

Health Insurance Exchange

Draft 2024 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey

Proposed QRS and QHP Enrollee Survey Program Refinements

February 2024

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1. Purpose of the 2024 QRS and QHP Enrollee Survey Call Letter

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) serves to communicate changes and request comments on the Centers for Medicare & Medicaid Services' (CMS') proposed refinements to the QRS and QHP Enrollee Survey programs.¹ The topics in this document focus on:

- Proposed refinements to measures in the QRS measure set,
- Expansion of additional data collection and reporting methods,
- Proposed revisions to the QRS scoring methodology beginning with the 2025 ratings year, and
- Potential QRS and QHP Enrollee Survey refinements for the 2026 ratings year and beyond.

This document does not include all potential refinements to the QRS and QHP Enrollee Survey. For example, other types of QHP Enrollee Survey revisions may be addressed through the information collection request process per the Office of Management and Budget (OMB) and Paperwork Reduction Act (PRA) requirements, as appropriate.

This Draft 2024 Call Letter does not propose changes to regulation; rather, it offers details on proposed changes to the QRS and QHP Enrollee Survey program operations.

1.1 Instructions for Submitting Comments and Questions

We encourage interested parties to submit comments on the information presented in this Draft 2024 QRS and QHP Enrollee Survey Call Letter to Marketplace_Quality@cms.hhs.gov and reference “Marketplace Quality Initiatives (MQI)-Draft 2024 QRS and QHP Enrollee Survey Call Letter” in the subject line by the close of the comment period (March 28, 2024).

After reviewing interested party feedback, CMS will finalize decisions on these proposed changes and communicate final changes about the QRS and QHP Enrollee Survey programs in the *Final 2024 Call Letter for the Quality Rating System (QRS) and Qualified Health Plan (QHP) Enrollee Experience Survey* (referred to hereafter as the Final 2024 Call Letter), which CMS anticipates publishing in the late spring of 2024.

In the early spring of 2024, CMS intends to publish the *2025 Quality Rating System Measure Technical Specifications* (referred to hereafter as 2025 QRS Measure Technical Specifications), which will include the measure specifications for all potential measures in the 2025 QRS measure set (i.e., any measures proposed for addition or removal in this Draft 2024 Call Letter).

In the fall of 2024, CMS intends to publish the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2025* (hereafter referred to as the 2025 QRS and QHP Enrollee Survey Technical Guidance), reflecting applicable finalized changes announced in the Final 2024 QRS and QHP Enrollee Survey Call Letter (Final 2024 Call Letter).

¹ The QRS and QHP Enrollee Survey requirements for the 2024 ratings year (the 2024 QRS) are detailed in the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2024* (2024 QRS and QHP Enrollee Survey Technical Guidance), which was released in October 2023 and is available on CMS' Marketplace Quality Initiatives (MQI) website: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/Health-Insurance-Marketplace-Quality-Initiatives.html>.

The 2025 QRS and QHP Enrollee Survey Technical Guidance will announce which measures eligible QHP issuers are required to collect and submit to CMS for the 2025 ratings year. Additionally, in the fall of 2024, CMS will release an updated version of the 2025 QRS Measure Technical Specifications that includes guidance on the finalized data submission requirements for the 2025 QRS measure set. Specifically, CMS will include call-out boxes summarizing the decisions regarding measures and/or measure rates finalized for addition or removal via the Final 2024 Call Letter.

1.2 Timeline for Call Letter Publication

The anticipated annual cycle for the QRS and QHP Enrollee Survey Call Letter follows a winter-to-spring (approximately February through May) timeline as shown in Exhibit 1, followed by the publication of the QRS and QHP Enrollee Survey Technical Guidance in the fall.

Exhibit 1. Annual Cycle for Soliciting Public Comment via the QRS and QHP Enrollee Survey Call Letter Process

Date	Description
February	Publication of Draft Call Letter: CMS proposes changes to the QRS and QHP Enrollee Survey program operations and provides interested parties with the opportunity to submit feedback via a 30-day public comment period.
April	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 interested party feedback received during the 30-day public comment period and finalizes changes to the QRS and QHP Enrollee Survey program operations.
May	Publication of Final 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).²</p>

² 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.

1.3 Key Terms for the QRS and QHP Enrollee Survey Call Letter

Exhibit 2 provides descriptions of key terms used throughout this document.

Exhibit 2. Key Terms for the QRS and QHP Enrollee Survey 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 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 5, 2024, but the survey requests that enrollees report on their experience “from July through December 2023.”
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, “2024 QRS” refers to the 2024 ratings year.</p> <ul style="list-style-type: none"> As part of the 2024 plan year 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 October 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.

2. QRS Revisions for the 2024 Ratings Year

CMS is not proposing refinements to the QRS and QHP Enrollee Survey for the 2024 ratings year in the Draft 2024 QRS and QHP Enrollee Survey Call Letter.³ CMS is announcing its approach for confidentially reporting race and ethnicity stratified measure data to issuers and states beginning with the 2024 QRS preview period (anticipated to be August – September 2024). CMS is interested in seeking feedback on potential refinements to the reporting approach for future ratings years.

2.1 Confidential Reporting of Stratified Race and Ethnicity Data

Beginning with the 2024 ratings year, CMS will confidentially share the stratified race and ethnicity data reported by QHP issuers with QHP issuers and State Exchange administrators (i.e., Health Insurance Oversight System Marketplace Quality Module [HIOS-MQM] registered users). These data will be provided as part of the QRS preview materials and will not be disclosed publicly in the QRS Public Use Files (PUFs) at this time.

CMS anticipates providing QHP issuers and State Exchange administrators a document with the QRS Stratified Race and Ethnicity Proof Sheet alongside their respective QRS and QHP Enrollee Survey results via the CMS HIOS-MQM. CMS anticipates the QRS Stratified Race and

³ See the *QRS and QHP Enrollee Survey Technical Guidance for 2024* for further details on the final QRS and QHP Enrollee Survey requirements for the 2024 ratings year, available at the CMS Marketplace Quality Initiatives (MQI) website: <https://www.cms.gov/files/document/qrs-and-qhp-enrollee-survey-technical-guidance-2024.pdf>.

Ethnicity Proof Sheet will include data for all measures with required race and ethnicity stratified reporting for a given ratings year (i.e., for the 2024 ratings year, included measures are: *Asthma Medication Ratio*, *Breast Cancer Screening*, *Child and Adolescent Well-Care Visits*, *Colorectal Cancer Screening*, *Controlling High Blood Pressure*, *HbA1c Control for Patients with Diabetes: HbA1c poor control (>9.0%)*, *Immunizations for Adolescents*, *Initiation and Engagement of Substance Use Disorder Treatment*, *Prenatal and Postpartum Care*, and *Well-Child Visits in the First 30 Months of Life*).^{4, 5} CMS anticipates including the following information for each race and ethnicity stratification for each of these 10 measures in the QRS Stratified Race and Ethnicity (RES) Proof Sheet:

- Raw stratified measure rate for reporting units
- Total number of reporting units with valid data
- Total number of enrollees across all reporting units (e.g., denominator, eligible population)
- Percentile values for raw measure rates, allowing a QHP issuer to compare its reporting unit's results to all other reporting units nationally. CMS will include the 5th, 10th, 25th, 50th, 75th, 90th, and 95th percentile of the numerical rates (raw values) across all eligible reporting units.⁶

CMS is soliciting interested party feedback on what type of information would be valuable to include in the confidential report for QRS measures with required race and ethnicity stratified reporting for future years.⁷ CMS encourages QHP issuers to exercise caution when interpreting these data and to not use the additional 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 intends to continue conducting internal analyses to examine and better understand the quality of care of the Exchange population across different populations. Currently, CMS does not intend to use these data or any analysis results to pursue changes to program policies.

3. Proposed QRS and QHP Enrollee Survey Revisions for the 2025 Ratings Year and Beyond

CMS is also soliciting comments on a series of proposed refinements to the QRS and QHP Enrollee Survey that, as proposed, would apply beginning with the 2025 ratings year, including:

- Addition of measures to the QRS measure set,

⁴ For more information on the QRS measures with required race and ethnicity stratified reporting for the 2024 ratings year, see section 3.6 of the Final 2022 Call Letter, available at: <https://www.cms.gov/files/document/final-2022-call-letter-qrs-qhp-enrollee-survey.pdf>; and section 4.5 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>.

⁵ For measures with required race and ethnicity stratified reporting, QHP issuers report stratified race and ethnicity data in accordance with the measure specifications.

⁶ For more information on reporting unit eligibility, see Section 6.1 Participation Criteria for QHP Issuers of the *Quality Rating System and Qualified Health Plan Enrollee Experience Survey: Technical Guidance for 2024*: <https://www.cms.gov/files/document/qrs-and-qhp-enrollee-survey-technical-guidance-2024.pdf>.

⁷ See supra note 5.

- Refinement of existing QRS measures,
- Expansion of the Electronic Clinical Data System (ECDS) data reporting method,
- Expansion of stratified race and ethnicity data collection to advance health equity, and
- Revisions to the QHP Enrollee Survey sampling protocol.

