measure as proposed or with refinements to the implementation timeline for the measure.

In addition to feedback about barriers to implementing ECDS measures (e.g., data availability, infrastructure challenges, effect on scores and ratings), commenters suggested a longer transition period to facilitate a smoother adjustment from the existing *Colorectal Cancer Screening* measure to the COL-E measure. Comments recommended CMS calculate and provide QHP issuers with at least two years of benchmark data before the COL-E measure is introduced into scoring, and recommended that CMS require collection of both the traditional and ECDS-only

[7] 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/.

[8] For more information on the QRS measures previously identified for ECDS reporting, see section 3.4 of the Final 2022 Call Letter, available athttps://www.cms.gov/files/document/final-2022-call-letter-qrs-qhp-enrollee-survey.pdf; and section 4.4 of the Final 2023 Call Letter, available at: https://www.cms.gov/files/document/final-2023-call-letter-quality-rating-system-and-qualified-health-plan-enrollee-experience-survey.pdf.

[9] Ibid.

versions of the measure to compare performance before fully transitioning to the COL-E measure in the QRS measure set.

As detailed in the Draft 2024 QRS Call Letter, this change was proposed due to the measure steward (i.e., NCQA) proceeding with retirement of the traditionally reported version of this measure from all product lines and to advance CMS' goals of digitizing and modernizing data collection and reporting. Based on the retirement of the traditionally reported measure by the measure steward, and after consideration of commenter feedback regarding a longer transition period to facilitate the adjustment from traditional to ECDS-only reporting, CMS will transition the COL-E measure beginning with the 2025 ratings year, as proposed. CMS will begin collecting the COL-E measure data beginning in 2025; and will not include the measure in scoring until 2026, at the earliest. The COL-E measure assesses an important aspect of wellness and prevention for the Exchange population, given the prevalence of colorectal cancer in the United States, and this timeline for collection and scoring of the ECDS-only version of this measure minimizes gaps in reporting and benchmarking this critical quality area. CMS will monitor reported rates and may propose delaying scoring in next year's Draft Call Letter to provide additional time for issuers to gain experience with the COL-E measure before including it in scoring.

CMS intends to release the QRS measure national benchmark for the COL-E measure in its first year of data collection (i.e., 2025 ratings year) via the QRS Proof Sheets and PUFs. Based on commenter feedback on the approach for transitioning measures to ECDS-only, CMS is considering the feasibility of providing performance information for other QRS measures with optional ECDS reporting in the future.

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

CMS proposed to expand required collection and reporting of stratified race and ethnicity data by QHP issuers for the following five measures beginning with the 2025 ratings year: *Eye Exam for Patients with Diabetes, Follow-Up After Hospitalization for Mental Illness, Kidney Health Evaluation for Patients with Diabetes, Childhood Immunization Status (Combination 10), and Cervical Cancer Screening* 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 race and ethnicity stratified data by QHP issuers. Most commenters supported the implementation of required collection and reporting of race and ethnicity stratified data as proposed. Some commenters noted potential limitations, including interoperability challenges and low enrollee response rates for direct reporting methods used by QHP issuers. CMS appreciates the interested parties' feedback and recommendations to consider potential limitations and challenges to direct reporting of race and ethnicity data by QHP issuers, in addition to suggestions from interested parties to consider the impact of small sample sizes and statistical significance when selecting additional measures for potential future required collection and reporting of stratified data. CMS intends to continue exploration of standardization of demographic data collection methods to improve reliability, including updated Office of Management and Budget (OMB) Race/Ethnicity standards, and will communicate the themes of

public comment with the measure steward (i.e., NCQA) regarding alignment with race and ethnicity stratified data reporting requirements to the updated OMB Race/Ethnicity standards.[10] NCQA has announced it is updating its programs to match OMB's new standards for collecting data on race and ethnicity within the required 18-month timeframe.[11] Consistent with the established process, if these changes are finalized, CMS will follow the measure steward's specifications for the measures included in the QRS measure set and will communicate any future changes made by NCQA to the measure specifications governing the collection and reporting of stratified race and ethnicity data.

CMS will continue to consider feedback from interested parties related to direct data collection and will coordinate with other CMS quality reporting programs to confirm alignment across the QRS and other CMS programs' standards for direct data collection, where appropriate. CMS also intends to 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. 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 in ratings year 2025. Following the established process, CMS would propose changes in a future Draft Call Letter to provide issuers with notice and time to prepare for the change (i.e., requiring a specific method for imputation or a shift to the required use of direct data sources for reporting of race and ethnicity information).