3.1 Proposed Addition of Select Measures

CMS is considering the addition of two new 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)*. CMS previously proposed the addition of the SNS-E and DSF-E measures to the QRS measure set beginning with the 2024 ratings year via the Final 2023 Call Letter, but did not finalize the proposals after consideration of public comments. The agency, however, indicated it intended to re-propose the measures via the Draft 2024 Call Letter.

In recognition of commenter feedback on the ECDS reporting method, CMS monitored reported rates of optional ECDS reporting for existing QRS measures for the 2023 ratings year to inform future expansion 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. CMS intends to continue monitoring reported rates in the first year of data collection for the ECDS-only measures finalized for inclusion in the QRS measure set beginning with the 2024 ratings year. However, based on findings from the 2023 ratings year, CMS believes issuers are adjusting to the new reporting method and intends to continue efforts to advance CMS' goal of digitizing and modernizing data collection and reporting through incorporation of measures with mandatory ECDS reporting in the QRS measure set.

If CMS incorporates the SNS-E and DSF-E measures into the QRS measure set as proposed, CMS intends to follow the typical approach of collecting data for at least one year prior to including the new measures in scoring. For example, new measures added to the QRS measure set in the 2025 ratings year would not be included in scoring until the 2026 ratings year, at the earliest.

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

CMS previously solicited comments on the addition of the *Social Need Screening and Intervention (SNS-E)* measure to the QRS measure set beginning with the 2024 QRS measure set via the Draft 2023 Call Letter. Most commenters supported the addition of the measure as proposed or with refinements. However, as explained in the Final 2023 Call Letter, CMS did not finalize the proposed addition of the SNS-E measure beginning with the 2024 ratings year due to the concerns raised by commenters about the data availability related to ECDS-only reporting for this measure and the challenges related to obtaining structured clinical data. Additionally, in the Final 2023 Call Letter, CMS noted its continued consideration of the SNS-E measure for implementation in the QRS beginning with the 2025 ratings year, given it addresses the advancement of health equity.

CMS is once again proposing the addition of the SNS-E measure in the QRS measure set and proposes to add this measure beginning in the 2025 ratings year. As explained in the Draft 2023

Call Letter, the SNS-E measure was developed by the National Committee for Quality Assurance (NCQA) (i.e., the measure steward) to advance health equity and hold health plans accountable for assessing and addressing health-related social needs of their patient populations.⁸ The measure assesses screening for unmet food, housing, and transportation needs, and referral to intervention for those who screened positive. Consistent with the measure steward's specifications, this measure would be collected for the QRS through the ECDS reporting method and would focus on whether members were screened at least once during the measurement year and whether members who screened positively received a referral to an intervention. As CMS continues its commitment to advancing health equity, this measure would highlight potential issues related to unmet food, housing, and transportation needs.

Addition of the SNS-E measure to the 2025 QRS measure set would address CMS' Meaningful Measures 2.0 priority area of advancing health equity and would also align with a priority outlined in CMS' Framework for Health Equity to expand the data collection, reporting, and analysis of standardized data.⁹ Additionally, inclusion of this measure that addresses social drivers of health aligns with the other CMS quality reporting program approaches and is informed by recommendations from CMS' Office of Minority Health. The proposed addition would also align with updates to the Quality Improvement Strategy (QIS) standards applicable to QHP issuers participating in Exchanges that require health and health care disparities be addressed as a specific topic area in issuers' quality improvement strategies that began with calendar year 2023 for the 2024 Plan Year. Other CMS quality reporting programs are similarly considering the SNS-E measure for future implementation (e.g., Medicare Parts C & D). Finally, as detailed further in section 3.3 of this Draft Call Letter, CMS monitored reported rates of optional ECDS for existing QRS measure for the 2023 ratings year and found that the majority 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. Therefore, CMS believes issuers are adjusting to the new reporting method such that the ECDS reporting method for this measure should not present significant barriers for issuers to report data for this new measure.

If finalized as proposed, CMS would begin collecting data for the SNS-E measure for the 2025 ratings year, with scoring beginning with the 2026 ratings year, at the earliest.

The draft measure technical specifications for the SNS-E measure are included in Appendix B. *Social Need Screening and Intervention Measure Technical Specification*.

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

CMS previously solicited comments on the addition of the *Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)* measure to the QRS measure set beginning with the 2024 QRS measure set via the Draft 2023 Call Letter. As explained in the Final 2023 Call Letter, CMS did not finalize the inclusion of the DSF-E measure beginning with the 2024 ratings year due to

⁸ See The Future of HEDIS: Health Equity available at <https://www.ncqa.org/wp-content/uploads/2022/10/FOH-Using-HEDIS-to-Improve-Health-Equity-Oct-6-2022.pdf>

⁹ For more information on CMS' Meaningful Measures 2.0, see: <https://www.cms.gov/medicare/quality/meaningful-measures-initiative/meaningful-measures-20>. For more information on CMS' Framework for Health Equity 2022-2032, see: <https://www.cms.gov/files/document/cms-framework-health-equity-2022.pdf>.

concerns with data availability around ECDS-only reporting and the feasibility of including the measure in scoring, given the previously proposed timeline for inclusion in the QRS. Additionally, in the Final 2023 Call Letter, CMS noted its continued consideration of the measure for implementation in the QRS beginning with the 2025 ratings year, given its focus on early identification and treatment of mental health conditions.

CMS is once again proposing the addition of the DSF-E measure in the QRS measure set and proposes to add this measure beginning with the 2025 ratings year. As explained in the Draft 2023 Call Letter, the DSF-E measure was adapted by the measure steward (i.e., NCQA) from a provider-level measure (i.e., *Screening for Depression and Follow-Up Plan*) with financial support from CMS and is collected through the ECDS reporting method. This measure evaluates the percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care. The measure aligns with recommendations released by the U.S. Preventive Services Task Force (USPSTF) for routine screening for depression in the primary care setting and providing early intervention for depression.¹⁰ Addition of this measure to the QRS measure set would also support early identification and treatment of clinical depression, filling an important behavioral health need that is not currently covered by the behavioral health measures in the QRS measure set.

Incorporation of the DSF-E measure would support CMS' goal of alignment with other CMS quality reporting programs (e.g., Medicaid Adult Core Set, Medicaid Child Core Set, Merit-Based Incentive Payment System Program) that use a similar version of the measure to evaluate this behavioral health area. The addition of this measure to the QRS measure set also considers interested party feedback for a measure that focuses on early identification and treatment of mental health conditions. The addition of this measure would also address CMS' Meaningful Measures 2.0 priority area of behavioral health and would allow the QRS measure set to better align with the proposed Adult Universal Foundation measure set.¹¹ Finally, as detailed further in section 3.3 of this Draft Call Letter, CMS monitored reported rates of optional ECDS for existing QRS measure for the 2023 ratings year and found that the majority of data submission-eligible reporting units opted to report using the ECDS reporting method. Therefore, CMS believes issuers are adjusting to the new reporting method such that the ECDS-only reporting method for this measure should not present significant barriers for issuers to report data for this new measure.

If finalized as proposed, CMS would begin collecting data for the DSF-E measure for the 2025 ratings year, with scoring beginning with the 2026 ratings year, at the earliest.

The draft measure technical specifications for the DSF-E measure are included in Appendix C. *Depression Screening and Follow-Up for Adolescents and Adults Measure Technical Specification*.

¹⁰ See USPSTF's Final Recommendation Statement on Screening for Depression in Adults, available at: <https://www.uspreventiveservicestaskforce.org/uspstf/document/RecommendationStatementFinal/depression-in-adults-screening>

¹¹ For more information on the Adult Universal Foundation measure set, see: <https://www.cms.gov/aligning-quality-measures-across-cms-universal-foundation>.

3.2 Expanding Electronic Clinical Data System Reporting

For the 2024 ratings year, CMS is not proposing any changes to ECDS reporting requirements and will offer optional ECDS reporting alongside hybrid or administrative reporting for four measures in the QRS measure set: *Colorectal Cancer Screening*, *Cervical Cancer Screening*, *Immunization for Adolescents (Combination 2)*, and *Childhood Immunization Status (Combination 10)*.¹² In addition, ECDS-only reporting will apply in the 2024 ratings year to two measures in the QRS measure set – *Breast Cancer Screening (BCS-E)* and *Adult Immunization Status (AIS-E)*. 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 proposed for optional or required ECDS reporting via the Draft 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 proposed to transition to ECDS-only reporting.

Exhibit 3. Measures Proposed and Finalized for ECDS Reporting

Implementation Status	Status	ECDS Reporting Method
Finalized beginning with the 2023 ratings year¹³	<i>Breast Cancer Screening*</i>	Optional
	<i>Colorectal Cancer Screening*</i>	Optional
	<i>Immunizations for Adolescents (Combination 2)</i>	Optional
	<i>Childhood Immunization Status (Combination 10)</i>	Optional
Finalized beginning with the 2024 ratings year¹⁴	<i>Adult Immunization Status (AIS-E)</i>	Required
	<i>Cervical Cancer Screening</i>	Optional
	<i>Breast Cancer Screening (BCS-E)</i>	Required
Proposed for implementation beginning with the 2025 ratings year	<i>Colorectal Cancer Screening (COL-E)</i>	Required
	<i>Social Need Screening and Intervention (SNS-E)</i>	Required
	<i>Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)</i>	Required

As detailed in section 3.2.1 below, beginning with the 2025 ratings year, CMS proposes to transition the *Colorectal Cancer Screening* measure to ECDS-only reporting. As detailed above in sections 3.1.1 and 3.1.2, CMS proposes to add two measures – *Social Need Screening and Intervention (SNS-E)* and the *Depression Screening and Follow-Up for Adolescents and Adults*

¹² For more information on QRS measures reported using ECDS reporting for the 2024 ratings year, see the 2024 QRS Measure Technical Specifications: <https://www.cms.gov/medicare/quality/health-insurance-marketplace-initiatives>.

¹³ See supra note 4.

¹⁴ See supra note 4.

(DSF-E) – to the QRS measure set beginning with the 2025 ratings year that would also be subject to ECDS-only reporting.¹⁵

3.2.1 Transitioning the *Colorectal Cancer Screening* Measure to ECDS-Only Reporting

Beginning with the 2025 ratings year (i.e., 2024 measurement year), the measure steward (i.e., NCQA) is retiring the *Colorectal Cancer Screening* measure reported via the traditional (i.e., administrative or hybrid) method and transitioning to the *Colorectal Cancer Screening* (COL-E) measure that is reported via the ECDS method only. CMS proposes to transition reporting for the *Colorectal Cancer Screening* measure to the *Colorectal Cancer Screening* (COL-E) measure beginning with the 2025 ratings year in alignment with NCQA’s retirement of the measure reported via the traditional method. If this transition is finalized as proposed, QHP issuers will be required to submit the *Colorectal Cancer Screening* (COL-E) measure as part of data submissions for the 2025 ratings year. CMS will not include the *Colorectal Cancer Screening* (COL-E) measure in scoring until the 2026 ratings year and anticipates including the measure in scoring beginning with the 2026 ratings year.

CMS will continue to collect the *Colorectal Cancer Screening* measure and use it for scoring in the 2024 ratings year. For the 2024 ratings year (i.e., 2023 measurement year), CMS will continue to offer optional ECDS reporting alongside hybrid or administrative reporting for the *Colorectal Cancer Screening* measure.

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

Beginning with the 2025 ratings year (i.e., 2024 measurement year), CMS is proposing to update the form and manner in which QHP issuers must submit validated data for five measures in the QRS measure set. More specifically, CMS proposes to expand required collection and submission of stratified race and ethnicity data by QHP issuers for the following five measures: *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 collection and reporting of stratified measure data. If finalized, this refinement would be included as a part of the 2025 QRS Measure Technical Specifications in alignment with the measure steward’s (i.e., NCQA) refinements to these HEDIS[®] measures.

Exhibit 4 contains the measures for which CMS previously finalized the requirement for QHP issuers to submit validated race and ethnicity data in the Final 2022 Call Letter and Final 2023 Call Letter, as well as the three additional measures proposed for required submission of stratified race and ethnicity data collection via the Draft 2024 Call Letter.

¹⁵ If finalized as proposed, CMS would begin collecting data for these three new measures for the 2025 ratings year, but scoring for the measures would not begin until the 2026 ratings year, at the earliest.

Exhibit 4. Measures Proposed and Finalized for Race and Ethnicity Stratification Reporting

Implementation Status	Measure
Finalized beginning with the 2023 ratings year¹⁶	<ul style="list-style-type: none"> • <i>Child and Adolescent Well-Care Visits</i> • <i>Colorectal Cancer Screening</i> • <i>Controlling High Blood Pressure</i> • <i>Hemoglobin A1c (HbA1c) Control for Patient With Diabetes: HbA1c control (<8.0%)¹⁷</i> • <i>Prenatal and Postpartum Care</i>
Finalized beginning with the 2024 ratings year¹⁸	<ul style="list-style-type: none"> • <i>Asthma Medication Ratio</i> • <i>Breast Cancer Screening</i> • <i>HbA1c Control for Patients with Diabetes: HbA1c poor control (>9.0%)</i> • <i>Immunization for Adolescents</i> • <i>Initiation and Engagement of Substance Use Disorder Treatment</i> • <i>Well-Child Visits in the First 30 Months of Life</i>
Proposed for implementation beginning with the 2025 ratings year	<ul style="list-style-type: none"> • <i>Eye Exam for Patients with Diabetes</i> • <i>Follow-Up After Hospitalization for Mental Illness</i> • <i>Kidney Health Evaluation for Patients with Diabetes</i> • <i>Childhood Immunization Status (Combination 10)</i> • <i>Cervical Cancer Screening</i>

3.4 Proposed Revisions to the QHP Enrollee Survey Protocol

Beginning with the 2025 ratings year, CMS is proposing to change the sampling protocol for the QHP Enrollee Survey to allow QHP issuers the option to oversample at any desired level. The standard sample size for the QHP Enrollee Survey is 1,300 enrollees. Under this proposal, QHP issuers would have the option to oversample (i.e., select a sample larger than the standard sample size) to increase the number of responses received, the reliability and validity of survey results, or the likelihood that a reportable result is achieved. Oversampling may be conducted for a reporting unit if the reporting unit contains enough eligible enrollees to support the increased sample size. 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 #0938-1221. QHP issuers would not submit the request directly to CMS and would coordinate with their contracted vendor to submit the oversampling request to CMS on their behalf. Vendors would include this request in their 2025 Preliminary QHP Client List submitted to CMS in early January 2025 and include the reporting unit(s) requesting to oversample, desired oversampling rate, estimated number of eligible enrollees, and rationale for oversampling decision.¹⁹ Regardless of the desired sample size, vendors would be required to follow the

¹⁶ For more information on the QRS measures with required race and ethnicity stratified reporting beginning with the 2023 ratings year, see section 3.6 of the Final 2022 Call Letter: <https://www.cms.gov/files/document/final-2022-call-letter-qrs-qhp-enrollee-survey.pdf>.

¹⁷ In the Final 2023 Call Letter, CMS finalized the transition of the *HbA1c Control for Patient with Diabetes: HbA1c Control (<8.0%)* measure to the with *HbA1c Control for Patient with Diabetes: HbA1c poor control (>9.0%)* measure beginning with the 2024 ratings year.

¹⁸ For more information on the QRS measures with required race and ethnicity stratified reporting beginning with the 2024 ratings year, see section 4.5 of the Final 2023 Call Letter: <https://www.cms.gov/files/document/final-2023-call-letter-quality-rating-system-and-qualified-health-plan-enrollee-experience-survey.pdf>.

¹⁹ For more information on the Preliminary QHP Client List submitted by approved vendors to CMS, see the QHP Enrollee Survey Technical Specifications: <https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/qualityinitiativesgeninfo/aca-mqi/consumer-experience-surveys/surveys-page>

sampling protocols specified in the 2025 QRS and QHP Enrollee Survey Technical Guidance and adhere to all standard data collection protocols and procedures.

4. Potential QRS and QHP Enrollee Survey Revisions for Future Years

CMS is also soliciting comments on potential modifications to the QRS and QHP Enrollee Survey for future years (e.g., the 2025 ratings year and beyond). Topics under consideration and evaluation for potential revisions in future years include, but are 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.

CMS anticipates including these 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 is soliciting general comments at this time to help inform the development of potential future proposals.

4.1 Forthcoming Retirement of the *Antidepressant Medication Monitoring Measure*

Beginning with the HEDIS 2025 measurement year, the measure steward (i.e., NCQA) will retire the *Antidepressant Medication Management* measure. NCQA is retiring the *Antidepressant Medication Management* measure because it focuses on medication adherence and does not address other recommended treatments, such as psychotherapy.²⁰ CMS plans to align the QRS with NCQA's decision to retire this measure and intends to propose the removal of the *Antidepressant Medication Management* measure from the QRS measure set beginning with the 2026 ratings year in the Draft 2025 Call Letter.

As detailed in section 3.1.2 of this Draft 2024 Call Letter, CMS proposes to replace this measure with the *Depression Screening and Follow-Up for Adolescents and Adults* (DSF-E) measure. If finalized as proposed, CMS' addition of the *Depression Screening and Follow-Up for Adolescents and Adults* (DSF-E) measure in the QRS beginning with the 2025 ratings year would limit gaps in the inclusion of behavioral health-related measures in QRS scoring. CMS will continue to collect the *Antidepressant Medication Management* measure and use it for scoring in the 2025 ratings year, and the *Depression Screening and Follow-Up for Adolescents and Adults* (DSF-E) measure, if finalized as proposed, would be included in scoring for the first time during the 2026 ratings year at the earliest.

4.2 Forthcoming Transition to ECDS-Only Reporting

Beginning with the HEDIS 2025 measurement year, NCQA has indicated that the following measures will potentially transition from ECDS-optional to ECDS-only reporting: *Childhood Immunization Status*, *Immunization for Adolescents*, and *Cervical Cancer Screening*.²¹ CMS

²⁰ See Retiring and Replacing HEDIS Measures, 2024-2026: <https://www.ncqa.org/blog/retiring-and-replacing-hedis-measures-2024-2026/>.