In an effort to advance health equity in the QRS, and after review of commenter feedback on these proposed updates, CMS is finalizing the required collection and submission of stratified race and ethnicity data for the *Eye Exam for Patients with Diabetes, Follow-Up After Hospitalization for Mental Illness, Kidney Health Evaluation for Patients with Diabetes, Childhood Immunization Status (Combination 10),* and *Cervical Cancer Screening* measures beginning with the 2025 ratings year, as proposed.

CMS does not intend to release these data publicly at this time, but will provide this information to QHP issuers and state Exchange administrators via the 2025 QRS RES Proof Sheet. CMS encourages QHP issuers and state Exchange administrators to exercise caution when interpreting data released via the QRS RES Proof Sheet, and recommends that they not use the data or any analysis results pertaining to the data to pursue changes based on raw data that have not been evaluated for statistical significance. CMS will continue to solicit feedback on initiatives to advance health equity in the QRS, including the potential further expansion of required reporting of stratified race and ethnicity data for additional QRS measures, in future years via the Call Letter process.

3.4 Revisions to the QHP Enrollee Survey Protocol

CMS proposed changing the sampling protocol for the QHP Enrollee Survey to allow QHP issuers the option to oversample at any desired level beginning with the 2025 ratings year. Under

[10] Revisions to OMB's Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity, 89 FR 22182, 22182-22196 (published March 29, 2024). https://www.federalregister.gov/documents/2024/03/29/2024-06469/revisions-to-ombs-statistical-policy-directive-no-15-standards-for-maintaining-collecting-and

[11] For more information, see: https://www.ncqa.org/blog/what-new-omb-rules-and-race-and-ethnicity-mean-for-you/.

this proposal, as in previous years, approved survey vendors would be responsible for submitting oversampling requests and would be required to submit a formal request to oversample to CMS on behalf of their QHP issuer clients who want to exercise this option, as covered under OMB control number 0938-1221.

All commenters supported this refinement. One commenter who supported the refinement also suggested that CMS allow QHP issuers to submit oversampling requests directly to CMS during the QHP issuer attestation process rather than through its survey vendor. CMS appreciates the suggestion regarding the oversampling request process. Approved vendors draw the sample of enrollees for their QHP issuer clients according to the sampling protocols. Given the survey vendors' key role in the sampling process, CMS will continue to require that survey vendors submit formal requests for oversampling on behalf of their QHP issuer clients. As such, QHP issuers will need to continue to coordinate with their contracted vendor to submit oversampling requests to CMS on their behalf.

As noted in the Draft 2024 Call Letter, CMS will comply with the PRA as applicable for implementing changes to the QHP Enrollee Survey, currently authorized under OMB control number 0938-1221. CMS will propose this change as a part of the information collection request process per the PRA requirements. CMS is finalizing this change for the 2027 ratings year. CMS will maintain the current oversampling protocol and processes for the QHP Enrollee Survey for the 2025 and 2026 ratings years until this change is adopted for the 2027 ratings year.

4.0 Potential 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 2025 ratings year and beyond). CMS noted topics under consideration and evaluation for potential revision in future years included but were not limited to:

- Changes to the QRS measure set,
- Expansion of the ECDS reporting method in the QRS,
- Revisions to the QHP Enrollee Survey Questionnaire,
- Addition of new questions to the QHP Enrollee Survey Questionnaire, and
- Modifications to the mixed-mode administration of the QHP Enrollee Survey.

4.1 Forthcoming Retirement of the *Antidepressant Medication Monitoring* Measure

CMS proposed the retirement and removal of the *Antidepressant Medication Monitoring* measure beginning with the 2026 ratings year in alignment with the measure steward (i.e., NCQA). All commenters supported the removal of the measure as proposed. After consideration of comments, CMS will remove the measure as proposed beginning with the 2026 ratings year. CMS will continue to collect and score the *Antidepressant Medication Monitoring* measure in both the 2024 and 2025 ratings years.

Some commenters requested CMS consider an extended implementation timeline for the proposed replacement measure, *Depression Screening and Follow-Up for Adolescents and Adults* (DSF-E), or recommended alternative measures for CMS' consideration. As previously noted, CMS is finalizing the addition of the DSF-E measure to the QRS beginning with the 2025 ratings year. As such, QHP issuers will be required to collect and report data for this measure beginning in 2025; however, the DFS-E measure will not be included in scoring until the 2026

ratings year, at the earliest. Additionally, CMS will continue considering additional depression-related measures for potential inclusion in the QRS measure set in future years and would propose any such changes via the Call Letter process.