²¹ See HEDIS Electronic Clinical Data Systems (ECDS) Reporting, "Transition to ECDS Reporting": <https://www.ncqa.org/hedis/the-future-of-hedis/hedis-electronic-clinical-data-system-ecds-reporting/>.

plans to align with the NCQA's timeline and propose the transition of the form and manner for submitting validated data for the *Childhood Immunization Status*, *Immunization for Adolescents*, and *Cervical Cancer Screening* measures to ECDS-only beginning with the 2026 ratings year in the Draft 2025 Call Letter. CMS continues to prioritize advancement of digital quality measurement in the QRS and anticipates continued expansion of ECDS reporting for QRS measures in alignment with the measure stewards' specifications.

As outlined in section 3.2, above, QHP issuers currently have the option to submit the *Childhood Immunization Status*, *Immunization for Adolescents*, and *Cervical Cancer Screening* measure data collected using the traditional reporting method (i.e., administrative or hybrid method) or using the ECDS method. CMS anticipates continuing to provide for optional ECDS reporting for these three measures for the 2025 ratings year.

4.3 Revisions to the QHP Enrollee Survey Questionnaire

The QHP Enrollee Survey is designed to help CMS and interested parties understand enrollees' experience with their health plan and care. CMS annually reviews feedback on the value and usability of the QHP Enrollee Survey from interested parties through public comment and the QHP Enrollee Survey Technical Expert Panel. CMS also analyzes QHP Enrollee Survey results, including question response rates and reliability. CMS has received public comments via previous Call Letters and QHP issuer focus groups expressing concerns about the length of the QHP Enrollee Survey and the impact on response rates. Over the last five years, CMS has shortened the QHP Enrollee Survey and removed 15 questions from the instrument. CMS welcomes additional public comment on potential questions for addition or removal to assist the agency as it continues to consider potential revisions to the survey questionnaire. Sections 4.4 and 4.5 preview additional new questions CMS is considering adding to the QHP Enrollee Survey in future years to solicit early feedback on these potential revisions.

4.4 Adding New Questions to the QHP Enrollee Survey

While CMS generally aims to reduce the length of the QHP Enrollee Survey, CMS also strives to advance national priorities, such as alignment and equity, and is considering the addition of new questions that can achieve these goals. More specifically, CMS is considering whether there are additional topics that are not currently measured by the QHP Enrollee Survey that should be added and may inform ways to improve the quality of care provided by coverage offered by QHP issuers and advance health equity. CMS is considering the addition of a question related to perceived unfair treatment (based on demographics or health status).²² The additional question would read as follows:

In the last 6 months, did anyone from a clinic, emergency room, or doctor's office where you got care treat you in an unfair or insensitive way because of any of the following things about you? *Mark one or more.*

- Health condition
- Disability

²² The perceived unfair treatment question is currently used in the Medicare Advantage and Prescription Drug Plan Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey: <https://ma-pdpcahps.org/en/Current-Data-Collection-Materials/>

- Age
- Culture or religion
- Language or accent
- Race or ethnicity
- Sex (female or male)
- Sexual orientation
- Gender or gender identity
- Income
- I was not treated in an unfair or insensitive way

CMS is interested in feedback on this specific topic, as well as other topics that should be considered for inclusion. CMS will comply with the PRA as applicable for implementing changes to the QHP Enrollee Survey, currently authorized under OMB number 0938-1221.

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

CMS is committed to advancing health equity. The data collected through the QHP Enrollee Survey are an important part of QHP issuers' quality improvement activities and for informing efforts to advance health equity. In the Draft 2023 Call Letter, CMS sought feedback on the addition of questions to the survey regarding sexual orientation and gender identity (SOGI). Commenters generally supported CMS' proposal to explore adding questions related to SOGI. Based on this feedback, CMS is considering revising the current sex question to read as follows:

What sex were you assigned at birth, on your birth certificate?

- Female
- Male
- Prefer not to answer

CMS is also considering the addition of questions related to gender and sexual orientation to further facilitate analysis of health equity and disparities amongst different subpopulations. The proposed questions and response options would read:

What is your current gender?

- Female
- Male
- Transgender woman
- Transgender man
- Non-binary
- Gender fluid
- I use a different term
- Prefer not to answer

Which of the following best represents how you think about yourself?

- Lesbian or gay
- Straight, that is, not gay or lesbian

- Bisexual
- I use a different term
- Prefer not to answer

CMS is also considering the addition of a question related to primary language. The addition of this question would provide insight and awareness for QHP issuers into the quality of care and satisfaction among members of different demographics enrolled in each health plan. The question and response options would read as follows:

What language do you mainly speak at home?

- English
- Spanish
- Chinese
- Some other language (specify)

The response options provided for the question align with the three languages that the survey is available in to enrollees. Respondents who indicate that their primary language is a language other than English, Spanish, or Chinese will have the ability to write in a different language on the mail or internet survey. For telephone survey respondents, enrollees will be asked to specify the language primarily spoken at home.

In addition to seeking comment through this Draft Call Letter, CMS will seek public comment on changes through a Federal Register Notice published as part of the PRA clearance process in advance of the 2027 QHP Enrollee Survey. CMS is also obtaining input through focus groups with consumers.

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

The QHP Enrollee Survey employs a mixed-mode data collection methodology that includes mail, internet, and telephone. Under the current protocol, sampled enrollees initially receive mail surveys and have the opportunity to complete the survey online as instructed in the mail materials. Nonrespondents receive additional mailings, reminder emails, and up to six attempts to complete the survey by telephone.

CMS is exploring revisions to this protocol to allow sampled enrollees the opportunity to complete the survey by internet prior to sending mail surveys. This method may reduce the administrative costs of fielding the survey while maintaining opportunities to improve or maintain response rates. CMS welcomes feedback on this potential change to the protocols governing survey administration. Prior to implementation, CMS will also 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 number 0938-1221.

Appendix A. QRS Hierarchy

The QRS measures are organized into a hierarchical structure that serves as a foundation of the QRS rating methodology (i.e., the QRS hierarchy). The measures are grouped into summary indicators to form a single global rating.²³

Exhibit 5 illustrates the proposed QRS hierarchy for the 2025 ratings year, which is the organization of measures into summary indicators and ultimately, a single global rating. Measures denoted with an asterisk (*) and in bold font are measures proposed for addition to the measure set and, if finalized as proposed, would be collected, but not included in 2025 QRS scoring. The measures collected using the ECDS reporting method are noted with a euro sign (€). Measures not currently endorsed by the Consensus-Based Entity (CBE) are noted with the yen sign (¥).

Exhibit 5. Proposed 2025 QRS Hierarchy

QRS Summary Indicator	Measure Title	CBE ID (* indicates not currently endorsed)
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% ²⁴	0059
	Kidney Health Evaluation for Patients with Diabetes	N/A
	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*	

²³ In communicating total measure counts, the totals presented here represent the perspective of the scoring methodology, rather than the perspective of the measure steward. If counting based on the perspective of the scoring methodology, there are 39 measures that are collected and used in scoring (rather than 36). The difference of three measures in this count comes from two factors. First, Prenatal and Postpartum Care is split into two distinct measures for the QRS hierarchy: *Timeliness of Prenatal Care* and *Postpartum Care*. Similarly, Proportion of Days Covered (CBE #0541) is split into three distinct measures: *Diabetes All Class*, *Renin Angiotensin System (RAS) Antagonists*, and *Statins*.

²⁴ 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 will release updated specifications for this measure in the *2025 QRS Measure Technical Specifications*.

QRS Summary Indicator	Measure Title	CBE ID (* indicates not currently endorsed)
	Breast Cancer Screening [€]	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
	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
<i>Collected but not included for purposes of QRS scores or ratings</i>		
N/A	Enrollment by Product Line	N/A*

Appendix B. Social Need Screening and Intervention Measure Technical Specification

Social Need Screening and Intervention (SNS-E)

HEDIS FOR QRS SPECIFIC GUIDANCE

Description	<p>The percentage of members who were screened, using prespecified instruments, at least once during the measurement period for unmet food, housing and transportation needs, and received a corresponding intervention if they screened positive.</p> <p><i>Food Screening.</i> The percentage of members who were screened for food insecurity.</p> <p><i>Food Intervention.</i> The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for food insecurity.</p> <p><i>Housing Screening.</i> The percentage of members who were screened for housing instability, homelessness or housing inadequacy.</p> <p><i>Housing Intervention.</i> The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for housing instability, homelessness or housing inadequacy.</p> <p><i>Transportation Screening.</i> The percentage of members who were screened for transportation insecurity.</p> <p><i>Transportation Intervention.</i> The percentage of members who received a corresponding intervention within 30 days (1 month) of screening positive for transportation insecurity.</p>
Measurement period	<p>January 1 – December 31.</p>
Clinical recommendation statement	<p>American Academy of Family Physicians (AAFP) urges health insurers and payors to provide appropriate payment to support health care practices to identify, monitor, assess, and address SDoH.</p> <p>American Academy of Pediatrics (AAP) recommends surveillance for risk factors related to social determinants of health during all patient encounters.</p> <p>American Diabetes Association (ADA) recommends assessing food insecurity, housing insecurity/homelessness, financial barriers and social capital/social community support to inform treatment decisions, with referral to appropriate local community resources.</p>

<p>Citations</p>	<p>American Academy of Family Physicians. 2019. “Advancing Health Equity by Addressing the Social Determinants of Health in Family Medicine (Position Paper).” https://www.aafp.org/about/policies/all/social-determinants-health-family-medicine-position-paper.html</p> <p>American Academy of Pediatrics. 2016. “Poverty and Child Health in the United States.” https://pediatrics.aappublications.org/content/137/4/e20160339#sec-12</p> <p>American Diabetes Association. 2022. “Standards of Medical Care in Diabetes-2022.” Diabetes Care 45(Suppl 1): S4–7. DOI:10.2337/dc22-Srev</p> <p>The Gravity Project. “Terminology Workstream Dashboard.” The Gravity Project Confluence, n.d. https://confluence.hl7.org/display/GRAV/Terminology+Workstream+Dashboard</p>
<p>Characteristics</p>	
<p>Scoring</p> <p>Type</p> <p>Stratification</p>	<p>Proportion.</p> <p>Process.</p> <ul style="list-style-type: none"> • Food Screening. <ul style="list-style-type: none"> Product line: <ul style="list-style-type: none"> Exchange. Age (as of the start of the measurement period): <ul style="list-style-type: none"> ≤17 years. 18–64 years. 65 and older. • Food Intervention. <ul style="list-style-type: none"> Product line: <ul style="list-style-type: none"> Exchange. Age (as of the start of the measurement period): <ul style="list-style-type: none"> ≤17 years. 18–64 years. 65 and older. • Housing Screening. <ul style="list-style-type: none"> Product line: <ul style="list-style-type: none"> Exchange. Age (as of the start of the measurement period): <ul style="list-style-type: none"> ≤17 years. 18–64 years. 65 and older. • Housing Intervention. <ul style="list-style-type: none"> Product line: <ul style="list-style-type: none"> Exchange.

<p>Risk adjustment</p> <p>Improvement notation</p> <p>Guidance</p>	<p>Age (as of the start of the measurement period): ≤17 years. 18–64 years. 65 and older.</p> <ul style="list-style-type: none"> • Transportation Screening. Product line: Exchange. Age (as of the start of the measurement period): ≤17 years. 18–64 years. 65 and older. • Transportation Intervention. Product line: Exchange. Age (as of the start of the measurement period): ≤17 years. 18–64 years. 65 and older. <p>None.</p> <p>A higher rate indicates better performance.</p> <p>Allocation: The member was enrolled with a medical benefit throughout the participation period.</p> <p>No more than one gap in enrollment of up to 45 days during the measurement period.</p> <p>The member must be enrolled on the last day of the measurement period.</p> <p>Reporting: The total is the sum of the age stratifications.</p> <p>Programming Guidance: The requirements for identifying members in hospice using the monthly membership detail data files are not included in the measure calculation logic, and must be programmed manually.</p> <p>Product line stratifications are not included in the measure calculation logic, and must be programmed manually.</p> <p>Refer to the HEDIS Implementation Guide in the digital measure package for additional programming guidance.</p>
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Definitions	
Participation	The identifiers and descriptors for each organization’s coverage used to define members’ eligibility for measure reporting. Allocation for reporting is based on eligibility during the participation period.
Participation period	The measurement period.
Food insecurity	Uncertain, limited or unstable access to food that is: adequate in quantity and in nutritional quality; culturally acceptable; safe and acquired in socially acceptable ways.
Housing instability	Currently consistently housed but experiencing any of the following circumstances in the past 365 days: being behind on rent or mortgage, multiple moves, cost burden or risk of eviction.
Homelessness	Currently living in an environment that is not meant for permanent human habitation (e.g., cars, parks, sidewalks, abandoned buildings, on the street); not having a consistent place to sleep at night; or because of economic difficulties, currently living in a shelter, motel, temporary or transitional living situation.
Housing inadequacy	Housing does not meet habitability standards.
Transportation insecurity	Uncertain, limited or no access to safe, reliable, accessible, affordable and socially acceptable transportation infrastructure and modalities necessary for maintaining one’s health, well-being or livelihood.

Food insecurity instruments	Eligible screening instruments with thresholds for positive findings include:		
	Food Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
	Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	88122-7	LA28397-0 LA6729-3
		88123-5	LA28397-0 LA6729-3
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool	88122-7	LA28397-0 LA6729-3
		88123-5	LA28397-0 LA6729-3
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	88122-7	LA28397-0 LA6729-3
		88123-5	LA28397-0 LA6729-3
	Health Leads Screening Panel ^{®1}	95251-5	LA33-6
	Hunger Vital Sign ^{™1} (HVS)	88124-3	LA19952-3
	Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE] ^{®1}	93031-3	LA30125-1
	Safe Environment for Every Kid (SEEK) ^{®1}	95400-8	LA33-6
		95399-2	LA33-6
	U.S. Household Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
	U.S. Adult Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
	U.S. Child Food Security Survey [U.S. FSS]	95264-8	LA30985-8 LA30986-6
	U.S. Household Food Security Survey—Six-Item Short Form [U.S. FSS]	95264-8	LA30985-8 LA30986-6
We Care Survey	96434-6	LA32-8	
WellRx Questionnaire	93668-2	LA33-6	
¹ Proprietary; may be cost or licensing requirement associated with use.			

Housing instability, homelessness and housing inadequacy screening instruments	Eligible screening instruments with thresholds for positive findings include:		
	Housing Instability and Homelessness Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
	Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	71802-3	LA31994-9 LA31995-6
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99550-6	LA33-6
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	71802-3	LA31994-9 LA31995-6
	Children’s Health Watch Housing Stability Vital Signs™ 1	98976-4	LA33-6
		98977-2	≥3
		98978-0	LA33-6
	Health Leads Screening Panel®1	99550-6	LA33-6
	Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE]®1	93033-9	LA33-6
		71802-3	LA30190-5
We Care Survey	96441-1	LA33-6	
WellRx Questionnaire	93669-0	LA33-6	
¹Proprietary; may be cost or licensing requirement associated with use.			

Housing Inadequacy Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool	96778-6	LA32691-0 LA28580-1 LA32693-6 LA32694-4 LA32695-1 LA32696-9 LA32001-2
American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	96778-6	LA31996-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2
Norwalk Community Health Center Screening Tool [NCHC]	99134-9	LA33-6
	99135-6	LA3199h6-4 LA28580-1 LA31997-2 LA31998-0 LA31999-8 LA32000-4 LA32001-2

Transportation insecurity screening instruments	Eligible screening instruments with thresholds for positive findings include:		
	Transportation Insecurity Instruments	Screening Item LOINC Codes	Positive Finding LOINC Codes
	Accountable Health Communities (AHC) Health-Related Social Needs (HRSN) Screening Tool	93030-5	LA33-6
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool	99594-4	LA33-6
	American Academy of Family Physicians (AAFP) Social Needs Screening Tool—short form	99594-4	LA33093-8 LA30134-3
	Comprehensive Universal Behavior Screen (CUBS)	89569-8	LA29232-8 LA29233-6 LA29234-4
	Health Leads Screening Panel ^{®1}	99553-0	LA33-6
	Outcome and assessment information set (OASIS) form— version E—Discharge from Agency [CMS Assessment]	93030-5	LA30133-5 LA30134-3
	Outcome and assessment information set (OASIS) form— version E— Resumption of Care [CMS Assessment]	93030-5	LA30133-5 LA30134-3
	Outcome and assessment information set (OASIS) form— version E—Start of Care [CMS Assessment]	93030-5	LA30133-5 LA30134-3
	Protocol for Responding to and Assessing Patients' Assets, Risks and Experiences [PRAPARE] ^{®1}	93030-5	LA30133-5 LA30134-3
	PROMIS ^{®1}	92358-1	LA30024-6 LA30026-1 LA30027-9
WellRx Questionnaire	93671-6	LA33-6	
¹ Proprietary; may be cost or licensing requirement associated with use. Note: The SNS-E screening numerator counts only screenings that use instruments in the measure specification as identified by the associated LOINC code(s). Allowed screening instruments and LOINC codes for each social need domain are listed above.			