4.2 Forthcoming Transition to ECDS-Only Reporting

CMS shared plans to align with NCQA's timeline for the transition of the form and manner for submitting validated data for the *Childhood Immunization Status, Immunization for Adolescents,* and *Cervical Cancer Screening* measures. QHP issuers are currently able to submit and collect data for these three measures using the traditional reporting method (i.e., administrative or hybrid method) or using the ECDS method. Beginning with the 2026 ratings year, NCQA has indicated that these measures will potentially transition from ECDS-optional to ECDS-only reporting.[12] CMS noted that, if this transition were finalized by NCQA, the transition of these QRS measures to ECDS-only would be proposed via the Draft 2025 Call Letter for implementation in the QRS measure set beginning with the 2026 ratings year.

Commenters generally recommended CMS consider longer transition periods for ECDS-only measures before inclusion in scoring, and expressed support for optional ECDS reporting until measures are transitioned to ECDS-only reporting. CMS appreciates commenter feedback on the potential transition of additional QRS measures to ECDS-only reporting. CMS anticipates formally proposing the transition of the *Childhood Immunization Status, Immunization for Adolescents*, and *Cervical Cancer Screening* measures to ECDS-only in a future Draft Call Letter in alignment with the measure steward's transition to ECDS-only reporting. In addition, CMS intends to follow the established approach when measures are added to the QRS measure set. As such, CMS would begin data collection in the first year of implementation of the ECDS-only version of the measures and would not include the measures in scoring until the following year, at the earliest. CMS also intends to continue to monitor reported rates for all ECDS-only measures, including those newly added, and may further delay inclusion of these measures in scoring, as appropriate, to allow additional time for issuers to gain experience with reporting data for the additional ECDS-only measures before including them in scoring.

4.3 Revising the QHP Enrollee Survey Questionnaire

CMS appreciates commenters' feedback on potential revisions to the QHP Enrollee Survey Questionnaire. Commenters provided recommendations for removing questions that they identified as not providing actionable information for QHP issuers to reduce the length of the survey and lessen the burden to respondents. Commenters also provided recommendations for questions that could be added to the QHP Enrollee Survey, including questions related to the availability of interpreters at appointments, annual physical exams and barriers to scheduling annual physical exams, and additional questions for assessing providers' awareness of enrollees' cultural needs.

CMS will consider the feedback regarding the specific QHP Enrollee Survey questions commenters recommended removing for future survey administration years and explore potential questions for addition as recommended. CMS will continue to seek feedback through multiple

[12] For more information regarding NCQA's ECDS reporting available at: https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/.

venues, including consulting with the project's Technical Expert Panel (TEP), future Call Letters, and conducting focus groups with QHP issuers and enrollees. CMS will comply with the PRA, as applicable, in implementing any such potential future changes.

4.4 Adding New Questions to the QHP Enrollee Survey

CMS sought feedback on potential new questions that could be added to the QHP Enrollee Survey and specifically on a question related to perceived unfair treatment (based on demographics or health status). CMS thanks commenters for their important feedback on adding new questions to the QHP Enrollee Survey. Commenters generally supported CMS' proposal to add a question related to perceived unfair treatment (based on demographics or health status). However, several commenters noted concerns related to QHP issuers' ability to use the results of this question, the potential negative impact the question may have on enrollees, or the potential that enrollees misperceive recommendations from providers to make lifestyle changes as unfair treatment.

CMS is currently cognitively testing this question, authorized under OMB control number 0938-1185. CMS will continue to collect feedback on this question and will communicate and solicit feedback regarding any proposed changes via future Draft Call Letters. CMS will also comply with the PRA as applicable for implementing potential future changes to the QHP Enrollee Survey.

4.5 Revising and Adding QHP Enrollee Survey Questions to Support Analysis of Health Equity and Disparities

CMS sought feedback on adding questions to the QHP Enrollee Survey related to sexual orientation and gender identity (SOGI) and primary language as part of its commitment to advancing health equity. CMS proposed specific questions for inclusion in the Draft 2024 Call Letter.

CMS acknowledges the feedback received from commenters on the potential inclusion of questions related to SOGI and the enrollee's primary language spoken at home. Several commenters recommended that CMS monitor and align questions in the QHP Enrollee Survey with other data collection standards for asking SOGI questions. Commenters also provided specific revisions to question wording and recommended that CMS share the purpose of collecting responses to the questions in the survey.