<p>Interventions</p>	<p><i>NCQA recognizes that organizations might need to adapt or modify instruments to meet the needs of their membership. To clarify:</i></p> <ul style="list-style-type: none"> • <i>The SNS-E measure specification does not prohibit cultural adaptations or linguistic translations from being counted toward the measure’s screening numerators.</i> • <i>Only screenings documented using the LOINC codes specified in the SNS-E measure count toward the measure’s screening numerators.</i> • <i>The Regenstrief Institute, which maintains the LOINC database, has indicated that LOINC codes are not developed at the level of granularity that distinguishes between original and adapted or translated instruments.</i> • <i>Tool developers have varying policies with regard to cultural adaptation and translations; some state that users may adapt screening instruments, others state that organizations must obtain permission first. NCQA urges organizations to refer to the tool developer for information about adaptations or translations that are available or allowed.</i> <p>An intervention corresponding to the type of need identified on or up to 30 days after the date of the first positive screening during the measurement period.</p> <p>A positive food insecurity screen finding must be met by a food insecurity intervention.</p> <p>A positive housing instability or homelessness screen finding must be met by a housing instability or homelessness intervention.</p> <p>A positive housing inadequacy screen finding must be met by a housing inadequacy intervention.</p> <p>A positive transportation insecurity screen finding must be met by a transportation insecurity intervention.</p> <p>Intervention may include any of the following intervention categories: assistance, assessment, counseling, coordination, education, evaluation of eligibility, provision or referral.</p>
<p>Initial population</p>	<p>Initial population 1 Members of any age enrolled at the start of the measurement period who also meet criteria for participation.</p> <p>Initial population 2 Same as the initial population 1.</p> <p>Initial population 3 Same as the initial population 1.</p> <p>Initial population 4 Same as the initial population 1.</p> <p>Initial population 5 Same as the initial population 1.</p>

	<p>Initial population 6 Same as the initial population 1.</p>
<p>Exclusions</p>	<p>Exclusions 1</p> <ul style="list-style-type: none"> • Members who use hospice services (<u>Hospice Encounter Value Set</u>; <u>Hospice Intervention Value Set</u>) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these members must use only the run date of the file to determine if the member elected to use a hospice benefit during the measurement period. • Members who die any time during the measurement period. • Medicare members 66 years of age and older by the end of the measurement period who meet either of the following: Enrolled in an Institutional SNP (I-SNP) any time during the measurement period. Living long-term in an institution any time during the measurement period, as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement period. <p>Exclusions 2 Same as exclusions 1.</p> <p>Exclusions 3 Same as exclusions 1.</p> <p>Exclusions 4 Same as exclusions 1.</p> <p>Exclusions 5 Same as exclusions 1.</p> <p>Exclusions 6 Same as exclusions 1.</p>
<p>Denominator</p>	<p>Denominator 1 The initial population, minus exclusions.</p> <p>Denominator 2 All members in numerator 1 with a positive food insecurity screen finding between January 1 and December 1 of the measurement period.</p> <p>Denominator 3 Same as denominator 1.</p> <p>Denominator 4 All members in numerator 3 with a positive housing instability, homelessness or housing inadequacy screen finding between January 1 and December 1 of the measurement period.</p> <p>Denominator 5 Same as denominator 1.</p>

	<p>Denominator 6 All members in numerator 5 with a positive transportation insecurity screen finding between January 1 and December 1 of the measurement period.</p>
<p>Numerator</p>	<p>Numerator 1—Food Screening Members in denominator 1 with a documented result for food insecurity screening performed between January 1 and December 1 of the measurement period.</p> <p>Numerator 2—Food Intervention Members in denominator 2 receiving a food insecurity intervention (<u>Food Insecurity Procedures Value Set</u>) on or up to 30 days after the date of the first positive food insecurity screen (31 days total).</p> <p>Numerator 3—Housing Screening Members in denominator 3 with a documented result for housing instability, homelessness or housing inadequacy screening performed between January 1 and December 1 of the measurement period.</p> <p>Numerator 4—Housing Intervention Members in denominator 4 receiving an intervention corresponding to the type of housing need identified on or up to 30 days after the date of the first positive housing screen (31 days total).</p> <ul style="list-style-type: none"> • Housing Instability Intervention (<u>Housing Instability Procedures Value Set</u>). • Homelessness Intervention (<u>Homelessness Procedures Value Set</u>). • Housing Inadequacy Intervention (<u>Inadequate Housing Procedures Value Set</u>). <p>Numerator 5—Transportation Screening Members in denominator 5 with a documented result for transportation insecurity screening performed between January 1 and December 1 of the measurement period.</p> <p>Numerator 6—Transportation Intervention Members in denominator 6 receiving a transportation insecurity intervention (<u>Transportation Insecurity Procedures Value Set</u>) on or up to 30 days after the date of the first positive transportation screen (31 days total).</p>
<p>Data criteria (element level)</p>	
<p>Value Sets:</p> <ul style="list-style-type: none"> • NCQA_Hospice-3.0.0 <ul style="list-style-type: none"> – Hospice Encounter (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1761) – Hospice Intervention (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1762) • SNSE_HEDIS_MY2024-2.0.0 <ul style="list-style-type: none"> – Food Insecurity Procedures (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2262) 	

- Homelessness Procedures
(<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2410>)
- Housing Instability Procedures
(<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2412>)
- Inadequate Housing Procedures
(<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2411>)
- Transportation Insecurity Procedures
(<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2264>)

Direct reference codes and codesystems:

• **NCQA_Terminology-3.0.0**

- codesystem "ActCode": 'http://terminology.hl7.org/CodeSystem/v3-ActCode'
- code "managed care policy": 'MCPOL' from "ActCode"
- code "retiree health program": 'RETIRE' from "ActCode"
- code "subsidized health program": 'SUBSIDIZ' from "ActCode"

• **SNSE_HEDIS_MY2024-2.0.0**

- codesystem "LOINC": 'http://loinc.org'
- code "Access to transportation/mobility status [CUBS]": '89569-8' from "LOINC" display 'Access to transportation/mobility status [CUBS]'
- code "Always has enough food for family Caregiver": '96434-6' from "LOINC" display 'Always has enough food for family Caregiver'
- code "Are you homeless or worried that you might be in the future [WellRx]": '93669-0' from "LOINC" display 'Are you homeless or worried that you might be in the future [WellRx]'
- code "Are you worried about losing your housing [PRAPARE]": '93033-9' from "LOINC" display 'Are you worried about losing your housing [PRAPARE]'
- code "At risk": 'LA19952-3' from "LOINC" display 'At risk'
- code "At risk of becoming homeless Caregiver": '96441-1' from "LOINC" display 'At risk of becoming homeless Caregiver'
- code "Behind on rent or mortgage in past 12 months": '98976-4' from "LOINC" display 'Behind on rent or mortgage in past 12 months'
- code "Bug infestation": 'LA32691-0' from "LOINC" display 'Bug infestation'
- code "Current level of confidence I can use public transportation [PROMIS]": '92358-1' from "LOINC" display 'Current level of confidence I can use public transportation [PROMIS]'
- code "Delayed medical care due to distance or lack of transportation": '99594-4' from "LOINC" display 'Delayed medical care due to distance or lack of transportation'
- code "Did you or others you live with eat smaller meals or skip meals because you didn't have money for food in the past 2 months [WellRx]": '93668-2' from "LOINC" display 'Did you or others you live with eat smaller meals or skip meals because you didnt have money for food in the past 2 months'
- code "Do you have trouble finding or paying for transportation [WellRx]": '93671-6' from "LOINC" display 'Do you have trouble finding or paying for transportation [WellRx]'
- code "Environmental conditions in the home that affect you or your families health": '99135-6' from "LOINC" display 'Environmental conditions in the home that affect you or your families health'
- code "Food": 'LA30125-1' from "LOINC" display 'Food'
- code "Food insecurity risk [HVS]": '88124-3' from "LOINC" display 'Food insecurity risk [HVS]'

- code "Food security status [U.S. FSS]": '95264-8' from "LOINC" display 'Food security status [U.S. FSS]'
- code "Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living": '93030-5' from "LOINC" display 'Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living'
- code "Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living [CMS Assessment]": '101351-5' from "LOINC" display 'Has lack of transportation kept you from medical appointments, meetings, work, or from getting things needed for daily living'
- code "Have you or any family members you live with been unable to get any of the following when it was really needed in past 1 year [PRAPARE]": '93031-3' from "LOINC" display 'Have you or any family members you live with been unable to get any of the following when it was really needed in past 1 year [PRAPARE]'
- code "Homeless in past 12 months": '98978-0' from "LOINC" display 'Homeless in past 12 months'
- code "Housing status": '71802-3' from "LOINC" display 'Housing status'
- code "I am a little confident": 'LA30026-1' from "LOINC" display 'I am a little confident'
- code "I am not at all confident": 'LA30024-6' from "LOINC" display 'I am not at all confident'
- code "I am somewhat confident": 'LA30027-9' from "LOINC" display 'I am somewhat confident'
- code "I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)": 'LA31995-6' from "LOINC" display 'I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park)'
- code "I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)": 'LA30190-5' from "LOINC" display 'I do not have housing (staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, or in a park)'
- code "I have a place to live today, but I am worried about losing it in the future": 'LA31994-9' from "LOINC" display 'I have a place to live today, but I am worried about losing it in the future'
- code "I have no access to transportation, public or private; may have car that is inoperable": 'LA29234-4' from "LOINC" display 'I have no access to transportation, public or private; may have car that is inoperable'
- code "In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food [U.S. FSS]": '95251-5' from "LOINC" display 'In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money for food [U.S. FSS]'
- code "Inadequate heat": 'LA32694-4' from "LOINC" display 'Inadequate heat'
- code "Lack of heat": 'LA31998-0' from "LOINC" display 'Lack of heat'
- code "Lead paint or pipes": 'LA31997-2' from "LOINC" display 'Lead paint or pipes'
- code "Lead paint/pipes": 'LA32693-6' from "LOINC" display 'Lead paint/pipes'
- code "Low food security": 'LA30985-8' from "LOINC" display 'Low food security'
- code "Mold": 'LA28580-1' from "LOINC" display 'Mold'
- code "My transportation is available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured": 'LA29232-8' from "LOINC" display 'My transportation is

available and reliable, but limited and/or inconvenient; drivers are licensed and minimally insured'

- code "My transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.": 'LA29233-6' from "LOINC" display 'My transportation is available, but unreliable, unpredictable, unaffordable; may have car but no insurance, license, etc.'
- code "No": 'LA32-8' from "LOINC" display 'No'
- code "No or non-working smoke detectors": 'LA32696-9' from "LOINC" display 'No or non-working smoke detectors'
- code "Non-functioning oven/stove": 'LA32695-1' from "LOINC" display 'Non-functioning oven/stove'
- code "Number of residential moves in past 12 months": '98977-2' from "LOINC" display 'Number of residential moves in past 12 months'
- code "Often true": 'LA28397-0' from "LOINC" display 'Often true'
- code "Oven or stove not working": 'LA31999-8' from "LOINC" display 'Oven or stove not working'
- code "Pests such as bugs, ants, or mice": 'LA31996-4' from "LOINC" display 'Pests such as bugs, ants, or mice'
- code "Problems with place where you live": '96778-6' from "LOINC" display 'Problems with place where you live'
- code "Smoke detectors missing or not working": 'LA32000-4' from "LOINC" display 'Smoke detectors missing or not working'
- code "Sometimes true": 'LA6729-3' from "LOINC" display 'Sometimes true'
- code "Very low food security": 'LA30986-6' from "LOINC" display 'Very low food security'
- code "Water leaks": 'LA32001-2' from "LOINC" display 'Water leaks'
- code "Went without health care due to lack of transportation in last 12 months": '99553-0' from "LOINC" display 'Went without health care due to lack of transportation in last 12 months'
- code "Within the past 12 months the food we bought just didn't last and we didn't have money to get more [U.S. FSS]": '88123-5' from "LOINC" display 'Within the past 12 months the food we bought just didnt last and we didnt have money to get more [U.S. FSS]'
- code "Within the past 12 months the food we bought just didn't last and we didn't have money to get more Caregiver [U.S. FSS]": '95399-2' from "LOINC" display 'In the last 12 months, did the food you bought just not last and you didnt have money to get more?'
- code "Within the past 12 months we worried whether our food would run out before we got money to buy more [U.S. FSS]": '88122-7' from "LOINC" display 'Within the past 12 months we worried whether our food would run out before we got money to buy more [U.S. FSS]'
- code "Within the past 12 months we worried whether our food would run out before we got money to buy more Caregiver [U.S. FSS]": '95400-8' from "LOINC" display 'Within the past 12 months we worried whether our food would run out before we got money to buy more Caregiver [U.S. FSS]'
- code "Worried about housing stability in next 2 months": '99550-6' from "LOINC" display 'Worried about housing stability in next 2 months'
- code "Yes": 'LA33-6' from "LOINC" display 'Yes'
- code "Yes, it has kept me from medical appointments or from getting my medications": 'LA30133-5' from "LOINC" display 'Yes, it has kept me from medical appointments or from getting my medications'

- code "Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need": 'LA30134-3' from "LOINC" display 'Yes, it has kept me from non-medical meetings, appointments, work, or from getting things that I need'
- code "You or your families health is affected by environmental conditions at home": '99134-9' from "LOINC" display 'You or your families health is affected by environmental conditions at home'

Data Elements for Reporting

Organizations that submit HEDIS data for QRS data to NCQA must provide the following data elements in a specified file.

Table SNS-E-4: Data Elements for Social Need Screening and Intervention

Metric	Age	Data Element	Reporting Instructions
FoodScreening*	0-17	InitialPopulation	For each Metric and Stratification
FoodIntervention	18-64	ExclusionsByEHR	For each Metric and Stratification
HousingScreening*	65+	ExclusionsByCaseManagement	For each Metric and Stratification
HousingIntervention	Total	ExclusionsByHIERegistry	For each Metric and Stratification
TransportationScreening*		ExclusionsByAdmin	For each Metric and Stratification
TransportationIntervention		Exclusions	(Sum over SSoRs)
		Denominator	For each Metric and Stratification
		NumeratorByEHR	For each Metric and Stratification
		NumeratorByCaseManagement	For each Metric and Stratification
		NumeratorByHIERegistry	For each Metric and Stratification
		NumeratorByAdmin	For each Metric and Stratification
		Numerator	(Sum over SSoRs)
		Rate	(Percent)

**These metrics share an initial population. Repeat the initial population, denominator and exclusions data elements for all three screening metrics.*

Appendix C. Depression Screening and Follow-Up for Adolescents and Adults Measure Technical Specification

Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)*

*Adapted with financial support from the Centers for Medicare & Medicaid Services (CMS).

HEDIS FOR QRS SPECIFIC GUIDANCE

Description	<p>The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.</p> <p><i>Depression Screening.</i> The percentage of members who were screened for clinical depression using a standardized instrument.</p> <p><i>Follow-Up on Positive Screen.</i> The percentage of members who received follow-up care within 30 days of a positive depression screen finding.</p>
Measurement period	January 1 – December 31.
Clinical recommendation statement	<p>The U.S. Preventive Services Task Force (USPSTF) recommends screening for depression among adolescents 12–18 years and the general adult population, including pregnant and postpartum women. (B recommendation)</p> <p>The USPSTF also recommends that screening be implemented with adequate systems in place to ensure accurate diagnosis, effective treatment and appropriate follow-up. (B recommendation)</p>
Citations	<p>U.S. Preventive Services Task Force. 2016. "Screening for Depression in Children and Adolescents: U.S. Preventive Services Task Force Recommendation Statement." <i>Annals of Internal Medicine</i> 164:360–6.</p> <p>U.S. Preventive Services Task Force. 2016. "Screening for Major Depressive Disorder in Adults: US Preventive Services Task Force Recommendation Statement." <i>Journal of the American Medical Association</i> 315(4):380–7.</p>
Characteristics	
Scoring Type	<p>Proportion.</p> <p>Process.</p>

<p>Stratification</p>	<ul style="list-style-type: none"> • Depression Screening. Product line: Exchange. Age (as of the start of the measurement period): 12–17 years. 18–64 years. 65 years and older. • Follow-Up on Positive Screen. Product line: Exchange. Age (as of the start of the measurement period): 18–64 years. 65 years and older.
<p>Risk adjustment</p>	<p>None.</p>
<p>Improvement notation</p>	<p>A higher rate indicates better performance.</p>
<p>Guidance</p>	<p>General Rules: This measure requires the use of an age-appropriate screening instrument. The member’s age is used to select the appropriate depression screening instrument.</p> <p>Depression screening captured in health risk assessments or other types of health assessments are allowed if the questions align with a specific instrument that is validated for depression screening. For example, if a health risk assessment includes questions from the PHQ-2, it counts as screening if the member answered the questions and a total score is calculated.</p> <p>Allocation: The member was enrolled with a medical benefit throughout the measurement period.</p> <p>No more than one gap in enrolment of up to 45 days during the measurement period.</p> <p>The member must be enrolled on the last day of the measurement period.</p> <p>Reporting: The total is the sum of the age stratifications.</p> <p>Programming Guidance: The requirements for identifying members in hospice using the monthly membership detail data files are not included in the measure calculation logic, and must be programmed manually.</p> <p>Product line stratifications are not included in the measure calculation logic, and must be programmed manually.</p>

Definitions																										
Participation	The identifiers and descriptors for each organization’s coverage used to define members’ eligibility for measure reporting. Allocation for HEDIS for QRS reporting is based on eligibility during the participation period.																									
Participation period	The measurement period.																									
Depression screening instrument	<p>A standard assessment instrument that has been normalized and validated for the appropriate patient population. Eligible screening instruments with thresholds for positive findings include:</p> <table border="1"> <thead> <tr> <th>Instruments for Adolescents (≤17 years)</th> <th>Total Score LOINC Codes</th> <th>Positive Finding</th> </tr> </thead> <tbody> <tr> <td>Patient Health Questionnaire (PHQ-9)[®]</td> <td>44261-6</td> <td>Total score ≥10</td> </tr> <tr> <td>Patient Health Questionnaire Modified for Teens (PHQ-9M)[®]</td> <td>89204-2</td> <td>Total score ≥10</td> </tr> <tr> <td>Patient Health Questionnaire-2 (PHQ-2)^{®1}</td> <td>55758-7</td> <td>Total score ≥3</td> </tr> <tr> <td>Beck Depression Inventory-Fast Screen (BDI-FS)^{®1,2}</td> <td>55758-7</td> <td>Total score ≥8</td> </tr> <tr> <td>Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)</td> <td>89205-9</td> <td>Total score ≥17</td> </tr> <tr> <td>Edinburgh Postnatal Depression Scale (EPDS)</td> <td>71354-5</td> <td>Total score ≥10</td> </tr> <tr> <td>PROMIS Depression</td> <td>71965-8</td> <td>Total score (T Score) ≥60</td> </tr> </tbody> </table> <p>¹Brief screening instrument. All other instruments are full-length. ²Proprietary; may be cost or licensing requirement associated with use.</p>		Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding	Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10	Patient Health Questionnaire Modified for Teens (PHQ-9M) [®]	89204-2	Total score ≥10	Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥3	Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	55758-7	Total score ≥8	Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17	Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10	PROMIS Depression	71965-8	Total score (T Score) ≥60
Instruments for Adolescents (≤17 years)	Total Score LOINC Codes	Positive Finding																								
Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10																								
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Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	55758-7	Total score ≥8																								
Center for Epidemiologic Studies Depression Scale—Revised (CESD-R)	89205-9	Total score ≥17																								
Edinburgh Postnatal Depression Scale (EPDS)	71354-5	Total score ≥10																								
PROMIS Depression	71965-8	Total score (T Score) ≥60																								