CMS will consider the feedback received in response to the Draft 2024 Call Letter as it refines the questions for potential inclusion in the QHP Enrollee Survey. Additionally, CMS is completing cognitive testing of these questions as authorized under OMB control number 0938-1185. CMS will present additional refinements and potential revisions to these questions in future Draft Call Letters and seek additional feedback as part of the PRA clearance process, as appropriate.

4.6 Potential Modifications to the Mixed-Mode Administration of the QHP Enrollee Survey

CMS sought feedback on revisions to the mixed-mode administration protocol to allow sampled enrollees the opportunity to complete the survey by internet prior to sending mail surveys. CMS

appreciates commenters' feedback on potential revisions to the mixed-mode administration of the QHP Enrollee Survey. Commenters generally supported this proposal and CMS' efforts to reduce administrative burden. Commenters noted that a change to an internet-first protocol may be difficult if the QHP issuer is unable to obtain a viable email address. Commenters also stated that this change may impact response rates for different populations who may have limited or no access to the internet.

As noted in the Draft 2024 Call Letter, CMS will complete additional analyses on the potential impact on response rates and comply with the PRA as applicable for implementing changes to the QHP Enrollee Survey, currently authorized under OMB control number 0938-1221. CMS may seek additional feedback on changes to the survey administration protocol via future Draft Call Letters.

5.0 Acknowledgement of Additional Feedback

CMS appreciates commenters providing additional feedback on Marketplace Quality Initiatives (MQI) programs.

Several commenters expressed concerns regarding the implementation of the *Adult Immunization Status* (AIS-E) measure in the QRS beginning in the 2024 ratings year. In response to these comments, CMS notes it intends to monitor data completeness in the measure's first year of data collection (i.e., 2024 ratings year), and would like the measure in scoring in the 2025 ratings year, at the earliest. CMS may propose further delaying scoring in next year's Draft Call Letter to provide additional time for issuers to gain experience with the AIS-E measure before including it in scoring.

CMS also appreciates commenters' suggestions of additional measures (e.g., HIV-related measures) for potential inclusion in the QRS measure set in future years. CMS will assess these measures for potential future inclusion in the QRS measure set and may consider proposing additional measures via future Draft Call Letters, based on their applicability to the Exchange population, alignment with other programs, and other evaluation criteria. CMS will continue efforts to engage interested parties via public comment on future Draft Call Letters, and through the QRS and QIS TEP, to solicit feedback related to the QRS and potential changes to the quality measures included in QRS measure set in future years.

Appendix A. Revised 2025 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 revised QRS hierarchy for the 2025 ratings year. Measures denoted with a strikethrough (–) will not be collected for the 2025 ratings year. Measures denoted with an asterisk (*) and in bold font will be collected for the 2025 QRS, but not included in scoring. Measures that require ECDS reporting are indicated by a (€) in parentheses following the measure name.

Exhibit 3. Revised 2025 QRS Hierarchy

QRS Summary Indicator	Measure Title	CBE ID (¥ indicates endorsement removed)[13]
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
	Depression Screening and Follow-Up for Adolescents and Adults* €	0418¥
	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
	Glycemic Status Assessment for Patients With Diabetes: Glycemic Status >9.0%[14]	0059
	Kidney Health Evaluation for Patients With Diabetes	N/A [15]
	Proportion of Days Covered (Diabetes All Class)	0541
	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 €	2372
	Cervical Cancer Screening	0032
	~~Colorectal Cancer Screening~~	~~0034~~
	Colorectal Cancer Screening*€	0034
	Prenatal and Postpartum Care (Postpartum Care)	1517 ¥

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

[14] This measure was previously titled *Hemoglobin A1c (HbA1c) Control for Patients with Diabetes: HbA1c poor control (>9.0%)*. CMS does not believe the changes to this measure significantly impact data collection or warrant temporary removal from scoring. CMS released updated specifications for this measure in the 2025 QRS Measure Technical Specifications, found here: https://www.cms.gov/files/document/2025-quality-rating-system-measure-technical-specifications.pdf.

[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)[13]
	Prenatal and Postpartum Care (Timeliness of Prenatal Care)	1517 ¥
	Chlamydia Screening in Women	0033
	Medical Assistance with Smoking and Tobacco Use Cessation	0027 ¥
	Adult Immunization Status €	3620
	Oral Evaluation, Dental Services	2517
	Social Need Screening and Intervention * €	N/A
	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 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
Collected but not included for purposes of QRS scores or ratings		
N/A	**Enrollment by Product Line***	N/A¥