	Instruments for Adolescents (18+ years)	Total Score LOINC Codes	Positive Finding
	Patient Health Questionnaire (PHQ-9) [®]	44261-6	Total score ≥10
	Patient Health Questionnaire-2 (PHQ-2) ^{®1}	55758-7	Total score ≥3
	Beck Depression Inventory-Fast Screen (BDI-FS) ^{®1,2}	89208-3	Total score ≥8
	Beck Depression Inventory (BDI-II)	89209-1	Total score ≥20
	Center for Epidemiologic Studies Depression Scale-Revised (CESD-R)	89205-9	Total score ≥17
	Duke Anxiety-Depression Scale (DUKE-AD) ^{®2}	90853-3	Total score ≥30
	Geriatric Depression Scale Short Form (GDS) ¹	48545-8	Total score ≥5
	Geriatric Depression Scale Long Form (GDS)	48544-1	Total score ≥10
	Edinburgh Postnatal Depression Scale (EPDS)	48544-1	Total score ≥10
	My Mood Monitor (M-3) [®]	71777-7	Total score ≥5
	PROMIS Depression	71965-8	Total score (T Score) ≥60
	Clinically Useful Depression Outcome Scale (CUDOS)	90221-3	Total score ≥31
	¹ Brief screening instrument. All other instruments are full-length. ² Proprietary; may be cost or licensing requirement associated with use.		
Initial population	Initial population 1 Members 12 years of age and older at the start of the measurement period who also meet criteria for participation. Initial population 2 Same as the initial population 1.		
Exclusions	Exclusions 1 <ul style="list-style-type: none"> • Members with a history of bipolar disorder (<u>Bipolar Disorder Value Set</u>; <u>Other Bipolar Disorder Value Set</u>) any time during the member's history through the end of the year prior to the measurement period. • Members with depression (Depression Value Set) that starts during the year prior to the measurement period. 		

	<ul style="list-style-type: none"> • Members in hospice or using hospice services (Hospice Encounter Value Set; Hospice Intervention Value Set) or elect to use a hospice benefit any time during the measurement period. Organizations that use the Monthly Membership Detail Data File to identify these members must use only the run date of the file to determine if the member elected to use a hospice benefit during the measurement period. • Members who die any time during the measurement period. <p>Exclusions 2 Same as exclusions 1.</p>
<p>Denominator</p>	<p>Denominator 1 The initial population, minus exclusions.</p> <p>Denominator 2 All members from numerator 1 with a positive depression screen finding between January 1 and December 1 of the measurement period.</p>
<p>Numerator</p>	<p>Numerator 1—Depression Screening Members with a documented result for depression screening, using an age-appropriate standardized instrument, performed between January 1 and December 1 of the measurement period.</p> <p>Numerator 2—Follow-Up on Positive Screen Members who received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).</p> <p>Any of the following on or up to 30 days after the first positive screen:</p> <p>An outpatient, telephone, e-visit or virtual check-in follow-up visit (<u>Follow Up Visit Value Set</u>) with a diagnosis of depression or other behavioral health condition (<u>Depression or Other Behavioral Health Condition Value Set</u>).</p> <p>A depression case management encounter (<u>Depression Case Management Encounter Value Set</u>) that documents assessment for symptoms of depression (<u>Symptoms of Depression Value Set</u>) or a diagnosis of depression or other behavioral health condition (<u>Depression or Other Behavioral Health Condition Value Set</u>).</p> <p>A behavioral health encounter, including assessment, therapy, collaborative care or medication management (<u>Behavioral Health Encounter Value Set</u>; ICD-10-CM code Z71.82)</p> <p>A dispensed antidepressant medication (<u>Antidepressant Medications List</u>).</p> <p>OR</p> <p>Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up (i.e., a negative screen) on the same day as a positive screen on a brief screening instrument.</p> <p>Note: For example, if there is a positive screen resulting from a PHQ-2 score, documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up.</p>

Data criteria (element level)**Value Sets:**

- **DSFE_HEDIS_MY2024-3.0.0**

- Bipolar Disorder (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1044>)
- Depression (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1390>)
- Other Bipolar Disorder (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1399>)

- **NCQA_Hospice-3.0.0**

- Hospice Encounter (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1761>)
- Hospice Intervention (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1762>)

- **NCQA_Screening-2.0.0**

- Antidepressant Medications (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1503>)
- Behavioral Health Encounter (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1383>)
- Depression Case Management Encounter (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1389>)
- Depression or Other Behavioral Health Condition (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1501>)
- Follow Up Visit (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1385>)
- Symptoms of Depression (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2392>)

Direct reference codes and codesystems:

- **DSFE_HEDIS_MY2024-3.0.0**

- codesystem "LOINC": 'http://loinc.org'
- code "Beck Depression Inventory Fast Screen total score [BDI]": '89208-3' from "LOINC" display 'Beck Depression Inventory Fast Screen total score [BDI]'
- code "Beck Depression Inventory II total score [BDI]": '89209-1' from "LOINC" display 'Beck Depression Inventory II total score [BDI]'
- code "Center for Epidemiologic Studies Depression Scale-Revised total score [CESD-R]": '89205-9' from "LOINC" display 'Center for Epidemiologic Studies Depression Scale-Revised total score [CESD-R]'
- code "Edinburgh Postnatal Depression Scale [EPDS]": '71354-5' from "LOINC" display 'Edinburgh Postnatal Depression Scale [EPDS]'
- code "Final score [DUKE-AD]": '90853-3' from "LOINC" display 'Final score [DUKE-AD]'
- code "Geriatric depression scale (GDS) short version total": '48545-8' from "LOINC" display 'Geriatric depression scale (GDS) short version total'
- code "Geriatric depression scale (GDS) total": '48544-1' from "LOINC" display 'Geriatric depression scale (GDS) total'
- code "Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]": '55758-7' from "LOINC" display 'Patient Health Questionnaire 2 item (PHQ-2) total score [Reported]'
- code "Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]": '44261-6' from "LOINC" display 'Patient Health Questionnaire 9 item (PHQ-9) total score [Reported]'
- code "Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]": '89204-2' from "LOINC" display 'Patient Health Questionnaire-9: Modified for Teens total score [Reported.PHQ.Teen]'

code "PROMIS-29 Depression score T-score": '71965-8' from "LOINC" display 'PROMIS-29 Depression score T-score'

code "Total score [CUDOS]": '90221-3' from "LOINC" display 'Total score [CUDOS]'

code "Total score [M3]": '71777-7' from "LOINC" display 'Total score [M3]'

- **NCQA_Screening-2.0.0**

codesystem "ICD-10-CM": 'http://hl7.org/fhir/sid/icd-10-cm'

code "Exercise counseling": 'Z71.82' from "ICD-10-CM" display 'Exercise counseling'

- **NCQA_Terminology-3.0.0**

codesystem "ActCode": 'http://terminology.hl7.org/CodeSystem/v3-ActCode'

codesystem "ConditionClinicalStatusCodes": 'http://terminology.hl7.org/CodeSystem/condition-clinical'

code "active": 'active' from "ConditionClinicalStatusCodes"

code "managed care policy": 'MCPOL' from "ActCode"

code "retiree health program": 'RETIRE' from "ActCode"

code "subsidized health program": 'SUBSIDIZ' from "ActCode"

Data Elements for Reporting

Organizations that submit HEDIS data for QRS data to NCQA must provide the following data elements in a specified file.

Table DSF-E-4: Data Elements for Depression Screening and Follow-Up for Adolescents and Adults

Metric	Age	Data Element	Reporting Instructions
Screening	12-17	InitialPopulation	For each Metric and Stratification
FollowUp	18-64	ExclusionsByEHR	For each Metric and Stratification
	65+	ExclusionsByCaseManagement	For each Metric and Stratification
	Total	ExclusionsByHIERegistry	For each Metric and Stratification
		ExclusionsByAdmin	For each Metric and Stratification
		Exclusions	(Sum over SSoRs)
		Denominator	For each Metric and Stratification
		NumeratorByEHR	For each Metric and Stratification
		NumeratorByCaseManagement	For each Metric and Stratification
		NumeratorByHIERegistry	For each Metric and Stratification
		NumeratorByAdmin	For each Metric and Stratification
		Numerator	(Sum over SSoRs)
		Rate	(Percent)